

EXTENDED TO MAY 16, 2022

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization HARBOR HOSPITAL, INC.		<b>D</b> Employer identification number 52-0491660	
	Doing business as MEDSTAR HARBOR HOSPITAL			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3001 SOUTH HANOVER STREET		<b>E</b> Telephone number 410 772 - 6721	
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21225-1233		<b>G</b> Gross receipts \$ 200,416,338.	
	<b>F</b> Name and address of principal officer: JILL DONALDSON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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

**J** Website: WWW.MEDSTARHARBOR.ORG

**K** Form of organization:  Corporation Trust Association Other ▶

**L** Year of formation: 1903 **M** State of legal domicile: MD

### Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: HARBOR HOSPITAL IS COMMITTED TO QUALITY, CARING, AND SERVICE FOR OUR PATIENTS AND OUR COMMUNITIES.	
	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 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 7
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... 5 1294
	6	Total number of volunteers (estimate if necessary) ..... 6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 825,247.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... 7b 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... 15,197,072. 3,466,459.	
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... 173,470,466. 191,174,673.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 60,423. 39,179.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 5,975,807. 5,735,338.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 194,703,768. 200,415,649.	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 57,893. 33,728.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 105,660,333. 118,467,411.		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 85,156,447. 88,593,325.		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 190,874,673. 207,094,464.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... 3,829,095. -6,678,815.		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... 82,942,236. 84,612,393.	
	<b>21</b> Total liabilities (Part X, line 26) ..... 60,111,992. 54,890,972.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 22,830,244. 29,721,421.	

### Part II Signature Block

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

<b>Sign Here</b>	▶  Signature of officer	5/11/22 Date
	▶ IOEL BRYAN, VP/TREASURER/CHIEF INVESTMENT OFFICER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANDREW ROE	Preparer's signature 	Date 5/10/2022	Check if self-employed <input type="checkbox"/>	PTIN P01876391
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 703-286-8000	
	Firm's address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102				

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

Form **8868**  
(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>HARBOR HOSPITAL, INC.</b>	Taxpayer identification number (TIN) <b>52-0491660</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3001 SOUTH HANOVER STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21225-1233</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-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

**JOEL BRYAN**

- The books are in the care of ▶ **10980 GRANTCHESTER WAY - COLUMBIA, MD 21044**  
Telephone No. ▶ **410-772-6721** Fax No. ▶ \_\_\_\_\_
- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

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

Form **8868** (Rev. 1-2020)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O

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

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 148,189,479. including grants of \$ 33,728.) (Revenue \$ 181,764,902.)  
SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 20,318,099. including grants of \$ 0.) (Revenue \$ 9,499,418.)  
MEDSTAR HARBOR PROVIDED \$20.3M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2021. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES INCLUDE HOSPITALISTS, WOMEN'S AND CHILDREN'S, BEHAVIORAL HEALTH, PALLIATIVE CARE, ENDOCRINOLOGY, AND SURGICAL PHYSICIAN ASSISTANTS.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 5,414,552. including grants of \$ 0.) (Revenue \$ 0.)  
MEDSTAR HARBOR PROVIDED \$5.4M IN HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2021. THIS INCLUDES TRAINING IN GRADUATE MEDICAL EDUCATION, AND EDUCATION FOR PHYSICIANS, MEDICAL STUDENTS, NURSES, AND OTHER HEALTH PROFESSIONS.

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

**4e** Total program service expenses **▶** 173,922,130.

**Part IV Checklist of Required Schedules**

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

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

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 1294		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 7		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 JOEL BRYAN - 410-772-6721  
 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) KENNETH A. SAMET DIRECTOR	1.00 39.00	X					0.	9,408,672.	92,948.	
(2) STUART LEVINE, M.D. FORMER OFFICER	40.00 0.00					X	0.	1,061,609.	40,490.	
(3) ROBERT LALLY TREASURER	20.00 20.00			X			247,136.	247,136.	26,335.	
(4) JILL DONALDSON PRESIDENT	40.00 0.00	X		X			484,091.	0.	35,861.	
(5) MOHSEN MO GHARIB, M.D. DIRECTOR (AS OF 11/2020)	40.00 0.00	X					463,683.	0.	27,678.	
(6) ANANTHAKUMAR NUTHALAPATI, M.D. PHYSICIAN	1.00 0.00					X	445,986.	0.	9,809.	
(7) JILL JOHNSON FORMER VP OF OPS (UNTIL 04/2020)	40.00 0.00					X	0.	391,143.	32,728.	
(8) KERUNNE S. KETLOGETSWE, M.D. DIRECTOR (AS OF 11/2020)	1.00 0.00	X					363,544.	0.	10,475.	
(9) MADHU BINDU MUSUNURU, M.D. PHYSICIAN	1.00 0.00					X	314,412.	0.	28,912.	
(10) KEITH SHINER SECRETARY	20.00 20.00			X			135,405.	135,405.	28,581.	
(11) DAWN OWENS CHIEF NURSING OFFICER	1.00 0.00					X	262,633.	0.	24,015.	
(12) GOVIND MAHESHWARI AVP OF FINANCE	1.00 0.00					X	208,087.	0.	18,341.	
(13) DANIEL TESHAMARIAM CLINICAL NURSE II	1.00 0.00					X	194,281.	0.	21,886.	
(14) CARLOS D. ZIGEL, M.D. DIRECTOR	40.00 0.00	X					174,769.	0.	21,517.	
(15) FATEH HRAKY, M.D. DIRECTOR	1.00 0.00	X					42,240.	20,160.	0.	
(16) COURTNEY B. WILSON DIRECTOR (UNTIL 09/2020)	1.00 0.00	X					0.	0.	0.	
(17) DAWN M. GRETZ, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) TIMOTHY R. BARNHILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) THOMAS A. GEDDES CHAIR	1.00 0.00	X						0.	0.	0.
(20) ERICKA B. BROCKMAN DIRECTOR (UNTIL 09/2020)	1.00 0.00	X						0.	0.	0.
(21) JAMES H. FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) SWATA J. GANDHI DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) VINCENT CONNELLY VICE CHAIR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,336,267.	11,264,125.	419,576.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,336,267.	11,264,125.	419,576.

**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 137

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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
CROTHALL SVCS GROUP, 201 EAST UNIVERSITY PARKWAY, BALTIMORE, MD 21218-2891	ENVIRONMENTAL SERVICES	4,695,237.
CENTRAL TECH SERVICES INC 9592 DEERECO RD, LUTHERVILLE, MD 21093	FACILITIES SERVICES	4,633,888.
SODEXO INC & AFFILIATES PO BOX 360170, PITTSBURGH, PA 15251-6170	FOOD SERVICES	1,696,892.
PULMONARY & CRITICAL CARE PO BOX 79733, OWINGS MILLS, MD 21117-3292	MEDICAL SERVICES	612,500.
AMN HEALTHCARE INC, 2735 COLLECTION CENTER DR, CHICAGO, IL 60693	STAFFING SERVICES	572,491.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,193,014.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,273,445.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			3,466,459.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICE RE	<b>Business Code</b>					
		621400	187,800,352.	187,800,352.			
	<b>b</b> PHARMACY	621400	3,374,321.	3,374,321.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			191,174,673.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		19,158.			19,158.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				2,649,159.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	2,649,159.				
	<b>d</b> Net rental income or (loss) .....			2,649,159.		2,649,159.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				20,710.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.	689.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	20,710.	-689.			
<b>d</b> Net gain or (loss) .....			20,021.		20,021.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OPERATING EXPENSE RECO	<b>Business Code</b>					
		900099	1,862,048.			1,862,048.	
	<b>b</b> OUTSIDE LAB REVENUE	621500	825,247.		825,247.		
	<b>c</b> REBATE INCOME	900099	340,513.			340,513.	
	<b>d</b> All other revenue .....	900099	58,371.			58,371.	
<b>e Total.</b> Add lines 11a-11d .....			3,086,179.				
<b>12 Total revenue.</b> See instructions .....			200,415,649.	191,174,673.	825,247.	4,949,270.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	33,728.	33,728.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,456,605.	2,323,009.	133,596.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	1,102,099.	1,042,164.	59,935.	
<b>7</b> Other salaries and wages .....	95,608,815.	90,409,365.	5,199,450.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,143,045.	1,080,883.	62,162.	
<b>9</b> Other employee benefits .....	12,202,800.	11,539,184.	663,616.	
<b>10</b> Payroll taxes .....	5,954,047.	5,519,925.	434,122.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	22,661,066.	31,942.	22,629,124.	
<b>b</b> Legal .....	32,587.		32,587.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,939,640.	14,398,415.	541,225.	
<b>12</b> Advertising and promotion .....	121,221.	45,627.	75,594.	
<b>13</b> Office expenses .....	697,186.	1,120,016.	-422,830.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	344,505.	1,299,321.	-954,816.	
<b>17</b> Travel .....	52,434.	24,006.	28,428.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	30,076.	29,148.	928.	
<b>20</b> Interest .....	1,339,728.	1,339,728.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	8,659,581.	8,659,581.		
<b>23</b> Insurance .....	6,142,177.	5,929,471.	212,706.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL/SURGICAL SUPPLI	16,028,572.	16,055,439.	-26,867.	
<b>b</b> UTILITIES	4,020,265.	3,729,498.	290,767.	
<b>c</b> MAINTENANCE	3,805,841.	3,803,896.	1,945.	
<b>d</b> MAINTENANCE CONTRACTS	2,086,913.	1,735,940.	350,973.	
<b>e</b> All other expenses	7,631,533.	3,771,844.	3,859,689.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	207,094,464.	173,922,130.	33,172,334.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,765.	<b>1</b>	2,852.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	301,368.	<b>3</b>	823,583.
	<b>4</b> Accounts receivable, net .....	22,385,968.	<b>4</b>	20,955,589.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,517,882.	<b>8</b>	2,411,496.
	<b>9</b> Prepaid expenses and deferred charges .....	268,737.	<b>9</b>	485,978.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	232,760,876.		
	<b>b</b> Less: accumulated depreciation .....	174,989,374.		
		54,874,797.	<b>10c</b>	57,771,502.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,331,851.	<b>12</b>	759,185.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	415,715.
<b>15</b> Other assets. See Part IV, line 11 .....	1,258,868.	<b>15</b>	986,493.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	82,942,236.	<b>16</b>	84,612,393.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,138,725.	<b>17</b>	10,485,116.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	674,867.	<b>19</b>	1,330,684.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	47,298,400.	<b>25</b>	43,075,172.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	60,111,992.	<b>26</b>	54,890,972.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,277,682.	<b>27</b>	28,842,236.
	<b>28</b> Net assets with donor restrictions .....	1,552,562.	<b>28</b>	879,185.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,830,244.	<b>32</b>	29,721,421.
	<b>33</b> Total liabilities and net assets/fund balances .....	82,942,236.	<b>33</b>	84,612,393.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	200,415,649.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	207,094,464.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,678,815.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	22,830,244.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	295,895.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	13,274,097.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	29,721,421.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

**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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 237,081.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
2	<hr/> <hr/> <hr/>	\$ 113,092.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
3	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
4	<hr/> <hr/> <hr/>	\$ 78,266.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
5	<hr/> <hr/> <hr/>	\$ 46,166.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
6	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9		\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 8,333.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
14		\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
21	<hr/> <hr/> <hr/>	\$ 1,063,581.	Person <input checked="" type="checkbox"/> Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  HARBOR HOSPITAL, INC.	Employer identification number  52-0491660
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** HARBOR HOSPITAL, INC. **Employer identification number** 52-0491660

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		3,415,538.		3,415,538.
<b>b</b> Buildings .....		88,271,816.	62,122,020.	26,149,796.
<b>c</b> Leasehold improvements .....		986,799.	741,850.	244,949.
<b>d</b> Equipment .....		130,481,859.	108,782,050.	21,699,809.
<b>e</b> Other .....		9,604,864.	3,343,454.	6,261,410.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				57,771,502.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	26,485,416.
(3) ASBESTOS ABATEMENT LIABILITY	4,864,652.
(4) CREDIT BALANCES PATIENT A/R	1,026,137.
(5) WORKER 'S COMPENSATION	986,193.
(6) STOCK OPTION PLAN	423,010.
(7) OTHER SHORT TERM LIABILITIES	95,754.
(8) OTHER LONG TERM LIABILITIES	9,194,010.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,075,172.

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

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

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

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

**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.

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

**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.

PART X, LINE 2:

INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD.

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX

CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT

CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE

TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX

ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO

APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES

ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS

AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT

INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE

DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE. THE CORPORATION





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> HARBOR HOSPITAL, INC.	<b>Employer identification number</b> 52-0491660
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			2,940,963.		2,940,963.	1.42%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			2,940,963.		2,940,963.	1.42%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			3,744,749.	1,325,041.	2,419,708.	1.17%
<b>f</b> Health professions education (from Worksheet 5) .....			5,414,553.		5,414,553.	2.61%
<b>g</b> Subsidized health services (from Worksheet 6) .....			20,318,099.	9,499,418.	10,818,681.	5.22%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			164,712.		164,712.	.08%
<b>j Total.</b> Other Benefits .....			29,642,113.	10,824,459.	18,817,654.	9.08%
<b>k Total.</b> Add lines 7d and 7j .....			32,583,076.	10,824,459.	21,758,617.	10.50%





**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 HARBOR HOSPITAL, INC.

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	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 .....	2	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 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 20</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 .....	5	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 .....	6a	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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</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 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most 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)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
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 HARBOR HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> 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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group HARBOR HOSPITAL, INC.

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> 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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> 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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Schedule H (Form 990) 2020**

**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 HARBOR HOSPITAL, INC.

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

**Schedule H (Form 990) 2020**



**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HARBOR HOSPITAL, INC.:

PART V, SECTION B, LINE 5: CHNA INPUT

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE

COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS.

HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK

FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS

ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH

REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND

GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE

REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: RYAN MORAN

EXECUTIVE SPONSOR

ROLE DESCRIPTION

THE EXECUTIVE SPONSOR SERVES AS THE CONDUIT BETWEEN THE ADVISORY TASK

FORCE AND THE SENIOR MANAGEMENT TEAM. THE SPONSOR IS AN ACTIVE PARTICIPANT

OF THE ADVISORY TASK FORCE AND HE/SHE COMMUNICATES THE HOSPITAL'S CLINICAL

STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE AUDIENCES.

NAME OF EXECUTIVE SPONSOR: JILL DONALDSON AND LARA BARRINGER, MD

ADVISORY TASK FORCE

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/SECONDARY DATA AND

LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF

PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY.

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AS AMBASSADORS FOR THE CHNA PROCESS, THE ATF MEMBERS SUPPORT EFFORTS TO  
OPTIMIZE COMMUNITY PARTICIPATION.

NOTE: THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND  
STAFF. COMMUNITY REPRESENTATIVES SHOULD MAKEUP AT LEAST 50% OF TOTAL  
PARTICIPANTS.

NAME : RYAN MORAN

TITLE/AFFILIATION : ASSISTANT VICE PRESIDENT, CARE TRANSFORMATION

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : JILL DONALDSON

TITLE/AFFILIATION : PRESIDENT, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : DR. LARA Q. BARRINGER, MD

TITLE/AFFILIATION : VICE PRESIDENT, MEDICAL AFFAIRS, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : KELLY HAYNIE, MPA

TITLE/AFFILIATION : ASSISTANT VICE PRESIDENT OF OPERATIONS, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : ANTOINE N. LANGLEY

TITLE/AFFILIATION : COMMUNITY HEALTH ADVOCATE, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : DEBRA SCHINDLER

TITLE/AFFILIATION : REGIONAL DIRECTOR PUBLIC RELATION BALTIMORE, MUMH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : DIANA C. QUINN

TITLE/AFFILIATION : SR. DIRECTOR, COMMUNITY HEALTH, CORPORATE

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : ELIZABETH SEBASTIAO

TITLE/AFFILIATION : REGIONAL PROGRAM MANAGER, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : NAISHA VINSON

TITLE/AFFILIATION : DIRECTOR OF PHILANTHROPY, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : RAQUEL P. LAMPTEY

TITLE/AFFILIATION : COMMUNITY HEALTH SYSTEM MANAGER, CORPORATE

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : SUSAN A. VIESON

TITLE/AFFILIATION : PHYSICIAN ASSISTANT CHIEF, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : TRACY HOLCOMB

TITLE/AFFILIATION : HEALTH EDUCATOR

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : CARA MILLER RN

TITLE/AFFILIATION : EMERGENCY DEPARTMENT, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : KERUNNE KETLEGETWE, MD

TITLE/AFFILIATION : CARDIOLOGY, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : DEB DEMPSEY-KELLY

TITLE/AFFILIATION : DIRECTOR, CASE MANAGEMENT, MHH

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : VICTORIA STUART

TITLE/AFFILIATION : TEAM LEAD - CASE MANAGEMENT

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : SWATA GANDHI

TITLE/AFFILIATION : MHH BOARD MEMBER

NAME OF ORGANIZATION : MEDSTAR HARBOR HOSPITAL

NAME : ANDREA MAYER

TITLE/AFFILIATION : COMMUNITY PARTNER

NAME OF ORGANIZATION : CONCERNED CITIZENS OF BROOKLYN

NAME : BETTY BAZE

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TITLE/AFFILIATION : CHERRY HILL COMMUNITY RESIDENT

NAME OF ORGANIZATION : COMMUNITY RESIDENT

NAME : FAITH CUNNINGHAM

TITLE/AFFILIATION : COMMUNITY PARTNER

NAME OF ORGANIZATION : CHERRY HILL / CHDC

NAME : JEN BERG

TITLE/AFFILIATION : FRIENDS OF GARRETT PARK, BROOKLYN COMMUNITY MEMBER

NAME OF ORGANIZATION : COMMUNITY RESIDENT

NAME : ADRIENNE BREIDENSTINE

TITLE/AFFILIATION : VICE PRESIDENT

NAME OF ORGANIZATION : BEHAVIORAL HEALTH SYSTEMS, BALTIMORE

NAME : BILLIE PENLEY

TITLE/AFFILIATION : CHIEF FINANCIAL OFFICER

NAME OF ORGANIZATION : ANNE ARUNDEL COUNTY HEALTH DEPARTMENT

NAME : BRAD ROGERS

TITLE/AFFILIATION : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : SOUTH BALTIMORE GATEWAY PARTNERSHIP

NAME : BRENT FLICKINGER

TITLE/AFFILIATION : PLANNING SUPERVISOR, SOUTHERN DISTRICT

NAME OF ORGANIZATION : CITY OF BALTIMORE

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : ELLEN RAPPAPORT

TITLE/AFFILIATION : DIRECTOR, COMPLEX CARE AND SOCIAL NEEDS

NAME OF ORGANIZATION : HEALTHCARE ACCESS MARYLAND

NAME : ERIC JACKSON

TITLE/AFFILIATION : PRESIDENT AND CO-FOUNDER

NAME OF ORGANIZATION : BLACK YIELD INSTITUTE

NAME : FANON HILL

TITLE/AFFILIATION : CO-FOUNDER/ EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : THE YOUTH RESILIENCY INSTITUTE.

NAME : TIA BRISBON

TITLE/AFFILIATION : COMMUNITY SCHOOL COORDINATOR

NAME OF ORGANIZATION : ELEV8 BALTIMORE

NAME : ELISE BOWMAN

TITLE/AFFILIATION : DIRECTOR, ACCOUNTABLE HEALTH COMMUNITIES

NAME OF ORGANIZATION : BALTIMORE CITY HEALTH DEPARTMENT

NAME : KELLY G.E. OGLESBEE

TITLE/AFFILIATION : COMMUNITY SCHOOL COORDINATOR

NAME OF ORGANIZATION : BENJAMIN FRANKLIN HIGH SCHOOL

NAME : LAUREN ROBINSON

TITLE/AFFILIATION : DIRECTOR, COMMUNITY HEALTH

NAME OF ORGANIZATION : FAMILY HEALTH CENTER BALTIMORE

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : MALIKA JONES

TITLE/AFFILIATION : COMMUNITY ORGANIZER

NAME OF ORGANIZATION : CHERRY HILL DEVELOPMENT CORPORATION

NAME : MEREDITH CHAIKEN

TITLE/AFFILIATION : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : GREATER BAYBROOK ALLIANCE

NAME : MICHAEL MIDDLETON

TITLE/AFFILIATION : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : CHERRY HILL DEVELOPMENT CORPORATION

NAME : NATALIE MCCABE

TITLE/AFFILIATION : MANAGER

NAME OF ORGANIZATION : CHERRY HILL COMMUNITY ACTION CENTER

NAME : TIA BRISBON

TITLE/AFFILIATION : OUT OF SCHOOL TIME COORDINATOR

NAME OF ORGANIZATION : ARUNDEL ELEMENTARY/MIDDLE SCHOOL

NAME : MANDY MEMMEL

TITLE/AFFILIATION : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : DRINK AT THE WELL (CURTIS BAY)

NAME : MARC BROADY

TITLE/AFFILIATION : VP, COMMUNITY AFFAIRS

**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME OF ORGANIZATION : WELER DEVELOPMENT

NAME : CRYSTAL BRANCH

TITLE/AFFILIATION : PRESIDENT

NAME OF ORGANIZATION : CHERRY HILL TENANT HOMES

NAME : MALLORY ZIMMERMAN

TITLE/AFFILIATION : DIRECTOR OF OPERATIONS

NAME OF ORGANIZATION : THE TRANSFORMATION CENTER

NAME : MIZETTA WILSON

TITLE/AFFILIATION : DIRECTOR

NAME OF ORGANIZATION : COMMUNITY OF HOPE

NAME : SHAVONNE BERKELY

TITLE/AFFILIATION : COORDINATOR

NAME OF ORGANIZATION : WESTPORT ACADEMY

NAME : ANA ZANDARIN

TITLE/AFFILIATION : COORDINATOR

NAME OF ORGANIZATION : LAKELAND STEAM CENTER

HARBOR HOSPITAL, INC.:

PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIES

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT

RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE



**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND

VULNERABLE POPULATIONS IN THE REGIONS WE SERVE. THREE-YEAR IMPLEMENTATION

STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S

COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION

OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY

QUANTITATIVE DATA AND COMMUNITY INPUT, AS WELL AS ON HOSPITAL EXPERTISE,

RESOURCES, STRENGTHS OF EXISTING PROGRAMMING AND PARTNERSHIPS, AND

ALIGNMENT WITH NATIONAL, STATE, AND LOCAL HEALTH GOALS. THE MEDSTAR HEALTH

CORPORATE COMMUNITY HEALTH DEPARTMENT WILL PROVIDE SYSTEM-WIDE

COORDINATION AND OVERSIGHT OF COMMUNITY BENEFIT PROGRAMMING.

HOSPITAL ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR

PROGRESS OF STRATEGY EXECUTION AND TO PROVIDE ONGOING RECOMMENDATIONS

RELATED TO OUTCOMES ACHIEVEMENT, PROGRAM DEVELOPMENT, PARTNERSHIP

APPROACHES, AND OVERALL IMPLEMENTATION IMPROVEMENT.

FOR SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT THE HOSPITAL HAS NOT

PRIORITIZED AS FOCUS AREAS THROUGH ITS IMPLEMENTATION STRATEGY, THESE

NEEDS WILL BE ADDRESSED BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS,

AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE

SCOPE OF THE HOSPITAL'S STRENGTHS.

HARBOR HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.MEDSTARHARBOR.ORG/](http://WWW.MEDSTARHARBOR.ORG/)



**Part VI Supplemental Information**

Provide the following information.

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

CHARITY CARE AT COST

PART I, LINE 7A

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.

UNREIMBURSED MEDICAID

PART III, LINEPART III, LINES 2 & 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE  
 IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE  
 ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY

**Part VI Supplemental Information** (Continuation)

RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT

SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER,

MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO

WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE

RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON

HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED

ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO ESTIMATE UNCOLLECTIBLE

AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD DEBT DETERMINATIONS

ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO SUPPORT THAT AN

AMOUNT IS NOT COLLECTIBLE.

BAD DEBT

PART III, LINES 2 & 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE

IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE

ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY

RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT

SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT

SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER,

MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO

WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE

RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON

HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED

ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO ESTIMATE UNCOLLECTIBLE

AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD DEBT DETERMINATIONS

ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO SUPPORT THAT AN

AMOUNT IS NOT COLLECTIBLE.

**Part VI** Supplemental Information (Continuation)

MEDICARE

PART III, LINE 8

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. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES AND REVENUES IN MARYLAND IS ZERO.

PART III, LINE 9B

IF IT IS DETERMINED THAT A PATIENT MAY POTENTIALLY QUALIFY FOR A CHARITABLE/FINANCIAL PROGRAM, A HOLD IS PLACED ON THE ACCOUNT TO PREVENT IT FROM BEING REPORTED AS BAD DEBT UNTIL PROGRAM APPROVALS HAVE BEEN OBTAINED. IF IT IS APPROVED, THE ACCOUNT IS DOCUMENTED AND THE NECESSARY ADJUSTMENTS ARE MADE TO CLOSE THE ACCOUNT.

NEEDS ASSESSMENT

PART VI, LINE 2

IN FY18, MEDSTAR HARBOR HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE GUIDELINES ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE INTERNAL REVENUE SERVICE. THE HOSPITAL'S FY18 CHNA AND THREE-YEAR IMPLEMENTATION STRATEGIES WERE ENDORSED BY MEDSTAR HARBOR HOSPITAL'S BOARD OF DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE

**Part VI** Supplemental Information (Continuation)

DOCUMENT BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE ON JUNE 30, 2018.

DURING FY19, KEY REVISIONS WERE MADE ACROSS MEDSTAR HEALTH TO MORE EFFECTIVELY IMPACT THE COMMUNITIES SERVED THROUGHOUT MARYLAND AND WASHINGTON, DC. SEVERAL INTERNAL MEETINGS WERE CONVENED WITH LEADERSHIP FROM EACH MEDSTAR HEALTH HOSPITAL TO REVIEW CURRENT PRACTICES AND STRATEGIES. AS A RESULT OF THESE MEETINGS, THE APPROACH TO THE CURRENT CHNA FOR THE REMAINDER OF THE THREE-YEAR CYCLE (FY19-FY21) WAS REVISED.

A KEY REVISION TO THE CHNA IS A GREATER FOCUS ON HOSPITAL AREA STRATEGIES THAT ARE MOST APPROPRIATE FOR THE LOCAL COMMUNITIES SERVED. THE NUMBER OF STRATEGIES EACH HOSPITAL IS ACCOUNTABLE FOR EXECUTING WAS REDUCED TO ENCOURAGE MORE MEANINGFUL REACH WITHIN KEY AREAS CONTRASTED WITH BROADER REACH WITH REDUCED IMPACT.

USING THE STANDARD CATEGORIES, HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALTH TO DETERMINE WHAT TO PRIORITIZE FOR THE CHNA IRS REQUIREMENTS, EACH HOSPITAL AGREED TO SELECT TWO TO THREE STRATEGIES AS PRIORITIES THAT HAVE SIZE AND SCALE IMPACT AND MEASURABLE OUTCOMES. ALL OTHER PROGRAMMING WAS INTEGRATED AS PART OF THE HOSPITAL'S OVERALL COMMUNITY HEALTH PORTFOLIO. THESE ADDITIONAL PROGRAMS WERE CAPTURED IN THE INVENTORY FOR THE WHOLE PICTURE OF CONTRIBUTING TO THE HEALTH OF THE COMMUNITIES SERVED AS WELL AS SORTED FOR WHAT COUNTS AS COMMUNITY BENEFIT FOR REGULATORY REPORTING.

THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) REMAINS THE SAME, BASED ON THE ADVISORY TASK FORCE (ATF) RECOMMENDATION. THE HOSPITAL IDENTIFIED SOUTHERN BALTIMORE CITY AND NORTHERN ANNE ARUNDEL COUNTY AS

**Part VI** Supplemental Information (Continuation)

ITS CBSA, WHICH INCLUDES ALL RESIDENTS LIVING IN ZIP CODE 21225. THE  
 HOSPITAL SELECTED THIS GEOGRAPHIC AREA BASED ON HOSPITAL UTILIZATION  
 DATA AND SECONDARY PUBLIC HEALTH DATA AS WELL AS ITS PROXIMITY TO THE  
 HOSPITAL. THE ATF INCLUDED A DIVERSE GROUP OF INDIVIDUALS, INCLUDING  
 HOSPITAL LEADERS, GRASSROOTS ACTIVISTS, COMMUNITY RESIDENTS,  
 FAITH-BASED LEADERS, HOSPITAL REPRESENTATIVES, PUBLIC HEALTH LEADERS  
 AND OTHER STAKEHOLDER ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM LOCAL  
 HEALTH DEPARTMENTS.

MEDSTAR HARBOR HOSPITAL'S HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH  
 AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL  
 HEALTH) AND SOCIAL DETERMINANTS OF HEALTH (SOCIAL NEEDS SCREENINGS,  
 BALTIMORE JOBS).

AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM MEDSTAR  
 HARBOR HOSPITAL ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY  
 HEALTH WORKGROUP. THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH  
 PROFESSIONALS WHO REPRESENT ALL TEN MEDSTAR HOSPITALS. THE TEAM  
 ANALYZES LOCAL AND REGIONAL COMMUNITY HEALTH DATA, ESTABLISHES  
 SYSTEM-WIDE COMMUNITY HEALTH PROGRAMMING PERFORMANCE AND EVALUATION  
 MEASURES AND SHARES BEST PRACTICES.

IN FY21, THE HOSPITAL CONDUCTED A CHNA AND PRODUCED A THREE-YEAR  
 IMPLEMENTATION STRATEGY. THE DOCUMENT BECAME AVAILABLE ON THE  
 HOSPITAL'S WEBSITE BY JUNE 30, 2021 AND WILL GUIDE PROGRAMMING  
 PRIORITIES IN FISCAL YEARS 2022-2024.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 3

AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS,  
 MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED PATIENTS;  
 UNDERINSURED PATIENTS MEETING MEDICAL HARDSHIP CRITERIA; AND PATIENTS  
 DETERMINED ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY WITHIN THE COMMUNITIES  
 WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO EMERGENCY AND  
 MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR HOSPITALS AND HOSPITAL  
 BASED-PHYSICIAN PRACTICES WILL:

- . TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION.
- . SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR  
 MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES REGARDLESS OF  
 A PATIENT'S ABILITY TO PAY FOR CARE.
- . ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSION PROCESS  
 FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR THE CARE  
 THEY RECEIVE.
- . BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER  
 FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR  
 ALL WHO MAY NEED CARE IN THE COMMUNITY.

IN MEETING ITS COMMITMENTS, MEDSTAR HOSPITALS AND HOSPITAL-BASED  
 PHYSICIAN PRACTICES WILL WORK WITH THEIR UNINSURED PATIENTS SEEKING  
 EMERGENCY AND MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH  
 PATIENT'S FINANCIAL RESOURCES. BASED ON THIS INFORMATION AND  
 ELIGIBILITY DETERMINATION, MEDSTAR HOSPITALS AND HOSPITAL-BASED  
 PHYSICIAN PRACTICES WILL PROVIDE FINANCIAL ASSISTANCE TO UNINSURED  
 PATIENTS WHO RESIDE WITHIN THE COMMUNITIES WE SERVE IN ONE OR MORE OF  
 THE FOLLOWING WAYS:



**Part VI** Supplemental Information (Continuation)

. ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED ENTITLEMENT PROGRAMS (E.G.,  
MEDICAID).

. REFER PATIENTS TO STATE OR FEDERAL INSURANCE EXCHANGE NAVIGATOR  
RESOURCES.

. ASSIST WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER  
CHARITABLE ORGANIZATIONS.

. PROVIDE FINANCIAL ASSISTANCE ACCORDING TO APPLICABLE POLICY  
GUIDELINES.

. PROVIDE FINANCIAL ASSISTANCE FOR PAYMENT OF MEDSTAR HOSPITAL AND  
HOSPITAL-BASED PHYSICIAN PRACTICE CHARGES USING A SLIDING-SCALE BASED  
ON THE PATIENT'S HOUSEHOLD INCOME AND FINANCIAL RESOURCES.

. OFFER PERIODIC PAYMENT PLANS TO ASSIST PATIENTS WITH FINANCING THEIR  
HEALTHCARE SERVICES.

MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE  
POLICY BY:

. PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY,  
FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION  
SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS.

. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,  
MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT  
INFORMATION SHEET TO PATIENTS UPON REQUEST.

. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,  
MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT  
INFORMATION SHEET TO PATIENTS UPON REQUEST BY MAIL AND WITHOUT CHARGE.

. PROVIDING NOTIFICATION AND INFORMATION ABOUT THE MEDSTAR FINANCIAL

**Part VI** Supplemental Information (Continuation)

ASSISTANCE POLICY BY:

. OFFERING COPIES AS PART OF ALL REGISTRATION OR DISCHARGES PROCESSES,

AND ANSWERING QUESTIONS ON HOW TO APPLY FOR ASSISTANCE.

. PROVIDING WRITTEN NOTICES ON BILLING STATEMENTS.

. DISPLAYING MEDSTAR FINANCIAL ASSISTANCE POLICY INFORMATION AT ALL

HOSPITAL REGISTRATION POINTS.

. TRANSLATING THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM

FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR PATIENT INFORMATION

SHEET INTO PRIMARY LANGUAGES OF ALL SIGNIFICANT POPULATIONS WITH

LIMITED ENGLISH PROFICIENCY.

. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS

SERVING ALL HOSPITAL TARGET POPULATIONS.

MEDSTAR HEALTH PROVIDES A FINANCIAL ASSISTANCE PROBABLE AND LIKELY

ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM

RECEIPT OF THE INITIAL FINANCIAL ASSISTANCE APPLICATION. FINAL

ELIGIBILITY DETERMINATIONS ARE MADE AND COMMUNICATED TO THE PATIENT

BASED ON RECEIPT AND REVIEW OF A COMPLETED APPLICATION.

MEDSTAR HEALTH BELIEVES THAT ITS PATIENTS HAVE PERSONAL

RESPONSIBILITIES RELATED TO THE FINANCIAL ASPECTS OF THEIR HEALTHCARE

NEEDS. FINANCIAL ASSISTANCE AND PERIODIC PAYMENT PLANS AVAILABLE UNDER

THIS POLICY WILL NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL

THEIR RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT

RESPONSIBILITIES INCLUDE:

. COMPLY WITH PROVIDING THE NECESSARY FINANCIAL DISCLOSURE FORMS TO

**Part VI** Supplemental Information (Continuation)

EVALUATE THEIR ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS,  
 CHARITY CARE PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE  
 DISCLOSURE FORMS MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY  
 TO ALLOW MEDSTAR HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS  
 CONCERNING THE AVAILABILITY OF FINANCIAL ASSISTANCE.

. WORKING WITH MEDSTAR HOSPITAL PATIENT ADVOCATES AND PATIENT FINANCIAL  
 SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE  
 PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.

. MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION,  
 INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT  
 SCHEDULES.

. PROVIDING UPDATED FINANCIAL INFORMATION TO MEDSTAR HOSPITAL PATIENT  
 ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES ON A TIMELY BASIS AS THE  
 PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.

. IT IS A PATIENT'S RESPONSIBILITY, DURING THEIR 12-MONTH ELIGIBILITY  
 PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD  
 ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER  
 MEDICAL HARDSHIP PROVISIONS FOR MEDICAL NECESSARY CARE RECEIVED DURING  
 THE 12-MONTH ELIGIBILITY PERIOD.

. IN THE EVENT A PATIENT FAILS TO MEET THESE RESPONSIBILITIES, MEDSTAR  
 RESERVES THE RIGHT TO PURSUE ADDITIONAL BILLING AND COLLECTION EFFORTS.  
 IN THE EVENT OF NON-PAYMENT BILLING, AND COLLECTION EFFORTS ARE DEFINED  
 IN THE MEDSTAR BILLING AND COLLECTION POLICY. A FREE COPY IS AVAILABLE  
 ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS VIA THE FOLLOWING URL:  
 WWW.MEDSTARHEALTH.ORG/FINANCIALASSISTANCE , OR BY CALL CUSTOMER SERVICE  
 AT 1-800-280-9006.

PATIENTS OF MEDSTAR HEALTH'S HOSPITALS AND HOSPITAL-BASED PHYSICIAN

**Part VI** Supplemental Information (Continuation)

PRACTICES MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE UNDER THIS POLICY. THE PATIENT ADVOCATE AND PATIENT FINANCIAL SERVICES STAFF WILL DETERMINE ELIGIBILITY FOR FULL FINANCIAL ASSISTANCE AND PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO BE INCURRED BY THE PATIENT.

COMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC:

THE COMMUNITIES THE ORGANIZATION SERVES INCLUDES ZIP CODE 21225. THE ZIP CODE SPANS SOUTHERN BALTIMORE CITY AND NORTHERN ANNE ARUNDEL COUNTY, AND INCLUDES FOUR NEIGHBORHOODS: BROOKLYN, BROOKLYN PARK, CHERRY HILL AND CURTIS BAY.

DEMOGRAPHICS:

CHERRY HILL IS HISTORICALLY A BLACK/AFRICAN AMERICAN NEIGHBORHOOD, WITH ROOTS GOING BACK TO THE 17TH CENTURY. AFTER WORLD WAR II, MORE THAN 600 HOUSING UNITS WERE BUILT THERE BY THE UNITED STATES WAR HOUSING ADMINISTRATION, SPECIFICALLY FOR AFRICAN AMERICAN WAR WORKERS. SHORTLY AFTER THE WAR, THESE UNITS WERE MADE INTO LOW-INCOME HOUSING. ADDITIONAL LOW-INCOME HOUSING UNITS HAVE BEEN ADDED THROUGHOUT THE YEARS, MAKING CHERRY HILL ONE OF THE LARGEST HOUSING PROJECTS EAST OF CHICAGO.

THERE ARE 8,541 PEOPLE AND 90.3% ARE BLACK/AFRICAN AMERICAN. THE MEDIAN

**Part VI** Supplemental Information (Continuation)

HOUSEHOLD INCOME IS \$22,659. THE COMMUNITY INCLUDES 15.9% UNEMPLOYED

RESIDENTS AND 57.2% HOUSEHOLDS WITH INCOMES BELOW THE POVERTY LINE.

83.1% OF HOUSEHOLDS IN THE COMMUNITY ARE SINGLE-GUARDIAN HOUSEHOLDS.

60.3% OF CHERRY HILL RESIDENTS AGE 25 YEARS AND OLDER HAVE A HIGH

SCHOOL EDUCATION OR LESS. ACCORDING TO THE CHERRY HILL HEALTH PROFILE,

THE LIFE EXPECTANCY AT BIRTH OF A CHERRY HILL RESIDENT IS 69.5,

COMPARED TO 73.6 IN BALTIMORE CITY. THE AGE-ADJUSTED ALL-CAUSE

MORTALITY RATE PER 10,000 IN BROOKLYN AND CURTIS BAY IS 124.6; THE

ALL-CAUSE MORTALITY RATE PER 10,000 IN BALTIMORE CITY IS 99.5.

THE OTHER NEIGHBORHOODS CENTRAL TO COMMUNITY HEALTH NEEDS ASSESSMENT

INCLUDE THOSE OF BROOKLYN AND CURTIS BAY. THERE ARE 33,545 PEOPLE AND

48.2% OF RESIDENTS ARE WHITE, 43.4% ARE BLACK/AFRICAN AMERICAN. THE

MEDIAN HOUSEHOLD INCOME IS \$37,487. THE COMMUNITIES INCLUDE 39% OF

RESIDENTS WITH NO INCOME AND 33% OF HOUSEHOLDS WITH INCOMES BELOW

\$25,000, AND 36% SINGLE GUARDIAN HOUSEHOLDS. 85.5% OF BROOKLYN AND

CURTIS BAY RESIDENTS AGE 25 YEARS AND OLDER HAVE A HIGH SCHOOL

EDUCATION OR LESS. ACCORDING TO THE BROOKLYN AND CURTIS BAY HEALTH

PROFILE, THE LIFE EXPECTANCY AT BIRTH OF A BROOKLYN AND CURTIS BAY

RESIDENT IS 69.7, COMPARED TO 73.6 IN BALTIMORE CITY. THE AGE-ADJUSTED

ALL-CAUSE MORTALITY RATE PER 10,000 IN BROOKLYN AND CURTIS BAY IS

125.1; THE ALL-CAUSE MORTALITY RATE PER 10,000 IN BALTIMORE CITY IS

99.5. THE COMMUNITY'S VIOLENT CRIME RATE IS 6.78 PER 1,000 RESIDENTS,

92% HIGHER THAN ALL OF THE STATES, CITIES AND TOWNS.

IN BALTIMORE CITY, THERE ARE 38,879 UNINSURED INDIVIDUALS, 222,897

MEDICAID RECIPIENTS AND 18 HOSPITALS. FEDERALLY DESIGNATED MEDICALLY

UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN BALTIMORE CITY

**Part VI** Supplemental Information (Continuation)

INCLUDING PRIMARY CARE SPECIALTY, HEALTH PROFESSIONAL SHORTAGE AREAS

ARE ALSO PRESENT, INCLUDING PRIMARY CARE, DENTAL HEALTH AND MENTAL

HEALTH.

HIGH RATES OF TYPE 2 DIABETES AND HEART DISEASE, INCLUDING STROKE,

OCCUR IN THESE COMMUNITIES. FOR A VARIETY OF REASONS, INCLUDING THE

HIGH POVERTY RATE AND LOW RATE OF HEALTH INSURANCE COVERAGE, MANY

RESIDENTS OFTEN USE THE MEDSTAR HARBOR HOSPITAL EMERGENCY DEPARTMENT

FOR PRIMARY CARE SERVICES.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

AS A COMMUNITY PARTNER, MEDSTAR HARBOR HOSPITAL ENGAGES IN SEVERAL

COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND

WELLBEING OF THE COMMUNITY. PRIORITY AREAS, AS DETERMINED BY THE 2018

CHNA, FALL UNDER THREE AREAS OF FOCUS INCLUDING HEALTH AND WELLNESS,

ACCESS TO CARE, AND SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE

(BUT ARE NOT LIMITED TO):

ACCESS TO CARE

THE PRIORITY AREA IS ADDRESSING ACCESS TO BEHAVIORAL HEALTH SERVICES,

INCLUDING MENTAL HEALTH AND SUBSTANCE USE TREATMENT. PATIENTS ARE

SCREENED FOR SUBSTANCE USE IN THE EMERGENCY DEPARTMENT THROUGH THE

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

PROGRAM. MEDSTAR HARBOR HOSPITAL EXPANDED ITS SBIRT PROGRAM TO

INPATIENT LABOR AND DELIVERY, AS WELL AS 4 OUTPATIENT OB/GYN CLINICS

ASSOCIATED WITH THE HOSPITAL.

**Part VI Supplemental Information** (Continuation)

MEDSTAR HARBOR HOSPITAL'S COMMUNITY HEALTH TEAM LAUNCHED A NEW MOBILE

VAN SERVICE IN FY21 TO PROVIDE PRIMARY CARE SERVICES AND COVID-19

VACCINATIONS TO RESIDENTS. TARGETING VULNERABLE POPULATIONS, THE MOBILE

VAN HAS PROVIDED CARE TO INSURED, UNINSURED, UNDERINSURED, AND

UNDOCUMENTED RESIDENTS WITHIN THE COMMUNITY.

MEDSTAR HARBOR HOSPITAL ALSO ADDRESSES ACCESS TO CARE BY HELPING TO

REDUCE THE FINANCIAL BURDEN FOR PATIENTS AND THEIR FAMILIES. PATIENT

FINANCIAL SERVICES PROVIDES FINANCIAL ASSISTANCE TO UNINSURED PATIENTS

WHO RESIDE WITHIN THE COMMUNITY BY ASSISTING WITH ENROLLMENT IN

PUBLICLY FUNDED ENTITLEMENT PROGRAMS, REFERRING PATIENTS TO STATE OR

FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES AND ASSISTING WITH

CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE

ORGANIZATIONS.

HEALTH AND WELLNESS

MEDSTAR HARBOR HOSPITAL ADDRESSES HEALTH AND WELLNESS BY OFFERING A

VARIETY OF PROGRAMS AND RESOURCES THAT SEEK TO ADDRESS CHRONIC DISEASE

PREVENTION AND MANAGEMENT. MEDSTAR HARBOR HOSPITAL SERVES AS A HUB TO

SCREEN INDIVIDUALS FOR BREAST, CERVICAL AND COLON CANCER. A UNIQUE

ASPECT OF THIS PROGRAM IS THAT IT PROVIDES SCREENING TO INDIVIDUALS

WITHOUT INSURANCE AND/OR DOCUMENTATION. AS A RESULT, MORE THAN 50% OF

PEOPLE SERVED ARE HISPANIC/LATINO. MEDSTAR HARBOR HOSPITAL'S

COMMUNITY-BASED EDUCATION COURSES ARE OFFERED TO SUPPORT HEALTHY

LIFESTYLE CHANGES FOR COMMUNITY MEMBERS. PROGRAMS INCLUDE THE CENTERS

FOR DISEASE CONTROL LED DIABETES PREVENTION PROGRAM, DIABETES

SELF-MANAGEMENT EDUCATION, AND SMOKING CESSATION. ADDITIONALLY, THE

HOSPITAL ACTIVELY PARTICIPATES IN PROVIDING HEALTH EDUCATION AT EVENTS

**Part VI** Supplemental Information (Continuation)

ACROSS ITS CBSA.

SOCIAL DETERMINANTS OF HEALTH

MEDSTAR HARBOR HOSPITAL'S OTHER PRIORITY IS ADDRESSING THE SOCIAL

DETERMINANTS OF HEALTH OF THE COMMUNITY. COMMUNITY RESIDENTS

SURROUNDING THE HOSPITAL HAVE BEEN TRAINED AND HIRED AS EITHER A

COMMUNITY HEALTH ADVOCATE OR PEER RECOVERY COACH AS PART OF THE

POPULATION HEALTH WORKFORCE DEVELOPMENT PROGRAM. THESE POSITIONS SERVE

TO EMPOWER INDIVIDUALS AND THEIR FAMILIES INTO BETTER ECONOMIC

CONDITIONS.

AS PART OF THEIR RESPONSIBILITIES, THE COMMUNITY HEALTH ADVOCATE ROLES

CONDUCT SOCIAL NEEDS SCREENINGS. SOCIAL NEEDS SCREENINGS ARE PROVIDED

TO SCREEN FOR FOOD AND HOUSING INSECURITY, AND BARRIERS RELATED TO

TRANSPORTATION, EMPLOYMENT, AND UTILITIES. IDENTIFIED NEEDS ARE

ADDRESSED BY CONNECTING THE PARTICIPANT TO SOCIAL SERVICES AND OTHER

RESOURCES IN THE COMMUNITY.

MEDSTAR HARBOR HOSPITAL PARTNERS WITH UBER HEALTH TO PROMOTE ACCESS TO

CARE FOR VULNERABLE POPULATIONS. THROUGH THIS PARTNERSHIP, RIDES ARE

PROVIDED TO PATIENTS AND/OR FAMILIES WITH FINANCIAL NEED. THE

TRANSPORTATION ASSISTANCE ENABLES PATIENTS TO ATTEND NECESSARY

APPOINTMENTS WITH THEIR HEALTH CARE PROVIDERS. FURTHER, MEDSTAR HARBOR

HOSPITAL ADDRESSES FOOD INSECURITY BY ENROLLING PATIENTS INTO A FOOD

PRESCRIPTION DELIVERY PROGRAM THROUGH ITS PARTNER HUNGRY HARVEST. THIS

TEMPORARY SOURCE OF FOOD ASSISTANCE ALLOWS COMMUNITY HEALTH ADVOCATES

TO ADDRESS A LONG-TERM STRATEGY FOR FOOD ACCESS (E.G. MEALS ON WHEELS,

ETC.).



**Part VI** Supplemental Information (Continuation)

DISASTER READINESS

THE HOSPITAL STRENGTHENED THE COMMUNITY HEALTH RESILIENCE BY IMPROVING THE ABILITY OF THE COMMUNITY TO WITHSTAND AND RECOVER FROM CORONAVIRUS, A PUBLIC HEALTH EMERGENCY THAT SURFACED IN MARCH 2020. LEADERSHIP PARTICIPATED IN COMMUNITY-WIDE TASK FORCES AND STAFF IMPLEMENTED PROGRAMS ASSOCIATED WITH ADDRESSING HEALTH NEEDS ARISING FROM CORONAVIRUS. STAFF PLANNED AND IMPLEMENTED COMMUNITY RESPONSE EFFORTS INCLUDING COVID-19 TESTING AND VACCINATION EVENTS AND PUBLIC EDUCATION EFFORTS. EVENTS AND OUTREACH OCCURRED AT HOSPITAL CAMPUSES AND AT TARGETED COMMUNITY LOCATIONS SUCH AS SENIOR COMPLEXES, CHURCHES AND COMMUNITY CENTERS TO BEST REACH UNDERSERVED AND AT-RISK POPULATIONS. PPE (PERSONAL PROTECTIVE EQUIPMENT) AND CLINICAL EQUIPMENT WERE ALSO DONATED TO OTHER NON-PROFITS SUPPORTING DISASTER RELIEF EFFORTS.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR HARBOR HOSPITAL CAN EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN COMMUNITY HEALTH PLANNING TO MEET THE NEEDS OF THE UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MEDSTAR HARBOR HOSPITAL WITH TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH-QUALITY HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY.

**Part VI** Supplemental Information (Continuation)

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, LINE 7

THE COMMUNITY BENEFIT REPORT FOR MEDSTAR HARBOR HOSPITAL IS FILED IN

THE STATE OF MARYLAND.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization HARBOR HOSPITAL, INC. Employer identification number 52-0491660

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2020

**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 noncash assistance
SCHOLARSHIPS	20	33,728.	0.		

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

SCHEDULE I, PART I, LINE 2

EACH YEAR, THE ORGANIZATION AWARDS SCHOLARSHIPS TO QUALIFIED

INDIVIDUALS WISHING TO SEEK AN EDUCATION OR DEGREE IN THE HEALTHCARE

FIELD. CLINICAL AND MEDICAL STAFF, NURSES AND PHYSICIANS ARE ESSENTIAL

TO THE HOSPITAL'S GOAL TO PROVIDE HIGH QUALITY PATIENT CARE.

SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED, ACADEMIC

ACHIEVEMENT, AND THE GOAL OF PURSUING A HEALTHCARE CAREER.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**HARBOR HOSPITAL, INC.**

Employer identification number  
**52-0491660**

**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 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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
<b>1b</b>		X
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) KENNETH A. SAMET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,997,518.	4,558,041.	2,853,113.	56,948.	36,000.	9,501,620.	0.
(2) STUART LEVINE, M.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	553,751.	507,858.	0.	8,550.	31,940.	1,102,099.	0.
(3) ROBERT LALLY TREASURER	(i)	167,663.	79,473.	0.	18,017.	8,318.	273,471.	0.
	(ii)	167,663.	79,473.	0.	0.	0.	247,136.	0.
(4) JILL DONALDSON PRESIDENT	(i)	282,641.	201,245.	205.	16,334.	19,527.	519,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MOHSEN MO GHARIB, M.D. DIRECTOR (AS OF 11/2020)	(i)	420,683.	41,860.	1,140.	8,550.	19,128.	491,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANANTHAKUMAR NUTHALAPATI, M.D. PHYSICIAN	(i)	445,626.	360.	0.	8,550.	1,259.	455,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JILL JOHNSON FORMER VP OF OPS (UNTIL 04/2020)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,829.	78,814.	37,500.	8,550.	24,178.	423,871.	0.
(8) KERUNNE S. KETLOGETSWE, M.D. DIRECTOR (AS OF 11/2020)	(i)	299,713.	63,831.	0.	8,550.	1,925.	374,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MADHU BINDU MUSUNURU, M.D. PHYSICIAN	(i)	314,052.	360.	0.	8,550.	20,362.	343,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEITH SHINER SECRETARY	(i)	109,288.	26,117.	0.	0.	0.	135,405.	0.
	(ii)	109,288.	26,117.	0.	8,383.	20,198.	163,986.	0.
(11) DAWN OWENS CHIEF NURSING OFFICER	(i)	206,382.	56,251.	0.	0.	24,015.	286,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GOVIND MAHESHWARI AVP OF FINANCE	(i)	147,872.	18,360.	41,855.	17,533.	808.	226,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DANIEL TESFAMARIAM CLINICAL NURSE II	(i)	191,196.	2,985.	100.	2,600.	19,286.	216,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CARLOS D. ZIGEL, M.D. DIRECTOR	(i)	134,959.	360.	39,450.	7,345.	14,172.	196,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A

HEALTH OR SOCIAL CLUB DUES:

THE ORGANIZATION PAID SOCIAL CLUB DUES FOR ONE OF ITS OFFICERS.

PARTICIPATION IN THESE ACTIVITIES BY THE OFFICER WAS FOR BUSINESS

PURPOSES AND HELPED THE ORGANIZATION FURTHER ITS EXEMPT PURPOSE.

SCHEDULE J, PART III

MR. SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(II)

AND (III) INCLUDES A PAYMENT OF \$1,483,604, WHICH REPRESENTS BENEFITS

ACCRUED THROUGH AN EXECUTIVE RETIREMENT PLAN THAT IS COMPRISED OF

TARGET BENEFITS CALCULATED ANNUALLY USING COMPENSATION AND YEARS OF

SERVICE AND \$2,853,113, WHICH REPRESENTS THE EXERCISED VALUE OF OPTION

PLAN SHARES, BASED ON DEFERRED COMPENSATION EARNED APPROXIMATELY 20

YEARS AGO AND INVESTMENT RETURNS ON THIS COMPENSATION EARNED OVER THIS

PERIOD OF TIME.

MR. MAHESHWARI'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)

(III) INCLUDES \$16,431 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY MR.

MAHESHWARI.

**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.

ROBERT LALLY'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO BOTH

MEDSTAR FRANKLIN SQUARE MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL.

KEITH SHINER'S COMPENSATION IS FOR SERVICES PROVIDED AS ATTORNEY TO

BOTH MEDSTAR FRANKLIN SQUARE MEDICAL CENTER AND MEDSTAR HARBOR

HOSPITAL.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR HARBOR HOSPITAL'S (MEDSTAR

HARBOR) MISSION IS TO PROVIDE QUALITY, CARING AND SERVICE FOR OUR

PATIENTS AND OUR COMMUNITIES. MEDSTAR HARBOR IS LOCATED JUST SOUTH OF

BALTIMORE'S INNER HARBOR, IN BALTIMORE CITY. IT IS AN ACUTE CARE

HOSPITAL OFFERING CLINICAL SERVICES IN INTERNAL MEDICINE, SURGERY,

CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ONCOLOGY, ORTHOPAEDICS AND

PEDIATRICS. IN FISCAL YEAR 2021, MEDSTAR HARBOR HAD 8,060 INPATIENT

ADMISSIONS, 138,612 OUTPATIENT VISITS, AND 35,704 EMERGENCY VISITS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDSTAR HARBOR'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION OF

ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF SOUTHERN BALTIMORE CITY,

SOUTHWESTERN BALTIMORE COUNTY AND NORTHERN ANNE ARUNDEL COUNTY,

MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM SERVICE

EXPENSES LISTED ABOVE, MEDSTAR HARBOR INCURRED \$33.2M OF MANAGEMENT AND

GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES.

COLLABORATION WITH THE NATIONAL INSTITUTE ON AGING (ONE OF THE NATIONAL

INSTITUTES OF HEALTH) MAKES MEDSTAR HARBOR THE HOME OF THE BALTIMORE

LONGITUDINAL STUDY ON AGING, THE NATION'S LONGEST RUNNING STUDY OF

AGING AND CONDITIONS AFFECTING THE ELDERLY. MEDSTAR HARBOR HOSPITAL

ACHIEVED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR

RECERTIFICATION IN THE SPINE SURGERY PROGRAM AND HEART FAILURE PROGRAM.

MEDSTAR HARBOR HOSPITAL IS CERTIFIED IN PRIMARY CARE STROKE CARE.

MEDSTAR HARBOR HOSPITAL RECEIVED THE NURSES IMPROVING CARE FOR

HEALTH-SYSTEM ELDERLY (NICHE) SENIOR FRIENDLY AWARD, THE LEADING NURSE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS AND HEALTHCARE ORGANIZATIONS

IMPROVE THE CARE OF OLDER ADULTS. MEDSTAR HARBOR HOSPITAL ACHIEVED

SILVER PLUS RECOGNITION IN THE AMERICAN HEART ASSOCIATION'S GET WITH

THE GUIDELINES-STROKE PROGRAM. BALTIMORE MAGAZINE AGAIN RECOGNIZED

MEDSTAR HARBOR PHYSICIANS AS "THE BEST OF THE BEST" IN ITS ANNUAL "TOP

DOCTORS" ISSUE. MEDSTAR HARBOR HOSPITAL HOLDS THE "PARTNER FOR CHANGE"

AWARD BESTOWED BY PRACTICE GREENHEALTH. MEDSTAR HARBOR HOSPITAL HAS

ACHIEVED MEMBER STATUS FOR THE MARYLAND GREEN REGISTRY.

SINCE MARCH 2020, MEDSTAR HEALTH HAS CARED FOR 1 IN 4 COVID-19 PATIENTS

IN THE REGION. OPERATING AS ONE MEDSTAR AND ALIGNING WITH GUIDANCE FROM

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND LOCAL

DEPARTMENTS OF HEALTH, MEDSTAR HEALTH COVID-19 PREPARATIONS AND

RESPONSE ARE GUIDED BY THREE CRITICAL DRIVERS: PROVIDING A SAFE CARE

ENVIRONMENT FOR PATIENTS AND ASSOCIATES; MITIGATING COMMUNITY SPREAD OF

COVID-19; AND ENSURING OPERATIONAL CONTINUITY TO FULFILL OUR CORE

MISSION OF CARING FOR OUR COMMUNITIES.

THESE EFFORTS HAVE EVOLVED AND TRANSITIONED IN MULTIPLE WAY THROUGHOUT

THE DURATION OF THE COVID-19 PANDEMIC, LEADING TO A NUMBER OF

INTEGRATED CARE APPROACHES IN PLACE TODAY: UTILIZATION OF MEDSTAR

HEALTH URGENT CARE, EVISITS AND OUR DIGITAL CAPABILITIES TO CREATE

ACCESS, RAPID STAND-UP OF TESTING SITES, USE OF TELEHEALTH FOR PRIMARY

CARE AND FOLLOW-UP VISITS, UTILIZATION OF MEDSTAR HEALTH HOME CARE TO

SAFELY MANAGE THE CARE CONTINUUM NEEDS FOR PATIENTS, DEPLOYMENT OF

INNOVATIVE LABORATORY APPROACHES INTEGRATED WITH OCCUPATIONAL HEALTH TO

BETTER SUPPORT ASSOCIATES MANAGING THROUGH COVID-19 EXPOSURES, STAND-UP

OF A BUDDY PROGRAM WHERE NON-CLINICAL ASSOCIATES TAKE SHIFTS TO PROVIDE

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
---	--

SUPPORT SERVICES FOR NURSING AND CARE TEAMS, ESTABLISHMENT OF COMMUNITY

---

MOBILE UNITS AND CLINICS FOR COVID-19 VACCINATIONS/BOOSTERS, SUPPLY AND

---

MAINTAIN PERSONAL PROTECTIVE EQUIPMENT (PPE), N95 RESPIRATORS, COVID-19

---

VACCINES AND BOOSTERS, EXECUTION OF A MANDATORY COVID-19 VACCINATION

---

POLICY RESULTING IN 99% OF ASSOCIATES AND PHYSICIANS VACCINATED AGAINST

---

COVID-19, AND ADMINISTRATION OF MORE THAN 253,000 COVID-19

---

VACCINATIONS/BOOSTERS ACROSS THE REGION.

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FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION MEMBERS

THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A

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TAX-EXEMPT MARYLAND NON-STOCK CORPORATION. MEDSTAR HEALTH, INC., OR ONE OF

---

ITS AFFILIATES AND SUBSIDIARIES, IS THE SOLE MEMBER OF THE ORGANIZATION.

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FORM 990, PART VI, SECTION A, LINE 7A:

DESCRIPTION OF MEMBERS

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT

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MARYLAND NON-STOCK CORPORATION, THE ORGANIZATION MAY RECOMMEND PERSON(S)

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FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING BODY. ANY SUCH

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RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY THE

---

GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. THE

---

BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY TO

---

THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC.

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FORM 990, PART VI, SECTION A, LINE 7B:

DESCRIPTION OF DECISIONS OF GOVERNING BODY

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT

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MARYLAND NON-STOCK CORPORATION, THE BYLAWS OF THE ORGANIZATION ARE SUBJECT

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Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING BUT NOT LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

FORM 990, PART VI, SECTION B, LINE 11B:  
PROCESS FOR REVIEWING FORM 990  
THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT OUTSIDE EXPERTS, THOROUGHLY REVIEWED FORM 990 AND ACCOMPANYING INSTRUCTIONS. IN ADDITION, SENIOR EXECUTIVES REVIEWED THE RELEVANT SECTIONS OF THE FORM 990 WITH THE FOLLOWING COMMITTEES OF THE ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE, STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. FOLLOWING THESE MEETINGS, THE GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND GIVEN AN OPPORTUNITY TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
CONFLICT OF INTEREST POLICY ENFORCEMENT  
APPOINTMENT OF BOARDS OF DIRECTORS  
MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS, PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS ALL

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) RELATED TO DIRECTORS ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. SUCH DISCLOSURES (IF ANY) RELATED TO OFFICERS AND SENIOR MANAGERS ARE REVIEWED BY AN APPROPRIATE EXECUTIVE WHO DETERMINES HOW THE MATTER SHOULD BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

FORM 990, PART VI, SECTION B, LINE 15:

DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OVER THE EXECUTIVE COMPENSATION PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM.

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:  
FINANCIAL STATEMENT AVAILABILITY  
MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO E-MAILS ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <p align="center">HARBOR HOSPITAL, INC.</p>	Employer identification number <p align="center">52-0491660</p>
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**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
MEDSTAR HEALTH ANESTHESIA SERVICES C LLC - 20-5909818, 3001 SOUTH HANOVER STREET, BALTIMORE, MD 21225	HEALTH SVCS	MARYLAND	0.	-212	HARBOR

**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
CHURCH HOME CORPORATION - 23-7374724 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	PF	N/A	X	
FRANKLIN SQUARE HOSPITAL CENTER, INC. - 52-0608007, 9000 FRANKLIN SQUARE DRIVE, BALTIMORE, MD 21237	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR HEALTH, INC. - 52-2087445 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
MONTGOMERY GENERAL HOSPITAL - 52-0646893 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	

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

Schedule R (Form 990) 2020



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, - 52-0591607, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
THE UNION MEMORIAL HOSPITAL - 52-0591685 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
MEDSTAR HEALTH RESEARCH INSTITUTE - 52-6056274, 108 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 4	N/A	X	
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I - 52-2218584, HOPSITAL ADMIN, 1 MAIN BLDG, WASHINGTON, DC 20007	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
WASHINGTON HOSPITAL CENTER CORPORATION - 52-1272129, 110 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
HH MEDSTAR HEALTH, INC. - 52-1542230 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
MEDSTAR AMBULATORY SERVICES INC. - 52-1132992, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
BAY LIFE SERVICES, INC. - 52-1496539 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MENTAL HEALTH	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MEDSTAR SURGERY CENTER, INC. - 52-1061679 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
CHURCH HOME AND HOSPITAL OF THE CITY OF - 52-0591600, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
GOOD SAMARITAN NURSING CENTER, INC. - 52-1672866, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
GS HOUSING, INC. - 52-1481656 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
GS PROPERTIES, INC. - 52-1429853 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
MEDSTAR HEALTH INFUSION, INC. - 52-1980510 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MEDSTAR HEALTH VISITING NURSES ASSOCIATI - 53-0196597, 4061 POWDERMILL ROAD, CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MEDSTAR VNA HEALTHCARE - 52-1458516 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MGH COMMUNITY HEALTH, INC. - 52-1372467 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MGH HEALTH SERVICES, INC. - 52-1366812 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	LINE 12B, II	N/A	X	
MGH WOMEN'S BOARD - 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
NATIONAL REHABILITATION HOSPITAL - 52-1369749, 102 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
REGIONAL REHAB AT OLNEY, INC. - 52-2310902 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 3	N/A	X	
SUBURBAN / NRH MEDICAL REHABILITATION, I - 52-1931151, 102 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F - 52-1104382, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	FOUNDATION	MARYLAND	501(C)(3)	LINE 12D, III-O	N/A	X	
VNA, INC. - 52-1332411 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	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	
MEDSTAR SHAH MSO, LLC - 46-2700536, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MGMT SVCS	MD	N/A	N/A				X	N/A		X	
22590 SHADY COURT, LLC - 47-3361777, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
24035 THREE NOTCH ROAD, LLC - 47-3375076, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
37767 MARKET DRIVE, LLC 37767 MARKET DRIVE CHARLOTTE HALL, MD 20622	REAL ESTATE	MD	N/A	N/A				X	N/A		X	

**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
MEDSTAR PHARMACIES, INC. - 52-1513056 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					X
EXTENCARE, INC. - 52-1556228 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					X
HELIX RESOURCES MANAGEMENT, INC. - 52-1913070, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SVCS	MD	N/A	C CORP					X
HELIXCARE MEDICAL GROUP, LLC - 52-1955580 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					X
HELIXCARE PROPERTIES, LLC - 52-1966695 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
26840 POINT LOOKOUT ROAD, LLC - 47-3393670, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
10 ST. PATRICK'S DRIVE, LLC - 83-2261766, 10 ST. PATRICK'S DRIVE, WALDORF, MD 20603	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
MONTGOMERY COMMUNITY MRI LP - 52-1534253, 4110 ASPEN HILL ROAD, ROCKVILLE, MD 20853	MRI SCREENING	MD	N/A	N/A				X	N/A		X	
PHYSIOTHERAPY ASSOCIATES NRH REHAB, LLC - 52-2212036, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	PHYSIOTHERAPY	PA	N/A	N/A				X	N/A		X	
PHYSICIAN IMAGING OF WASHINGTON - 56-2616090, 840 CRESCENT CENTRE DR, FRANKLIN, TN 37067	RADIOLOGY SVC	TN	N/A	N/A				X	N/A		X	
FRANKLIN IMAGING, LLC - 52-1588688, 7253 AMBASSADOR RD., BALTIMORE, MD 21244	IMAGING	MD	N/A	N/A				X	N/A		X	
MEDSTAR HEALTH/SURGCENTER DEVEL - 82-1073412, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	SURGERY	MD	N/A	N/A				X	N/A		X	
MEDSTAR ENDOSCOPY CTR AT LUTHERVILLE, LLC - 82-3193901, 1300 BELLONA AVE, LUTHERVILLE, MD 21093	SURGERY	MD	N/A	N/A				X	N/A		X	
CAPITAL ENDOSCOPY, LLC - 13-4244093, 6475 NEW HAMPSHIRE AVE, HYATTSVILLE, MD 20783	SURGERY	MD	N/A	N/A				X	N/A		X	



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
PARKWAY VENTURES, INC. - 52-1893569 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					X
PHYSICIANS ADMINISTRATIVE SERVICES, INC. - 23-7042074, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	BILLING SVCS	MD	N/A	C CORP					X
MEDSTAR FAMILY CHOICE, INC. - 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					X
MEDSTAR ENTERPRISES, INC. - 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICE	MD	N/A	C CORP					X
SITEL, INC. - 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL	MD	N/A	C CORP					X
STAR BILLING, INC. - 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SVCS	MD	N/A	C CORP					X
WASHINGTON RISK NETWORK MANAGEMENT, INC. - 52-2132677, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					X
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS - 52-1931000, 100 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	MD	N/A	C CORP					X
MEDSTAR PHYSICIAN PARTNERS, INC. - 52-2030809, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					X
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA - 76-0756352, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	CONDOMINIUMS	MD	N/A	C CORP					X
MGH DIVERSIFIED SERVICES, INC. - 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	N/A	C CORP					X
ST. MARY'S HEALTH ALLIANCE, INC. - 52-1930331, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	MEDICAL SVCS	MD	N/A	C CORP					X





**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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) HH MEDSTAR HEALTH	P	65,701,874.	FMV
(2) FRANKLIN SQUARE HOSPITAL CENTER INC.	P	7,775,853.	FMV
(3) THE UNION MEMORIAL HOSPITAL	P	2,946,886.	FMV
(4) THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Q	54,665.	FMV
(5) WASHINGTON HOSPITAL CENTER CORPORATION	Q	2,092,853.	FMV
(6) NATIONAL REHABILITATION HOSPITAL	P	141,711.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE MEDSTAR-GEORGETOWN MEDICAL CENTER, INC.	Q	615,682.	FMV
(8) MONTGOMERY GENERAL HOSPITAL	Q	137,238.	FMV
(9) MEDSTAR AMBULATORY SERVICES, INC.	P	1,061,093.	FMV
(10) MEDSTAR HEALTH RESEARCH INSTITUTE	Q	413,378.	FMV
(11) BAY LIFE SERVICES, INC.	P	114,932.	FMV
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
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**Part VII Supplemental Information**

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

GREENSPRING FINANCIAL INSURANCE LIMITED

EIN: 98-0188617

878 WEST BAY RD., PO BOX 1159

878 WEST BAY RD., PO BOX 1159, CAYMAN ISLANDS KY1-1102