

COHEN RUTHERFORD + KNIGHT, PC
CERTIFIED PUBLIC ACCOUNTANTS
6903 ROCKLEDGE DRIVE, SUITE 500
BETHESDA, MD 20817
301-828-1008

INSTRUCTIONS FOR FILING
CARROLL HOSPITAL CENTER, INC.
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2011

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

COHEN, RUTHERFORD + KNIGHT, PC
6903 ROCKLEDGE DRIVE, SUITE 500
BETHESDA MD 20817-1800

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE
SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY
TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2012. WE
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

IF POSSIBLE, PLEASE EMAIL THE SIGNED FORM TO TECKLOFF@CRKCPA.COM OR
FAX IT TO ME AT 301-530-3625.

COHEN RUTHERFORD + KNIGHT, PC
CERTIFIED PUBLIC ACCOUNTANTS
6903 ROCKLEDGE DRIVE, SUITE 500
BETHESDA, MD 20817
301-828-1008

INSTRUCTIONS FOR FILING
CARROLL HOSPITAL CENTER, INC.
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED JUNE 30, 2011

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 15, 2012
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 2011

Do not send to the IRS. Keep for your records. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Name and title of officer

KEVIN KELBLY, SR VP FINANCE CFO

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1: 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 206214157.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize COHEN, RUTHERFORD + KNIGH to enter my PIN 14281 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

Part III Certification and Authentication

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

5 2 0 5 1 5 2 0 8 1 7 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/14/2012

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

For Paperwork Reduction Act Notice, see back of form.

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARROLL HOSPITAL CENTER, INC.			D Employer identification number 52-1452024
	Doing Business As			E Telephone number (410) 871-6859
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 206,214,157.
	200 MEMORIAL AVENUE			
City or town, state or country, and ZIP + 4 WESTMINSTER, MD 21157		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: JOHN SERNULKA 200 MEMORIAL AVE WESTMINSTER, MD 21774		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: ▶ WWW.CARROLLHOSPITALCENTER.ORG				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1957	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT, COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING THEIR HEALTH AND WELL-BEING.		
	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	15.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,958.
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,692,824.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,176,242.	1,090,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,619,219.	201,412,609.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,311,044.	3,179,446.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	773,491.	532,102.
		196,879,996.	206,214,157.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	115,000.	115,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,985,712.	97,467,463.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	100,640,157.	91,916,180.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	197,740,869.	189,498,643.	
19 Revenue less expenses. Subtract line 18 from line 12	-860,873.	16,715,514.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	300,967,431.	313,981,970.
	22 Net assets or fund balances. Subtract line 21 from line 20	206,812,673.	195,306,839.
	94,154,758.	118,675,131.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TINA ECKLOFF	Preparer's signature	Date 05/14/2012	Check if self-employed <input type="checkbox"/>	PTIN P01074058
	Firm's name ▶ COHEN, RUTHERFORD + KNIGHT, PC	Firm's EIN ▶ 52-1202280		Phone no. 301-828-1008	
	Firm's address ▶ 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 160,054,843. including grants of \$ 115,000.) (Revenue \$ 198,252,757.)

ATTACHMENT 2

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 160,054,843.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (12), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID MCCORMICK 200 MEMORIAL AVE WESTMINSTER, MD 21157 410-871-6859

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 4										
(1) CHARLES O FISHER JR DIRECTOR	1.00	X					0.	0.	0.	
(2) CHARLES FISHER SR DIRECTOR	1.00	X					0.	0.	0.	
(3) MIRIAM BECK DIRECTOR	1.00	X					0.	0.	0.	
(4) PAULA LANGMEAD DIRECTOR	1.00	X					0.	0.	0.	
(5) ETHAN SEIDEL DIRECTOR	1.00	X					0.	0.	0.	
(6) JOHN SERNULKA PRESIDENT	35.00	X		X			291,984.	0.	292,083.	
(7) STEPHAN HOCHULI MD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) KIMBERLY JOHNSTON MD BOARD MEMBER	1.00	X					0.	0.	0.	
(9) STANLEY H TEVIS III BOARD MEMBER	1.00	X					0.	0.	0.	
(10) HAROLD WALSH BOARD MEMBER	1.00	X					0.	0.	0.	
(11) HELEN W WHITEHEAD BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CHRISTOS BALLAS MD BOARD MEMBER	1.00	X					0.	0.	0.	
(13) THOMAS WELIVER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JEFFREY A WOTHERS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) DENNIS THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) LESLIE SIMMONS CHIEF OPERATING OFFICER	38.00			X			278,385.	0.	24,101.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) KEVIN KELBLY SR VP FINANCE CFO	34.00			X				303,120.	0.	29,988.
(18) KEVIN SMOTHERS CHIEF MEDICAL OFFICER	40.00			X				366,121.	0.	22,772.
(19) STEPHANIE REID ASSISTANT VICE PRESIDENT	40.00			X				155,779.	0.	7,033.
(20) DAVID HORN VICE PRESIDENT	40.00				X			188,775.	0.	23,172.
(21) M ELLEN FINNERTY MYERS VICE PRESIDENT	40.00				X			192,915.	0.	4,949.
(22) JOYCE ROMANS VICE PRESIDENT	40.00				X			198,223.	0.	14,976.
(23) TRACEY ELLISON VICE PRESIDENT	40.00				X			172,101.	0.	19,892.
(24) DANILO PERUNOVICH VICE PRESIDENT	40.00				X			184,371.	0.	13,876.
(25) CYNTHIA ROLDAN PHYSICIAN	40.00					X		174,445.	0.	3,078.
(26) JEROME MARAVE PHYSICIAN	40.00					X		210,263.	0.	19,753.
(27) DANILO V SANTOS PHYSICIAN	40.00					X		187,300.	0.	13,932.
(28) EDYTA OSWIECIMKA NURSE	40.00					X		163,532.	0.	18,620.
1b Sub-total								3,067,314.	0.	508,225.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3								150,193.	0.	24,520.
d Total (add lines 1b and 1c)								3,217,507.	0.	532,745.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **70**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,090,000.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,090,000.				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code		194,771,483.	194,771,483.			
	b CAFETERIA/VEND.			798,131.	798,131.			
	c LAB	621500		3,569,383.		3,569,383.		
	d OTHER OPERATING REVENUE			2,273,612.	2,273,612.			
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			201,412,609.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 6		3,179,446.		870.	3,178,576.
4 Income from investment of tax-exempt bond proceeds				0.				
5 Royalties				0.				
6a Gross Rents		(i) Real	(ii) Personal					
				442,102.				
		b Less: rental expenses						
		c Rental income or (loss)		442,102.				
d Net rental income or (loss)				442,102.	409,531.	32,571.	0.	
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
d Net gain or (loss)				0.				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a						
		b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a CARROLL COUNTY MED SERVICES MGMT FEE		541610		90,000.		90,000.		
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				90,000.				
12 Total revenue. See instructions				206,214,157.	198,252,757.	3,692,824.	3,178,576.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	115,000.	115,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,403,976.	0.	2,403,976.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	78,355,992.	69,652,245.	8,703,747.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,342,488.	3,857,380.	485,108.	0.
9 Other employee benefits	6,551,084.	5,819,249.	731,835.	0.
10 Payroll taxes	5,813,923.	5,164,438.	649,485.	0.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	519,862.	1,565.	518,297.	0.
c Accounting	247,500.	0.	247,500.	0.
d Lobbying	7,858.	0.	7,858.	0.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	231,741.	0.	231,741.	0.
g Other	8,337,408.	7,833,641.	503,767.	0.
12 Advertising and promotion	621,820.	8,237.	613,583.	0.
13 Office expenses	855,882.	538,583.	317,299.	0.
14 Information technology	5,090,673.	0.	5,090,673.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	3,751,339.	2,634,079.	1,117,260.	0.
17 Travel	441,163.	167,876.	273,287.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	92,613.	69,954.	22,659.	0.
20 Interest	6,889,101.	6,889,101.	0.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	13,233,722.	10,848,419.	2,385,303.	0.
23 Insurance	2,332,579.	1,341,964.	990,615.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEDICAL SUPPLIES -----	22,333,959.	22,331,531.	2,428.	0.
b FOOD -----	946,953.	882,083.	64,870.	
c OTHER -----	619,270.	400,320.	218,950.	
d MINOR EQUIPMENT -----	593,864.	543,116.	50,748.	
e SUPPLIES -----	719,270.	694,739.	24,531.	
f All other expenses -----	24,049,603.	20,261,323.	3,788,280.	0.
25 Total functional expenses. Add lines 1 through 24f	189,498,643.	160,054,843.	29,443,800.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,300.	1	2,300.
	2 Savings and temporary cash investments	44,351,604.	2	28,013,039.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,272,362.	4	16,873,397.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net ATCH 7	50,000.	7	50,000.
	8 Inventories for sale or use	2,920,302.	8	2,637,299.
	9 Prepaid expenses and deferred charges ATCH 8	2,589,854.	9	2,405,896.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 255,012,044.		
	b Less: accumulated depreciation	10b 122,955,606.	133,056,141.	10c 132,056,438.
	11 Investments - publicly traded securities ATCH 9	34,915,453.	11	46,469,198.
	12 Investments - other securities. See Part IV, line 11	20,018,231.	12	35,388,415.
	13 Investments - program-related. See Part IV, line 11	27,685,775.	13	28,600,900.
	14 Intangible assets	0.	14	4,400,000.
	15 Other assets. See Part IV, line 11	17,105,409.	15	17,085,088.
16 Total assets. Add lines 1 through 15 (must equal line 34)	300,967,431.	16	313,981,970.	
Liabilities	17 Accounts payable and accrued expenses	25,006,392.	17	20,358,923.
	18 Grants payable		18	
	19 Deferred revenue ATCH 10	1,695,861.	19	1,264,732.
	20 Tax-exempt bond liabilities	135,147,684.	20	135,424,555.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	44,962,736.	25	38,258,629.
	26 Total liabilities. Add lines 17 through 25	206,812,673.	26	195,306,839.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	94,154,758.	27	118,675,131.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	94,154,758.	33	118,675,131.	
34 Total liabilities and net assets/fund balances	300,967,431.	34	313,981,970.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,214,157.
2	Total expenses (must equal Part IX, column (A), line 25)	2	189,498,643.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,715,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,154,758.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,804,859.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	118,675,131.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Schedule of Contributors

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

2010

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
--	---

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

Name of organization **CARROLL HOSPITAL CENTER, INC.**

Employer identification number
52-1452024

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARROLL HOSPITAL CENTER FOUNDATION 200 MEMORIAL AVE. WESTMINSTER, MD 21157	\$ 1,090,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,858.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			7,858.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06, 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2010

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,900,509.	7,009,809.			
b Contributions	690,978.	251,338.			
c Net investment earnings, gains, and losses	1,503,183.	639,362.			
d Grants or scholarships	8,500.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,086,170.	7,900,509.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 84.0000 %
- b Permanent endowment ▶ 15.0000 %
- c Term endowment ▶ 1.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,217,860.		1,217,860.
b Buildings		116,937,179.	34,672,871.	82,264,308.
c Leasehold improvements		9,494,934.	9,476,596.	18,338.
d Equipment		98,137,291.	72,406,132.	25,731,159.
e Other		29,224,780.	6,400,007.	22,824,773.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				132,056,438.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG-TERM INVESTMENTS OTHER	17,109,570.	COST
(B) LONG TERM INVESTMENTS	3,789,611.	FMV
(C) CD	155,960.	COST
(D) SHORT TERM INVESTMENTS	14,167,332.	FMV
(E) MONEY MARKET ACCT	165,942.	FMV
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	35,388,415.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARIES	25,873,672.	COST
(2) INVESTMENT IN PREMIER	275,818.	COST
(3) INVESTMENT IN ONCOLOGY CTR	0.	COST
(4) INVESTMENT IN MT AIRY HLTH SER	435,989.	COST
(5) INVESTMENT IN CMOA	2,015,421.	COST
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	28,600,900.	

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,067,195.
(2) UNAMORTIZED BOND ISSUANCE COST	1,867,734.
(3) OTHER RECEIVABLES	643,446.
(4) FUNDS HELD BY TRUSTEE	13,441,518.
(5) ASSETS LIMITED TO USE	65,195.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,085,088.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	6,723,511.
(3) ACCRUED PENSION	6,873,504.
(4) OTHER LIABILITIES	181,248.
(5) MERRILL LYNCH SWAP RATE	3,586,214.
(6) CAPITAL LEASE	698,981.
(7) MOB	16,224,312.
(8) DEF COMPENSATION	3,970,859.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,258,629.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows for reconciliation of net assets. Columns include description, sub-column, and total column.

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

Table with 5 main rows for revenue reconciliation, including sub-rows a-d for adjustments. Columns include description, sub-column, and total column.

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

Table with 5 main rows for expense reconciliation, including sub-rows a-d for adjustments. Columns include description, sub-column, and total column.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,944,679.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,944,679.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,944,679.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>375.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2,463,708.		2,463,708.	1.36
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,463,708.		2,463,708.	1.36
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,383,532.	33,585.	1,349,947.	.75
f Health professions education (from Worksheet 5)			625,578.		625,578.	.35
g Subsidized health services (from Worksheet 6)			31,629,284.	17,825,678.	13,803,606.	7.62
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			207,586.		207,586.	.11
j Total Other Benefits			33,845,980.	17,859,263.	15,986,717.	8.83
k Total. Add lines 7d and 7j			36,309,688.	17,859,263.	18,450,425.	10.19

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

Schedule H (Form 990) 2010

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			406,772.	103,863.	302,909.	.17
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			448,930.		448,930.	.25
8 Workforce development						
9 Other						
10 Total			855,702.	103,863.	751,839.	.42

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** 6,861,384.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy **3** 686,138.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.

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

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 83,961,449.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 62,855,055.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 21,106,394.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CC RADIOLOGY LLC	IMAGING CENTER	60.00000		40.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: CARROLL HOSPITAL CENTER INC

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> %	9	

Part V Facility Information (continued) CARROLL HOSPITAL CENTER INC

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

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other actions (describe in Part VI)		
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CARROLL HOSPITAL CENTER INC

Policy Relating to Emergency Medical Care

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

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		
	If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?		
	If "Yes," explain in Part VI.		

Part V Facility Information *(continued)*

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 CARROLL COUNTY RADIOLOGY 7253 AMBASSADOR ROAD BALTIMORE MD 21244	IMAGING CENTER
2 CARROLL COUNTY RADIOLOGY 1430 PROGRESS WAY, STE 108 ELDERSBURG MD 21784	IMAGING CENTER
3 CARROLL COUNTY RADIOLOGY 193 STONER AVE, STE 200 WESTMINSTER MD 21157	IMAGING CENTER
4 CARROLL COUNTY RADIOLOGY 1 VILLAGE SQUARE WESTMINSTER MD 21157	IMAGING CENTER
5 CARROLL COUNTY RADIOLOGY 844 WASHINGTON ROAD, STE 102 WESTMINSTER MD 21157	IMAGING CENTER
6 	
7 	
8 	
9 	
10 	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3B

FOR PATIENTS THAT EXPERIENCE A MEDICAL HARDSHIP (MEDICAL DEBT THAT EXCEEDS 25% OF HOUSEHOLD INCOME), CARROLL HOSPITAL CENTER ALSO PROVIDES DISCOUNTED CARE FOR INDIVIDUALS EARNING UP TO 500% OF THE FEDERAL POVERTY GUIDELINES.

PART I, LINE 5A

CARROLL HOSPITAL CENTER DOES NOT DENY FINANCIAL ASSISTANCE TO ANY PATIENT ELIGIBLE FOR FREE OR DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY REGARDLESS OF WHETHER OR NOT THE FINANCIAL ASSISTANCE BUDGET WAS EXCEEDED.

PART I, LINE 7A, COLUMN C

THE METHODOLOGY USED TO CALCULATE CHARITY CARE COST WAS A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE-TO-CHARGES.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

PART I, LINE 7B

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
 COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING
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 ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN
 EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT
 EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET
 EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL FOR
 ITS SHARE OF MEDICAID ASSESSMENT. IN RECENT YEARS THE STATE OF MARYLAND
 HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING
 HOSPITALS THROUGH THE RATE-SETTING SYSTEM. FOR TAX YEAR 2010 CARROLL
 HOSPITAL CENTER'S MEDICAID BUDGET DEFICIT UNFUNDED ASSESSMENT AMOUNTED TO
 \$504,659.

PART I, LINE 3C

N/A

PART I, LINE 6A

MARYLAND HOSPITAL'S ARE REQUIRED TO SUBMIT AN ANNUAL COMMUNITY BENEFIT
 REPORT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT
 DESCRIBES THE PROGRAMS AND SERVICES OFFERED THAT ARE DESIGNED TO PROMOTE
 THE HEALTH AND WELLNESS OF THE COMMUNITIES SERVED. THESE REPORTS ARE
 AVAILABLE TO THE PUBLIC ON THE HSCRC WEBSITE (WWW.HSCRC.STATE.MD.US).

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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ADDITIONALLY, CARROLL HOSPITAL CENTER MAKES AVAILABLE ITS COMMUNITY
BENEFIT REPORT ON ITS WEBSITE (WWW.CARROLLHOSPITALCENTER.ORG)

PART I, LINE 7G

CARROLL HOSPITAL CENTER PROVIDED \$13,803,606 OF NET COMMUNITY BENEFIT
THROUGH SUBSIDIZED HEALTH SERVICES. THIS INCLUDES PHYSICIAN SUPPORT
SPENDING INCURRED BY THE HOSPITAL (\$4.2 MILLION) TO PROVIDE ON-SITE
PHYSICIAN COVERAGE TO HOSPITAL OBSTETRICAL, PEDIATRIC, CRITICAL CARE, AND
MEDICAL/SURGICAL PATIENTS, AS WELL AS EMERGENCY DEPARTMENT ON-CALL
COVERAGE. ADDITIONALLY, CARROLL HOSPITAL CENTER INDIRECTLY SUBSIDIZES THE
OPERATING LOSSES ASSOCIATED WITH ITS WHOLLY-OWNED CORPORATE SUBSIDIARY'S
(CARROLL COUNTY MED-SERVICES) EMPLOYED PHYSICIAN ENTERPRISES (ELEVEN
WHOLLY-OWNED PHYSICIAN PRACTICE LIMITED COMPANIES DISREGARDED FOR TAX
PURPOSES). CARROLL HOSPITAL CENTER FUNDS THE OPERATING LOSSES (\$9.6
MILLION) THAT ARE INCURRED DIRECTLY BY CARROLL COUNTY MED-SERVICES. AS A
RESULT, CARROLL HOSPITAL CENTER HAS INCLUDED THE \$9.6 MILLION OPERATING
LOSS ASSOCIATED WITH THE FUNDING OF THE PHYSICIAN ENTERPRISES AS A
COMMUNITY BENEFIT ON SCHEDULE H.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ALL THE INITIATIVES AND SUPPORT LISTED ABOVE WOULD NOT BE PROVIDED IF
 CARROLL HOSPITAL CENTER DID NOT PROVIDE THEM. AS THE ONLY HOSPITAL IN THE
 COUNTY, IT IS OUR PRIMARY RESPONSIBILITY TO PROVIDE THESE SERVICES FOR
 THE UNINSURED AND UNDERINSURED, AS WELL AS ALL COMMUNITY MEMBERS. THERE
 IS NOT ANY OTHER ORGANIZATION OR INDIVIDUAL IN THE COUNTY THAT WOULD BE
 ABLE TO PROVIDE ALL OF THESE COMPREHENSIVE SERVICES IN ALL OF THE AREAS
 THAT THE HOSPITAL DOES.

PART I LINE 7

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 PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
 BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4

CARROLL HOSPITAL CENTER INCURRED \$6,861,384 BAD DEBT EXPENSE DURING THE
 TAX YEAR 2010. THIS REFLECTS THE AMOUNT OF GROSS PATIENT CHARGES
 (\$8,388,000) UNCOLLECTED FROM PATIENTS THAT DID NOT QUALIFY FOR FINANCIAL
 ASSISTANCE DISCOUNTED BY CHC'S COST-TO-CHARGE RATIO CALCULATED FROM
 WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

PER AUDIT REPORT (1M): "NET PATIENT SERVICE FOR THE HOSPITAL REFLECTS
 ACTUAL CHARGES TO PATIENTS BASED ON RATES ESTABLISHED BY THE STATE OF
 MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) IN EFFECT DURING
 THE PERIODS IN WHICH SERVICES ARE RENDERED, NET OF CONTRACTUAL
 ADJUSTMENTS. CONTRACTUAL ADJUSTMENTS REPRESENT THE DIFFERENCE BETWEEN
 AMOUNTS BILLED BY THE HOSPITAL AND AMOUNTS PAID BY THIRD-PARTY PAYORS.
 BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO
 QUALIFY AS CHARITY CARE, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE".

BAD DEBT EXPENSE REFLECTS ACTUAL PATIENT CHARGES THAT HAVE BEEN
 DETERMINED TO BE UNCOLLECTIBLE FOR PATIENTS THAT HAVE NOT QUALIFIED FOR

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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CHARITY CARE. BAD DEBT EXPENSE MAY ALSO INCLUDE ADDITIONAL "BAD DEBT PROVISIONS" FOR DOUBTFUL ACCOUNTS BASED ON MANAGEMENT'S ESTIMATES OF FUTURE ACCOUNT COLLECTIONS BASED ON CHARGES IN SERVICE MIX AND PAYOR MIX.

CARROLL HOSPITAL CENTER INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS (CREDIT REPORTS, DEBT AND ASSET REVIEWS, AND REFERRALS FROM THE HOSPITAL'S BILLING AGENTS) WHEN THE PATIENT HAS NOT COMPLETED THE FINANCIAL ASSISTANCE APPLICATION. IF A DETERMINATION IS MADE REGARDING THE PATIENT'S INABILITY TO PAY, THE ACCOUNT CAN BE APPROVED FOR FINANCIAL ASSISTANCE ON A PRESUMPTIVE BASIS RATHER THAN BE REFLECTED AS BAD DEBT EXPENSE (\$686,138 AT COST) MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.

PART III, LINE 8

CARROLL HOSPITAL CENTER'S TAX YEAR 2010 (FISCAL YEAR 2011) MEDICARE COST REPORT SUBMISSION WAS UTILIZED AS THE SOURCE DOCUMENT TO REPORT MEDICARE ALLOWABLE COSTS OF CARE (PART III, LINE 6) RELATING TO PAYMENTS ON (PART

Part VI Supplemental Information

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III, LINE 5)

PART III, LINE 9B

FOR THOSE PATIENTS THAT DO NOT INITIALLY APPLY OR QUALIFY FOR FINANCIAL ASSISTANCE, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE. IF THE PATIENT IS FOUND TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, AT ANY POINT (INCLUDING ONCE COLLECTION EFFORTS HAVE BEGUN), THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. COLLECTION EFFORTS WILL BE STOPPED IMMEDIATELY ONCE THE PATIENT IS FOUND TO QUALIFY FOR CHARITY CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

NEEDS ASSESSMENT

PART VI, LINE 2

THROUGH OUR COMMUNITY ADVOCACY ARM, THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY, CHC HAS BEEN INVOLVED IN NUMEROUS HEALTH STATUS ASSESSMENT PROJECTS SPECIFIC TO OUR COMMUNITY. AN ORIGINAL CARROLL COMMUNITY HEALTH ASSESSMENT IN 1997 PRIORITIZED EIGHT BROAD AREAS WHERE

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IMPROVEMENT OPPORTUNITIES EXISTED. THAT NUMBER WAS EXPANDED TO 11,
 FOLLOWING SUCCESSIVE ASSESSMENTS. UPDATED TO THE ORIGINAL ASSESSMENT WERE
 ALSO COMPLETED IN 2005 AND INCLUDED TWO UPDATES, ONE SPECIFIC TO
 HOUSEHOLDS WITHOUT CHILDREN UNDER THE AGE OF 18 AND THOSE WITH CHILDREN
 UNDER THE AGE OF 18.

OUR RESULTS WERE STRIKINGLY SIMILAR TO THE LEADING INDICATORS IN THE US
 GOVERNMENT'S HEALTHY PEOPLE 2010 PROJECT. OPERATING UNDER THE GUIDANCE OF
 THE SURGEON GENERAL'S OFFICE AND THE SECRETARY OF THE DEPARTMENT OF
 HEALTH AND HUMAN SERVICES, HEALTHY PEOPLE 2010 IS THE PREVENTION AGENDA
 FOR THE NATION.

ALL IDENTIFIED IMPROVEMENT AREAS HAVE BEEN UPDATED TO PROVIDE HEALTHY
 PEOPLE 2010 OBJECTIVES.

ALL IDENTIFIED IMPROVEMENT AREAS WILL BE REVIEWED AND INCORPORATED INTO
 OUR COMMUNITY BENEFIT PLAN AS FEASIBLE AND APPROPRIATE. IN COOPERATION
 WITH OUR COMMUNITY PARTNERS. WE SEEK TO MAKE MEASURABLE, SUSTAINABLE,

Part VI Supplemental Information

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LONG-TERM PROCESS. WE GAUGE OUR PROGRESS RELATED TO OUR EFFORTS ON THE
 UNDERLYING ROOT CAUSES ASSOCIATED WITH THESE ISSUES, AND AGAIN, WITH AND
 THROUGH OUR MANY PARTNERS, WE STRIVE TO ADDRESS ROOT CAUSES.

TO TRACK AND TREND OUR PROGRESS AS A COMMUNITY, THE PARTNERSHIP HAS
 ORGANIZED HEALTHY CARROLL VITAL SIGNS - MEASURES OF COMMUNITY HEALTH.
 THIS DATA IS PROVIDED BY VARIOUS SOURCES INCLUDING THE CARROLL COUNTY
 HEALTH DEPARTMENT AND OTHER BRANCHES OF THE CARROLL COUNTY GOVERNMENT AS
 WELL AS THROUGH HOSPITAL-BASED COMMUNITY OUTREACH ACTIVITIES AND
 EDUCATION (DATA CHARTS AVAILABLE ON-LINE AT WWW.HEALTHYCARROLL.ORG).
 SINCE NOT ALL OF THE DATA CHARTS ARE UPDATED EACH YEAR, DATA CHARTS ARE
 REVIEWED ANNUALLY AND UPDATED AS DATA IS AVAILABLE. THE PARTNERSHIP
 DEVELOPED A DASHBOARD REPORT TO TRACK PROGRESS AND OUTCOMES OF KEY
 INDICATORS (DASHBOARD AVAILABLE ON-LINE AT WWW.HEALTHYCARROLL.ORG AND
 PROVIDED AS SUPPORT IN QUESTION 5).

OTHER ASSESSMENTS USED INCLUDE:

ELDER NEEDS HEALTH ASSESSMENT: COMPLETED IN FEBRUARY 2008, (REPORT

Part VI Supplemental Information

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

COMMUNITY BENEFIT PROGRAM INITIATIVES ARE DECIDED UPON PRIMARILY BY THE
INPUT, WORK AND ANNUAL STRATEGY PLANNING OF THE FOLLOWING:

1. PATIENTS
2. THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY (WITH OUR COMMUNITY PARTNERS INCLUDING THE CARROLL COUNTY HEALTH DEPARTMENT)
3. THE LEARNING CENTER
4. THE WOMEN'S PLACE
5. THE HOSPITAL'S MULTIDISCIPLINARY COMMUNITY BENEFIT PLANNING AND REVIEW TEAM
6. THE HOSPITAL'S EXECUTIVE TEAM AND BOARD OF DIRECTORS

IN ADDITION, TO KEEP OUR FINGER ON THE PULSE OF PERTINENT ISSUES AND CONTINUE TO BE PROACTIVE IN IDENTIFYING AND CREATIVELY MEETING THE UNIQUE NEEDS OF OUR COMMUNITY ON AN ONGOING BASIS, THE PARTNERSHIP HAS DEVELOPED AND FACILITATES THE FOLLOWING LEADERSHIP TEAMS FOCUSED ON THE 11 CORE HEALTH IMPROVEMENT AREAS IDENTIFIED IN OUR ORIGINAL COMMUNITY

Part VI Supplemental Information

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HEALTH ASSESSMENT:

1. ACCESS TO HEALTH CARE - COLLABORATES WITH COMMUNITY PARTNERS TO IMPROVE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED.
2. CANCER: AMERICAN CANCER SOCIETY LEADERSHIP COUNCIL - WORKS TO REDUCE CANCER INCIDENCE AND MORTALITY IN CARROLL COUNTY.
3. INTERPERSONAL VIOLENCE: DOMESTIC VIOLENCE COORDINATING COUNCIL - FOCUSES ON ISSUES OF DOMESTIC VIOLENCE IN COUNTY. AFFILIATED WITH FAMILY AND CHILDREN'S SERVICES OF CENTRAL MARYLAND, CARROLL COUNTY.
4. ELDER HEALTH - SEEKS TO INCREASE QUALITY AND YEARS OF HEALTHY LIFE FOR CARROLL COUNTIANS OVER AGE 65.
5. HEART HEALTH IMPROVEMENT - SEEKS TO IMPROVE THE CARDIOVASCULAR HEALTH AND QUALITY OF LIFE OF ADULTS AND CHILDREN THROUGH PREVENTION, DETECTION, AND TREATMENT OF RISK FACTORS.
6. L.E.A.N. CARROLL - MULTI-DISCIPLINARY HOSPITAL/COMMUNITY GROUP WORKING TO ADDRESS CHILDHOOD OBESITY IN CARROLL COUNTY THROUGH LIFESTYLE, EDUCATION, ACTIVITY AND NUTRITION.
7. MENTAL HEALTH: SUBCOMMITTEE OF THE BEHAVIORAL HEALTH AND ADDICTIONS ADVISORY COUNCIL - SUPPORTS EFFORTS TO IMPROVE THE MENTAL HEALTH OF

Part VI Supplemental Information

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CARROLL COUNTY RESIDENTS. A MENTALLY HEALTHY COMMUNITY IS INDICATED

BY MANY FACTORS INCLUDING: LOW SUICIDE ATTEMPT RATES, AND INCREASED

NUMBER OF COUNTY RESIDENTS WHOSE INSURANCE COVERS MENTAL HEALTH

SERVICES, AN ADEQUATE NUMBER OF OUTPATIENT SERVICES, AND A DECREASE

IN THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND EMOTIONAL

DISTURBANCES.

8. PREVENTION & WELLNESS PARTNERS - COORDINATES PROJECTS TO IMPROVE

HEALTH OUTCOMES FOR PEOPLE IN CARROLL COUNTY AS MEASURED BY

IMPROVEMENT IN LIFESTYLE/BEHAVIOR INDICATORS.

9. RESOURCE CONSERVATION COALITION - WORK GROUP FORMED TO PROMOTE

HEALTH AND QUALITY OF LIFE FOR ALL COUNTY RESIDENTS THROUGH A

HEALTHIER ENVIORMENT AND MANAGED GROWTH AND DEVELOPMENT AND WATER

QUALITY STANDARDS.

10. POSITIVE YOUTH & FAMILY DEVELOPMENT - SCHOOL READINESS PROVIDES

INFORMATION TO PARENTS AND COMMUNITY ON WAYS TO ENSURE THAT

CHILDREN ENTER SCHOOL WITH THE SKILLS NEEDED FOR LEARNING.

11. SUBSTANCE ABUSE: SUB-COMMITTEE OF THE BEHAVIORAL HEALTH AND

ADDICTIONS ADVISORY COUNCIL - FOCUSES ON ALL ISSUES OF SUBSTANCE

Part VI Supplemental Information

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ABUSE IN CARROLL COUNTY. PRODUCES SUBSTANCE ABUSE DIRECTORY

(2008 VERSION). WORKS TOWARDS GAPS IN SERVICE THAT HAVE BEEN

IDENTIFIED, INCLUDING NEED FOR A LONG-TERM TREATMENT FACILITY

FOR HEROIN USERS, LACK OF SPACE/CAPACITY FOR CURRENT RESIDENTIAL

PROGRAMS, INSUFFICIENT DETOX SERVICES, INADEQUATE SERVICES FOR

ADOLESCENTS WITH CO-OCCURRING DISORDERS, AND A NEED FOR MORE

PREVENTION SERVICES.

THE ADDITIONAL PARTNERS UTILIZED IN COMMUNITY NEEDS ASSESSMENTS WERE:

1. BEHAVIORAL HEALTH AND ADDICTIONS ADVISORY COUNCIL - STATE APPOINTED

LOCAL GROUP TO EVALUATE CONTINUUM OF CARE IN SUBSTANCE ABUSE AND

MENTAL HEALTH FIELDS IN THE COUNTY. SERVES AS QUASI-BOARD OF

DIRECTORS FOR THE CARROLL COUNTY CORE SERVICES AGENCY. ALSO

COORDINATES TRAINING PROGRAMS, PROGRAMS DESIGNED TO REDUCE THE

STIGMA ASSOCIATED WITH PSYCHIATRIC DISORDERS, AND PUBLIC AWARENESS

PROGRAMS.

2. CARING CARROLL, INC. - OPERATES CARING CARROLL, A FAITH IN ACTION

VOLUNTEER CARE GIVING PROGRAM. HELPS TO MEET THE NON-MEDICAL NEEDS

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OF ISOLATED ELDERLY, ILL, DISABLED, OR FRAIL CARROLL COUNTY

RESIDENTS STRIVING TO REMAIN INDEPENDENT IN THEIR OWN HOMES.

3. CARROLL COUNTY LOCAL MANAGEMENT BOARD - WORKS TO IMPROVE THE LIVES

OF CHILDREN AND FAMILIES IN CARROLL COUNTY. DEVELOPS AND MANAGES

COMMUNITY-BASED FAMILY SERVICES.

4. MID-WESTERN REGION HIGHWAY SAFETY TASK FORCE - CARROLL COUNTY

COMPREHENSIVE HIGHWAY TRAFFIC SAFETY TASK FORCE. FUNDS LAW

ENFORCEMENT, INCLUDING OVERTIME FOR DUI ENFORCEMENT, AGGRESSIVE

DRIVING, MOTORCYCLE, AND PEDESTRIAN ENFORCEMENT. EDUCATION AND

AWARENESS PROGRAMS ON YOUNG/OLDER DRIVER ISSUES, OCCUPANT

PROTECTION, CHILD PASSENGER SAFETY, BICYCLE, ALCOHOL, AGGRESSIVE

DRIVING AND MORE.

5. RISKY BUSINESS PLANNING COMMITTEE - PLANS ANNUAL TRAINING/

AWARENESS-RAISING CONFERENCE IN JUNE FOR PROVIDERS REGARDING ISSUES

OF TEEN RISKY BEHAVIORS, SUCH AS PREGNANCY, DRUG USE, AND SUICIDE.

6. TOBACCO COALITION (CARROLL COMMUNITY HEALTH TOBACCO COALITION)

LOCAL HEALTH COALITION THAT SEEKS TO DECREASE TOBACCO USE AND

EXPOSURE TO SECONDHAND SMOKE IN CARROLL COUNTY.

Part VI Supplemental Information

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PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

CARROLL HOSPITAL CENTER (CHC) HAS A NUMBER OF PROGRAMS TO ASSIST PATIENTS WITH THEIR PAYMENT OBLIGATIONS. FIRST, WE PROVIDE A MEDICAID ENROLLMENT SERVICE TO PATIENTS WHO QUALIFY FOR MEDICAL ASSISTANCE. THIS SERVICE ASSISTS PATIENTS WITH PAPERWORK AND WILL EVEN PROVIDE TRANSPORTATION IF NEEDED. THIS PAST YEAR, CHC ASSISTED 310 PATIENTS IN APPLYING FO THE STATE'S MEDICAL ASSISTANCE PROGRAM. IN ADDITION, THE HOSPITAL HELD A, FREE ENROLLMENT SESSION FOR "COVER THE UNINSURED DAY' FOR UNINSURED COMMUNITY MEMBERS TO COME IN TO SEE IF THEY QUALIFIED FOR MEDICAL OR FNINANCIAL ASSISTANCE. FOR PATIENTS WHO DO NOT QUALIFY FOR MEDICAID COVERAGE, CHC HAS AN IN-HOUSE FINANCIAL ASSISTANCE PROGRAM. OUR ELIGIBILITY STANDARDS ARE MORE LENIENT THAN EVEN THOSE PROPOSED BY THE MARYLAND HOSPITAL ASSOCIATION GUIDELINES. WE WRITE OFF 100% OF THE BILL FOR PATIENTS WHOSE INCOME IS BELOW 300% OF THE FEDERAL POVERTY GUIDELINES (FPG) AND WRITE OFF A PORTION OF THE BILL FOR PATIENTS WHOSE INCOME IS

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BETWEEN 301%-375%OF THE FPG.

WHEN PATIENTS EXPRESS THEIR INABILITY TO PAY FO SERVICES, OUR STAFF WORKS TO FIND THE BEST POSSIBLE OPTION FOR THEM BY DISCUSSING IN DETAIL THEIR SITUATION. THE FAMILY IS INVOLVED IN THOSE CONVERSATIONS TO THE EXTENT THE PATIENT FEELS COMFORTABLE.

THE HOSPITAL ALSO HAS A PROCESS IN PLACE FOR PATIENTS TO HAVE FINANCIAL ASSISTANCE DECISIONS RECONSIDERED AND THAT PROCESS IS CLEARLY OUTLINED IN OUR FINANCIAL ASSISTANCE POLICY AND IN INFORMATION PROVIDED TO OUR PATIENTS. IN ADDITION, FOR PATIENTS WITH INCOME BELOW 500% OF THE FPG AND WHOSE MEDICAL DEBT AT CHC IS IN EXCESS OF 25% OF THEIR HOUSEHOLD INCOME, THE HOSPITAL HAS A MEDICAL HARDSHIP PLAN THAT PROVIDES FOR REDUCED-COST CARE.

THE HOSPITAL POSTS A SUMMARY OF ITS POLICY INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE. IN ALL REGISTRATION AND INTAKE AREAS FOR ALL PATIENTS TO SEE. IN ADDITION, DETAILED INFORMATION ON OUR

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FINANCIAL ASSISTANCE POLICY IS INCLUDED IN EVERY ADMISSION FOLDER, ON

BILLS MAILED TO PATIENTS AND ON THE HOSPITAL'S WEBSITE

(WWW.CARROLLHOSPITALCENTER.ORG).

COMMUNITY INFORMATION

PART VI, LINE 4

AS THE ONLY HOSPITAL IN THE COUNTY, CHC'S PRIMARY SERVICE AREA IS THE

ENTIRE COUNTY. THE HOSPITAL DOES, HOWEVER, ALSO SERVE PORTIONS OF

BALTIMORE, FREDERICK AND MONTGOMERY COUNTIES AS WELL AS AREAS IN SOUTHERN

PENNSYLVANIA.

THE GENERAL DEMOGRAPHICS FOR OUR PRIMARY COMMUNITY (CARROLL COUNTY) ARE

LISTED BELOW:

POPULATION

TOTAL POPULATION 2010: 167,134

POPULATION PERCENT CHANGE 2000 TO 2010: 10.8%

POPULATION 2000: 150,897

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PERSONS UNDER 5 YEARS PERCENT 2010: 5.4%

PERSONS UNDER 18 YEARS PERCENT 2010: 24.7%

PERSONS 65 YEARS AND OVER PERCENT 2010: 13.0%

FEMALE PERSONS, PERCENT 2010: 50.6%

RACE

WHITE PERSONS: 92.9%

BLACK PERSONS: 3.2%

AMERICAN INDIAN AND ALASKA NATIVE PERSONS: 0.2%

ASIAN PERSONS: 1.4%

NATIVE AMERICAN AND OTHER PACIFIC ISLANDER: 0

PERSONS REPORTING TWO OR MORE RACES: 1.5%

PERSONS OF HISPANIC OR LATINO ORIGIN: 2.6%

WHITE PERSONS NOT HISPANIC: 91.2%

SOURCE: SOURCE US CENSUS BUREAU: STATE AND COUNTY QUICKFACTS.

FAMILY

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TOTAL NUMBER OF HOUSEHOLDS (2009): 59,915

AVERAGE HOUSEHOLD SIZE (2009): 2.77 PERSONS

SOURCE: 2009 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES.

ECONOMICS

MEDIAN HOUSEHOLD INCOME (2007/2008): \$78,653

PERSONS BELOW POVERTY LEVEL, PERCENT, 2009: 5.9%

SOURCES: CARROLL COUNTY DEPARTMENT OF ECONOMIC DEVELOPMENT AND US CENSUS

BUREAU: STATE AND COUNTY QUICKFACTS.

OTHER SIGNIFICANT DEMOGRAPHIC CHARACTERISTICS

ACCORDING TO THE MD BRFS (MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY) (AVERAGE 2008-2010 DATA) THE PERCENTAGE OF UNINSURED PATIENTS IN CARROLL COUNTY IS 7.4%. IN FY 2011, OF THE CARROLL COUNTY RESIDENTS THAT WERE HOSPITALIZED (EITHER AT CHC OR OTHER HOSPITALS), 7.2% WERE MEDICAID ADMISSIONS.

Part VI Supplemental Information

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PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

CARROLL HOSPITAL CENTER, A 189 LICENSED BED ACUTE CARE FACILITY LOCATED

IN WESTMINSTER, MARYLAND OFFERS THE LATEST IN MEDICAL TECHNOLOGY AND

SERVICES, COMBINED WITH A STATE-OF-THE-ART FACILITY AND TOP-NOTCH,

SKILLED MEDICAL PROFESSIONALS, CARING FOR PATIENTS WITH COMPASSION.

CURRENTLY, THERE ARE MORE THAN 400 PHYSICIANS REPRESENTING 38 SPECIALTIES

ON OUR MEDICAL STAFF IN ADDITION TO OVER 1,700 INDIVIDUALS EMPLOYED BY

THE HOSPITAL - MAKING CHC THE SECOND LARGEST EMPLOYER IN CARROLL COUNTY.

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL SERVING THE COMMUNITIES

LOCATED IN CARROLL AND SURROUNDING COUNTIES AS WELL AS PARTS OF

PENNSYLVANIA. CARROLL COUNTY'S POPULATION ALONE IS CURRENTLY ESTIMATED

TO BE 204,400. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE

ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF

THEIR ABILITY TO PAY AND HAD OVER 54,000 PATIENT VISITS LAST YEAR. THE

HOSPITAL PARTICIPATES IN MEDICARE AND MEDICAID PROGRAMS, HAS A GOVERNING

BODY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY,

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ALL FINANCIAL SURPLUSES THE HOSPITAL GENERATES ARE USED EXCLUSIVELY TO
 FURTHER THE CHARITABLE PURPOSES OF THE ORGANIZATION AND ITS MEDICAL STAFF
 IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE AREA.

AS THE ONLY HOSPITAL IN CARROLL COUNTY, WE OFFER OUR COMMUNITY A FULL
 ARRAY OF SERVICES INCLUDING, EMERGENCY SERVICES, COMPREHENSIVE CANCER
 CARE, PEDIATRICS, MATERNITY, GERIATRICS, THE LATEST MINIMALLY INVASIVE
 SURGICAL PROCEDURES AND ADVANCED TOTAL AND PARTIAL JOINT REPLACEMENT
 PROCEDURES. IN THE YEAR ENDING JUNE 2011, CARROLL HOSPITAL CENTER
 RECORDED 15,833 INPATIENT ADMISSIONS AND OBSERVATION STAY CASES, 1,119
 BIRTHS AND APPROXIMATELY 9,200 SURGICAL PROCEDURES, ALL CONTRIBUTING TO A
 TOTAL OF 330,000 PATIENT ENCOUNTERS FOR THE PERIOD.

IN LINE WITH OUR MISSION-"OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR
 MEDICAL TREATMENT, COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING
 THEIR HEALTH AND WELL-BEING. AT CARROLL HOSPITAL CENTER, WE OFFER AN
 UNCOMPROMISING COMMITMENT TO THE HIGHEST QUALITY HEALTH CARE EXPERIENCE
 FOR PEOPLE IN ALL STAGES OF LIFE. WE ARE THE HEART OF HEALTH CARE IN OUR
 COMMUNITIES." -THE HOSPITAL ALSO PROVIDES PLANNED COMMUNITY BENEFIT
 ACTIVITIES TO IMPROVE ACCESS TO HEALTH CARE AND IMPROVE THE OVERALL

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HEALTH OF OUR COMMUNITY. OUR MISSION IS PURSUED IN COLLABORATION WITH
 OUR RELATED ORGANIZATIONS: CARROLL HOSPICE, THE PARTNERSHIP FOR A
 HEALTHIER CARROLL COUNTY (OUR COMMUNITY ADVOCACY ARM), AND THE CARROLL
 HOSPITAL CENTER FOUNDATION (ALSO LISTED IN PART VI) FOR MORE INFORMATION
 ON THESE SUBSIDIARIES, PLEASE SEE THEIR INDIVIDUAL FORM 990'S. WHILE WE
 HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SERVICE ACCOMPLISHMENTS BELOW, WE
 URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT
WWW.CARROLHOSPITALCENTER.ORG.
 IN COOPERATION WITH OUR MANY COMMUNITY PARTNERS, INCLUDING THE
 PARTNERSHIP, WE SEEK TO MAKE MEASURABLE AND SUSTAINABLE PROGRESS IN
 IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE. WE GAUGE OUR PROGRESS
 BY HOW EFFECTIVELY WE IDENTIFY AND POSITIVELY IMPACT THE UNDERLYING ROOT
 CAUSES ASSOCIATED WITH POOR COMMUNITY HEALTH. TO TRACK AND TREND OUR
 PROGRESS AS A COMMUNITY, THE PARTNERSHIP HAS ORGANIZED HEALTHY CARROLL
 VITAL SIGNS - MEASURES OF COMMUNITY HEALTH. THIS DATA IS PROVIDED BY
 VARIOUS SOURCES AND IS UPDATED EACH YEAR. WHEN COMBINED WITH OUR
 NEWLY-ACQUIRED HEALTHY COMMUNITIES INSTITUTE DATA, THE HOSPITAL HAS
 ACCESS TO THE MOST UP-TO-DATE, COMPREHENSIVE INFORMATION ON OUR

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COMMUNITY'S HEALTH.

THROUGH THE PARTNERSHIP, CARROLL HOSPITAL CENTER HAS BEEN INVOLVED IN
 NUMEROUS HEALTH STATUS ASSESSMENT PROJECTS SPECIFIC TO OUR COMMUNITY AND
 IS IN THE PROCESS OF CONDUCTING A COMPREHENSIVE COMMUNITY HEALTH NEEDS
 ASSESSMENT. ONCE COMPLETED IN JUNE 2012, THE ASSESSMENT WILL PROVIDE THE
 HOSPITAL WITH THE IMPORTANT AND CURRENT NEEDS AND OPINIONS OF MEMBERS OF
 OUR COMMUNITY AS WELL AS MORE IN-DEPTH INFORMATION FROM KEY COMMUNITY
 LEADERS. COLLECTIVELY THE DATA WILL PROVIDE THE HOSPITAL WITH THE
 CRUCIAL INFORMATION IT NEEDS TO CONTINUE TO MAKE WELL INFORMED DECISIONS
 WHEN IT COMES TO EFFECTUATING POSITIVE CHANGE IN THE HEALTH STATUS OF OUR
 COMMUNITIES.

PREVIOUS HEALTH NEEDS ASSESSMENTS HAVE SPARKED THE HOSPITAL TO DEVELOP
 KEY SERVICES SUCH AS ACCESS CARROLL (IN COORDINATION WITH THE CARROLL
 COUNTY HEALTH DEPARTMENT AND THE PARTNERSHIP), A CLINIC FOR UNINSURED
 PATIENTS AND THE WOMEN'S PLACE, A CENTER FOR HEALTH AND WELLNESS FOR
 WOMEN THAT PROVIDES A FULL RANGE OF EDUCATIONAL, COMPLEMENTARY HEALTH AND
 PATIENT NAVIGATION SERVICES, A BREAST CENTER AND CANCER BOUTIQUE.
 HOSPITAL STAFF ALSO HAVE HELPED TO DEVELOP AND PARTICIPATE IN NUMEROUS

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COMMITTEES AND WORK GROUPS TO ADDRESS AGE, GENDER AND ETHNIC-SPECIFIC

LIVING AND HEALTH CARE ISSUES.

IN ADDITION, THE HOSPITAL'S FOCUS ON WELLNESS IS ONE THAT PROVIDES OUR

COMMUNITY WITH HUNDREDS OF FREE EDUCATION PROGRAMS, SCREENINGS AND

SUPPORT GROUPS EACH YEAR FOR EVERYTHING FROM CHILDBIRTH AND DISEASE

PREVENTION TO NUTRITION AND BREAST, PROSTATE AND SKIN CANCERS.

THE HOSPITAL ALSO HAS COMMITTED SIGNIFICANT RESOURCES TO MAKE CERTAIN

THERE IS AN ADEQUATE SUPPLY OF PRIMARY CARE AND SPECIALTY PHYSICIANS IN

OUR SERVICE AREA. ENSURING OUR COMMUNITIES HAVE ACCESS TO QUALITY AND

MEDICAL EXPERTISE IS A PRIORITY FOR OUR ORGANIZATION. THAT'S WHY WE

CONTINUE TO DEVELOP CARROLL HEALTH GROUP, OUR HOSPITAL-OWNED NETWORK OF

MEDICAL PROVIDERS, WHICH CURRENTLY INCLUDES 32 PHYSICIANS AND 11 OTHER

PROVIDERS (PA, NP) IN 19 OFFICE LOCATIONS THROUGHOUT CARROLL AND

SURROUNDING COUNTIES.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL

OF \$3,011,868, \$2,463,708 AT COST, IN CHARITY/UNCOMPENSATED CARE TO THE

COMMUNITY. ADDITIONALLY THE ORGANIZATION EXPENDED APPROXIMATELY

\$19,147,524 (NET OF REVENUES) ON PROGRAMS AND ACTIVITIES BENEFITTING THE

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COMMUNITIES WE SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED HOSPICE
SERVICES, PHYSICIAN SUPPORT, EDUCATION PROGRAMS, SCREENINGS, SUPPORT
GROUPS, HEALTH PROFESSIONAL EDUCATION AND COMMUNITY CONTRIBUTIONS AND
REQUIRED APPROXIMATELY 492,000 STAFF HOURS.

THE HOSPITAL'S EDUCATION AND WELLNESS INITIATIVES ARE DRIVEN BY THE
WOMEN'S PLACE, THE LEARNING CENTER AND THE PARTNERSHIP FOR A HEALTHIER
CARROLL COUNTY. THESE EDUCATION ARMS OF THE HOSPITAL WORK COLLABORATIVELY
TO ADDRESS THE LARGEST NUMBER OF COMMUNITY HEALTH CARE NEEDS AND WELLNESS
INITIATIVES WITHOUT DUPLICATING SERVICES OR PROGRAMS.

TOGETHER, IN FY11, THE HOSPITAL HAD 7,997 ENCOUNTERS FOR COMMUNITY HEALTH
EDUCATION, 2,364 ENCOUNTERS FOR SUPPORT GROUPS, 1,734 ENCOUNTERS FOR FREE
AND LOW-COST SCREENINGS AND 214 ENCOUNTERS FOR SELF-HELP PROGRAMS. THESE
PROGRAMS, SUPPORT GROUPS AND SCREENINGS ARE NOT ONLY DIRECTED TO PATIENTS
WITH A VARIETY OF CHRONIC AND ACUTE MEDIAL ISSUES RANGING FROM CANCER AND
DIABETES TO HEART DISEASE AND ARTHRITIS BUT MANY ARE FOCUSED ON
PREVENTION AND EDUCATION TO KEEP OUR POPULATION WELL.

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FIVE EXAMPLES OF PROGRAMS WITH MEASURABLE OUTCOMES ARE OUTLINED BELOW:

A. LOSE TO WIN: WELLNESS CHALLENGE

DESCRIPTION: 12-WEEK COLLABORATIVE COMMUNITY PROGRAM TO PROMOTE WEIGHT

LOSS AND WELLNESS. THIS INNOVATIVE AND RIGOROUS 12-WEEK PROGRAM

FEATURES:

1. UNLIMITED ACCESS TO EXERCISE SESSIONS AT MERRITT ATHLETIC CLUB
2. WEEKLY GROUP NUTRITIONAL CLASSES AT MARTIN'S FOOD MARKET
3. WEEKLY WEIGH-INS AND REGULAR BLOOD PRESSURE CHECKS
4. PRIZE INCENTIVES
5. PRE- AND POST-PROGRAM COMPREHENSIVE BLOOD PROFILES

EVALUATION DATES:

FALL 2010:

SEPTEMBER 2 - NOVEMBER 18, 2010

SPRING 2011:

FEBRUARY 24 - MAY 12, 2011

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RESULTS/EVALUATION: AS A RESULT OF A HEALTHY COLLABORATION BETWEEN
 CARROLL HOSPITAL CENTER AND ITS PARTNERS IN THE SOUTH CARROLL
 (ELDERSBURG) AREA, MARTIN'S FOOD MARKET, MERRITT ATHLETIC CLUB AND LOCAL
 BEAUTY SALONS, THE LOSE TO WIN WELLNESS CHALLENGE HAS MARKED THE END TO
 ANOTHER SUCCESSFUL YEAR. RESULTS FOR ALL PROGRAMS ARE LISTED BELOW.

FALL 2010

TOTAL POUNDS LOST - 383 LBS

PERCENTAGE LOST - 7.3%

NUMBER OF PARTICIPANTS WHO LOST 10 POUNDS OR MORE - 15

NUMBER OF PARTICIPANTS WHO LOST 20 POUNDS OR MORE - 8

NUMBER OF PARTICIPANTS WHO LOST 30 POUNDS OR MORE - 3

PERCENTAGE OF WEIGHT LOST BY WINNER - 14.3%

POUNDS LOST BY WINNER - 59.6 LBS

SPRING 2011

TOTAL POUNDS LOST - 272 LBS

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PERCENTAGE LOST - 7.4%

NUMBER OF PARTICIPANTS WHO LOST 10 POUNDS OR MORE - 11

NUMBER OF PARTICIPANTS WHO LOST 20 POUNDS OR MORE - 6

NUMBER OF PARTICIPANTS WHO LOST 30 POUNDS OR MORE - 2

PERCENTAGE OF WEIGHT LOST BY WINNER - 16.4%

POUNDS LOST BY WINNER - 29 LBS

PEOPLE SAW SIGNIFICANT REDUCTIONS IN BLOOD SUGAR AND BLOOD SUGAR CONTROL

(BASED ON FASTING BLOOD SUGAR) DURING EACH OF THE THREE PROGRAMS.

B. TOTAL HEALTH EXPO: THE HEALTH & WELLNESS EVENT FOR THE ENTIRE FAMILY

DESCRIPTION: THE FREE EVENT INCLUDED:

FREE AND LOW-COST SCREENINGS

HEALTH INFORMATION BOOTHS

KIDS ACTIVITIES

INTERACTIVE EDUCATIONAL DISPLAYS

PHYSICAL ACTIVITIES

ADULT CPR CLASS

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COMPLEMENTARY HEALTH MINI-TREATMENTS

MEDICAL ASSISTANCE ENROLLMENT & INFORMATION

HEALTHY LUNCH FREE FOR ALL ATTENDEES

AND MORE!

DATE OF EVENT:

OCTOBER 30, 2010

RESULTS/EVALUATION:

APPROXIMATELY 500 PEOPLE ATTENDED THE EVENT AND MORE THAN 250 ADULTS AND CHILDREN FILLED OUT PASSPORTS BY VISITING EDUCATIONAL BOOTHS, SCREENINGS AND PHYSICAL ACTIVITIES.

BELOW IS A LIST OF SCREENINGS PROVIDED AND NUMBER ATTENDED:

PROGRAM	#ATTENDED
FOOT SCREENING	30
KNEE & HIP SCREENING	21
ORAL CANCER SCREENING	23
SKIN CANCER SCREENING	39

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AURICULAR ACUPUNCTURE	42
SEATED MASSAGE	32
OSTEOPOROSIS SCREENING	45
VASCULAR SCREENING	6
LAB DRAWS	38
CPR	18
PROSTATE CANCER SCREENINGS	13
CARDIAC ASSESSMENTS	18
BLOOD PRESSURE SCREENING	180

TOTAL	505

C. BLOOD PRESSURE SCREENINGS AND CARDIAC ASSESSMENTS

DESCRIPTION: BLOOD PRESSURE SCREENINGS ARE HELD MONTHLY AT APPROXIMATELY
 10 LOCATIONS THROUGHOUT THE COUNTY, AND AT HEALTH FAIRS & OTHER EVENTS
 UPON REQUEST.

CARDIAC ASSESSMENTS ARE HELD ONE OR TWO TIMES PER YEAR ON AN ANNUAL

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BASIS.

EVALUATION DATES:

JULY 1, 2010 THROUGH JUNE 30, 2011

RESULTS/EVALUATION:

1,447 ENCOUNTERS FOR BLOOD PRESSURE SCREENINGS HELD MONTHLY.

62 PARTICIPANTS IN CARDIAC ASSESSMENTS

D. SKIN CANCER AWARENESS EDUCATION AT HIGH SCHOOLS

DESCRIPTION: A NURSE EDUCATOR SET UP A TABLE AT THE HIGH SCHOOLS AT

LUNCHTIME LEADING UP TO PROM SEASON. STUDENTS COULD USE A SKIN ANALYZER

TO SHOW SUN DAMAGE ON THEIR FACES.

EVALUATION DATES:

APRIL 2011

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RESULTS/EVALUATION:

330 STUDENTS TOOK PART IN THE EDUCATION

156 STUDENTS SIGNED THE PLEDGE TO NOT USE TANNING BEDS

E. NUTRITIONAL EDUCATION AND SCREENING

DESCRIPTION: ATTENDEES LEARN ABOUT PROPER PORTION SIZES, UNDERSTANDING
 FOOD LABELS, THE SALT, SUGAR AND FAT CONTENT OF COMMON FOOD ITEMS AND
 CHILDHOOD NUTRITION. ATTENDEES ALSO CAN PARTICIPATE IN INTERACTIVE
 COMPUTER-BASED ACTIVITIES AND ASK DIETITIANS NUTRITIONAL QUESTIONS.

EVALUATION DATES:

JULY 1, 2010 THROUGH JUNE 30, 2011

RESULTS/EVALUATION:

19 PEOPLE PARTICIPATED IN SCREENINGS

45 PEOPLE ATTENDED THE ASK A DIETITIAN EDUCATIONAL PRESENTATION

THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY, IS THE HOSPITAL'S

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY HEALTH ADVOCACY PARTNER. THE PARTNERSHIP, WHICH IS FUNDED BY
 THE HOSPITAL AND THE CARROLL COUNTY HEALTH DEPARTMENT, FOCUSES THEIR
 EFFORTS ON HEALTH IMPROVEMENT BY PARTNERING WITH OTHER ORGANIZATIONS IN
 THE COMMUNITY. THEY WORK COLLABORATIVELY TO REACH THOUSANDS OF COMMUNITY
 MEMBERS BY PROVIDING A VARIETY OF INITIATIVES THAT FOCUS ON KEY HEALTH
 IMPROVEMENT AREAS. IN FY11, THE HOSPITAL PROVIDED \$448,931 IN FINANCIAL
 SUPPORT TO THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY.

AFFILIATED HEALTH CARE SYSTEMS
 CARROLL HOSPITAL CENTER IS PART OF AN AFFILIATED HEALTH CARE SYSTEM THAT
 PROVIDES AN ARRAY OF HEALTH CARE SERVICES TO ITS COMMUNITY. THE
 HOSPITAL, AS A SOLE COMMUNITY PROVIDER, PROVIDES BOTH INPATIENT AND
 OUTPATIENT CARE, INCLUDING ESSENTIAL HEALTH CARE SERVICES SUCH AS
 OBSTETRICS, EMERGENCY SERVICES, PEDIATRIC, AND CRITICAL CARE, WHICH WOULD
 LIKELY OTHERWISE NOT BE PROVIDED WITHIN CARROLL COUNTY DUE TO THEIR
 UNPROFITABLE NATURE (HIGH COST SERVICES WITH RELATIVELY LOW
 REIMBURSEMENT). ADDITIONALLY, THE HOSPITAL IS THE SOLE MEMBER AND

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EMPLOYER OF ELEVEN PHYSICIAN PRACTICES, WHICH PROVIDE PRIMARY AND
 SPECIALTY CARE SERVICES TO THE COMMUNITY. THE PROVISION OF THESE
 PHYSICIAN SERVICES HELPS MEET AN IDENTIFIED COMMUNITY HEALTH NEED FOR
 ADDITIONAL PRIMARY AND SPECIALTY CARE PHYSICIANS IN THE COMMUNITY. THE
 ELEVEN PHYSICIAN PRACTICES RUN AT A SUBSTANTIAL OPERATING LOSS (\$6.6
 MILLION IN 2010), WHICH IS FUNDED BY CONTRIBUTIONS FROM CARROLL HOSPITAL
 CENTER.

CARROLL HOSPICE, AN AFFILIATE OF CARROLL HOSPITAL CENTER, PROVIDES
 INPATIENT HOSPICE CARE, AS WELL AS RESIDENTIAL HOSPICE AND PALLIATIVE
 CARE, TO PATIENTS NEARING THE END-OF-LIFE. CARROLL HOSPICE PROVIDES
 PAIN MANAGEMENT AND SYMPTOM CONTROL AND HELPS COORDINATE HOME AND
 INPATIENT SERVICES. IN ORDER TO PROVIDE COMPREHENSIVE AND COMPASSIONATE
 CARE, CARROLL HOSPICE UTILIZES AN INTERDISCIPLINARY TEAM, INCLUDING
 PHYSICIANS, NURSES, SOCIAL WORKERS, CLERGY, PHARMACISTS, AND HOME HEALTH
 AIDES. FURTHER, CARROLL HOSPICE PROVIDES BEREAVEMENT CARE FOR FAMILY
 MEMBERS FOR UP TO THIRTEEN MONTHS.

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) PARTNERSHIP FOR HEALTHIER CARROLL COUNTY 95 CARROLL ST WESTMINSTER, MD 21157			115,000.				HOSPITAL CONTRIBUTIO
	(2) -----							
	(3) -----							
	(4) -----							
	(5) -----							
	(6) -----							
	(7) -----							
	(8) -----							
	(9) -----							
	(10) -----							
	(11) -----							
	(12) -----							

2 Enter total number of section 501(c)(3) and government organizations 1.

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE GRANT PROVIDED IS TO A RELATED ORGANIZATION THAT IS CONTROLLED BY THE ORGANIZATION AND IS A JOINT VENTURE WITH THE CARROLL COUNTY HEALTH DEPARTMENT. THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY IS A 501(C)(3) TAX-EXEMPT ORGANIZATION THAT IS DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF INDIVIDUALS LIVING IN CARROLL COUNTY, MARYLAND.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN SERNULKA	(i)	228,722.	33,110.	30,152.	274,095.	17,988.	584,067.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 LESLIE SIMMONS	(i)	238,846.	16,699.	22,840.	6,689.	17,412.	302,486.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 KEVIN KELBLY	(i)	261,419.	16,233.	25,468.	12,576.	17,412.	333,108.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 DAVID HORN	(i)	169,643.	8,044.	11,088.	5,760.	17,412.	211,947.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 M ELLEN FINNERTY MYERS	(i)	173,239.	8,880.	10,796.	4,440.	509.	197,864.	
	(ii)	0.	0.	0.	0.	0.	0.	
6 KEVIN SMOTHERS	(i)	319,846.	21,061.	25,214.	5,361.	17,411.	388,893.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 JOYCE ROMANS	(i)	177,795.	8,597.	11,831.	2,984.	11,992.	213,199.	
	(ii)	0.	0.	0.	0.	0.	0.	
8 TRACEY ELLISON	(i)	154,649.	7,541.	9,911.	2,616.	17,276.	191,993.	
	(ii)	0.	0.	0.	0.	0.	0.	
9 CYNTHIA ROLDAN	(i)	174,283.	0.	162.	2,216.	862.	177,523.	
	(ii)	0.	0.	0.	0.	0.	0.	
10 JEROME MARAVE	(i)	209,075.	0.	1,188.	8,927.	10,826.	230,016.	
	(ii)	0.	0.	0.	0.	0.	0.	
11 DANILO V SANTOS	(i)	183,592.	0.	3,708.	1,973.	11,959.	201,232.	
	(ii)	0.	0.	0.	0.	0.	0.	
12 EDYTA OSWIECIMKA	(i)	163,274.	0.	258.	6,940.	11,680.	182,152.	
	(ii)	0.	0.	0.	0.	0.	0.	
13 STEPHANIE REID	(i)	143,978.	5,339.	6,462.	6,229.	804.	162,812.	
	(ii)	0.	0.	0.	0.	0.	0.	
14 KIMBERLY MOREAU	(i)	137,939.	5,796.	6,458.	7,198.	17,322.	174,713.	
	(ii)	0.	0.	0.	0.	0.	0.	
15 DANILO PERUNOVICH	(i)	166,614.	6,732.	11,025.	1,767.	12,109.	198,247.	
	(ii)	0.	0.	0.	0.	0.	0.	
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

Part III Supplemental Information

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

PART I LINE 1A

THE HOSPITAL HAS TAKEN THE POSITION THAT IT WILL INCLUDE IN TAXABLE W-2 WAGES FOR THE PRESIDENT AND CFO CERTAIN BUSINESS EXPENSES THAT THE IRS MAY QUESTION AS NOT BEING TAX DEDUCTIBLE, SO LONG AS SUCH EXPENSES HAVE A DIRECT CONNECTION TO THE PROMOTION OF THE HOSPITAL'S HEALTH CARE SERVICES. FOR 2010, THESE EXPENSES WERE LESS THAN 3,000 IN AGGREGATE, FOR THE PRESIDENT AND CFO. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES FOR THE PRESIDENT WERE REIMBURSED BY THE HOSPITAL AND INCLUDED ON THE PRESIDENT'S W-2. THE AMOUNT OF THE REIMBURSED FEES WAS CONSIDERED IN THE PROCESS FOR DETERMINING THE PRESIDENT'S COMPENSATION.

NONQUALIFIED RETIREMENT PLAN

THE FOLLOWING EMPLOYEES PARTICIPATED IN THE ORGANIZATION'S 457(F) DEFERRED COMPENSATION PLANS AND WERE PAID AND/OR CREDITED WITH THE FOLLOWING AMOUNTS:

JOHN SERNULKA - 260,900

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
CARROLL HOSPITAL CENTER, INC.

Employer identification number
52-1452024

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH AND HIGHER EDUCATION FAC AUTHORITY	52-0936091	574217B53	12/07/2006	36,179,115.	HOSPITAL RENOVATIONS AND EQUIP		X		X		X
B MARYLAND HEALTH AND HIGHER EDUCATION FAC AUTHORITY	52-0936091	NONE	06/30/2010	15,000,000.	HOSPITAL RENOVATIONS AND EQUIP		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired				312,040.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue		37,718,099.		15,000,000.				
4 Gross proceeds in reserve funds		2,023,640.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		683,750.		255,500.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		35,012,068.		14,100,077.				
11 Other spent proceeds								
12 Other unspent proceeds				644,423.				
13 Year of substantial completion		2009		2010				
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property		X		X				

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▶	0.0000 %		0.0000 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶	0.0000 %		1.0000 %					
6 Total of lines 4 and 5	0.0000 %		1.0000 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X	X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

DIFFERENCE BETWEEN AMOUNT ON PART I, COLUMN E AND PART II, LINE 3
THE DIFFERENCE IS DUE TO INVESTMENT EARNINGS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHLEEN PALAIA	SISTER/DAUGHTER DIRECTOR	81,354.	EMPLOYEE OF THE HOSPITAL		X
(2) HEATHER SIMMONS	DAUGHTER OF AN OFFICER	71,810.	EMPLOYEE OF THE HOSPITAL		X
(3) CHELSEY SIMMONS	DAUGHTER OF AN OFFICER	11,155.	EMPLOYEE OF THE HOSPITAL		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

FAMILY OR BUSINESS RELATIONSHIP

PART VI LINE 2

CHARLES FISHER SR AND CHARLES FISHER JR HAVE A FATHER/SON RELATIONSHIP.

CHARLES FISHER SR AND CHARLES FISHER JR HAVE A BUSINESS RELATIONSHIP.

MIRIAM BECK AND JEFF WOTHERS HAVE A MOTHER-N-LAW/SON-N-LAW RELATIONSHIP.

DESCRIPTION OF REVIEW PROCESS

PART VI LINE 11

THE HOSPITAL'S FORM 990 IS REVIEWED IN DETAIL BETWEEN THE PREPARER, AN OUTSIDE ACCOUNTING FIRM, AND THE FINANCE DEPARTMENT OF THE HOSPITAL. A COPY OF THE DRAFT FORM 990 IS PRESENTED TO THE HOSPITAL'S RISK, AUDIT AND COMPLIANCE ("RAC") COMMITTEE, AT WHICH TIME RAC COMMITTEE MEMBERS MAY ASK ANY QUESTIONS OR PROVIDE COMMENTS REGARDING THE DRAFT FORM 990. PRIOR TO FILING THE FORM 990, THE HOSPITAL PROVIDES A COPY OF THE FORM 990 TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, QUESTIONS, AND COMMENTS, WHICH FEEDBACK IS THEN INCORPORATED INTO THE FILED FORM 990.

CONFLICTS MONITORING AND ENFORCEMENT

PART VI LINE 12C

THE CONFLICT OF INTEREST POLICY APPLIES TO CARROLL HOSPITAL CENTER AND ITS DIRECT AND INDIRECT SUBSIDIARIES AND PARENT ORGANIZATION. REVIEW OF DISCLOSURE STATEMENTS/REPORT TO THE BOARD. THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL ORGANIZATION, THE GOVERNANCE COMMITTEE AND THE CORPORATE COMPLIANCE OFFICER SHALL REVIEW THE MATTERS DISCLOSED IN THE

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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DISCLOSURE STATEMENTS AND SHALL SUBMIT TO THE HOSPITAL ORGANIZATION'S BOARD OF DIRECTORS AN ANNUAL SUMMARY OR SPREADSHEET OF THE DISCLOSURES AND HIS OR HER RECOMMENDATION FOR THE RESOLUTION OF ANY CONFLICTS DISCLOSED. IN FORMULATING RECOMMENDATIONS, THE CHIEF EXECUTIVE OFFICER SHALL CONSULT WITH APPROPRIATE OFFICERS OF THE HOSPITAL ORGANIZATION AND COUNSEL AS NECESSARY. THE BOARD OF DIRECTORS OF THE HOSPITAL ORGANIZATION, ACTING IN THE BEST INTERESTS OF THE HOSPITAL ORGANIZATION, SHALL HAVE SOLE DISCRETION TO MAKE ALL FINAL DECISIONS REGARDING CONFLICTS OF INTEREST, OTHER THAN THOSE REGARDING GIFTS TO HOSPITAL ORGANIZATION EMPLOYEES WHICH SHALL BE RESOLVED BY THE APPROPRIATE SUPERVISORY EXECUTIVE. HOWEVER, NO PERSON SHALL BE INVOLVED IN CONSIDERING THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IN THE MANAGEMENT AND OVERSIGHT OF A CONFLICT RELATIONSHIP, OR IN THE DETERMINATION OF DISCIPLINE FOR VIOLATIONS OF THIS POLICY, IF THAT PERSON IS A PARTY OR POTENTIAL PARTY TO THAT CONFLICT. ALL FINAL DECISIONS REGARDING CONFLICTS OF INTEREST SHALL BE REFLECTED IN A REVISED ANNUAL SUMMARY OR SPREADSHEET OF CONFLICT DISCLOSURES WHICH WILL BE SHARED WITH EACH DIRECTOR. THE CHAIR AND VICE-CHAIR OF THE BOARD, AND ALL BOARD COMMITTEE CHAIRS, SHALL HAVE THIS REVISED SUMMARY OR SPREADSHEET AVAILABLE AT THE TIME OF ALL BOARD AND BOARD COMMITTEE MEETINGS IN CASE A MATTER INVOLVING A POTENTIAL CONFLICT ARISES.

CONFLICT OF INTEREST RECUSAL PROCEDURE FOR BOARD MEETINGS WHENEVER A HOSPITAL ORGANIZATIONS' BOARD OR BOARD COMMITTEE IS TO CONSIDER A TRANSACTION OR AN ARRANGEMENT WITH ANOTHER ORGANIZATION, ENTITY OR INDIVIDUAL IN WHICH OR WITH WHOM A PERSON COVERED BY THIS POLICY HAS A

Name of the organization

CARROLL HOSPITAL CENTER, INC.

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RELATIONSHIP CREATING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE FOLLOWING PROCEDURES SHALL BE EMPLOYED: A. THE INTERESTED PERSON MUST FULLY DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE BOARD; B. THE INTERESTED PERSON SHOULD BE ASKED TO LEAVE THE MEETING DURING DISCUSSION OF THE POTENTIAL CONFLICT AND ANY RELATED VOTES, BUT THE INTERESTED PERSON MAY MAKE A STATEMENT OR ANSWER ANY QUESTIONS ON THE MATTER BEFORE DEPARTING THE MEETING; C.

IF APPROPRIATE, THE BOARD OR BOARD COMMITTEE MAY APPOINT A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT; D. TO CONSIDER THE PROPOSED TRANSACTION OR ARRANGEMENT, THE BOARD MUST: 1. FIND, BY A MAJORITY VOTE OF DIRECTORS THEN IN OFFICE, NOT COUNTING THE INTERESTED PERSON, THAT THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN THE HOSPITAL ORGANIZATION'S BEST INTEREST AND FOR THE HOSPITAL ORGANIZATION'S OWN BENEFIT, IT IS FAIR AND REASONABLE, AND THAT, AFTER REASONABLE INVESTIGATION, THE HOSPITAL ORGANIZATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT USING REASONABLE EFFORTS; AND

2. VOTE ON THE TRANSACTION OR ARRANGEMENT, APPROVAL REQUIRING A MAJORITY VOTE OF DIRECTORS THEN IN OFFICE, NOT COUNTING THE INTERESTED PERSON. E. THE MINUTES SHOULD INCLUDE: (1) THE NAME OF THE PERSON DISCLOSING THE CONFLICT OF INTEREST AND A DESCRIPTION OF THE CONFLICT; (2) THE BOARD'S DETERMINATION OF WHETHER THERE IS A CONFLICT; (3) THE NAMES AND VOTES OF PERSONS PRESENT FOR THE DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT; AND (4) THE CONTENT OF THOSE DISCUSSIONS INCLUDING THE BOARD'S DETERMINATION OF WHETHER OR

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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NOT THE TRANSACTION OR ARRANGEMENT IS IN THE HOSPITAL ORGANIZATION'S BEST INTEREST, FAIR AND REASONABLE, AND THE BEST REASONABLY AVAILABLE ALTERNATIVE ONGOING DUTY TO DISCLOSE ONE'S OWN OR OTHERS' CONFLICTS OF INTEREST. AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST CAN ARISE AT ANY TIME, ANY ACTUAL OR POTENTIAL CONFLICT MUST BE DISCLOSED PROMPTLY IN WRITING BY USE OF A SUPPLEMENTAL DISCLOSURE STATEMENT, AS SOON AS ITS EXISTENCE IS OR SHOULD BE KNOWN. IF A PERSON IS IN DOUBT ABOUT A SITUATION, THE PERSON SHOULD CONSULT WITH THE CHIEF EXECUTIVE OFFICER, BOARD CHAIRMAN OR THE HOSPITAL ORGANIZATION'S COMPLIANCE OFFICER. PERSONS SHOULD ERR ON THE SIDE OF DISCLOSURE SO THAT A CONFLICT OF INTEREST ASSESSMENT CAN BE MADE. THE POTENTIAL CONFLICT WILL BE REFERRED TO THE GOVERNANCE COMMITTEE FOR REVIEW AND A RESPONSE WILL BE PROVIDED WITHIN 14 DAYS. NONCOMPLIANCE WITH THE POLICY: THE ORGANIZATION'S BOARD OF DIRECTORS RETAINS BROAD POWER AND SOLE DISCRETION UNDER THIS POLICY TO: (1) DETERMINE THE EXISTENCE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST; (2) SUBJECT CONFLICT OF INTEREST RELATIONSHIPS TO APPROPRIATE OVERSIGHT, MANAGEMENT, CONDITIONS, RESTRICTIONS AND PROHIBITIONS; AND (3) IMPOSE APPROPRIATE SANCTIONS. A BREACH OF THIS POLICY CAN BECOME GROUNDS FOR DISCIPLINE, UP TO AND INCLUDING REMOVAL FROM OFFICE OR, FOR MANAGEMENT PERSONNEL, TERMINATION OF EMPLOYMENT. IT MAY ALSO RESULT IN CESSATION OF BUSINESS WITH A VENDOR AND IN LIABILITY FOR DAMAGES. GROUNDS FOR DISCIPLINE INCLUDE, BUT ARE NOT LIMITED TO:

A. WILLFUL FAILURE TO SIGN AND RETURN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT IN ACCORD WITH THIS POLICY;

B. A MATERIAL MISSTATEMENT OR OMISSION IN THE DISCLOSURE STATEMENT;

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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C. WILLFUL FAILURE TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AT ANY TIME IN ACCORD WITH THE REQUIREMENTS OF THIS POLICY;

D. WILLFUL PARTICIPATION IN A VOTE OR DECISION INVOLVING A TRANSACTION WHICH RAISES AN UNDISCLOSED CONFLICT OF INTEREST; OR

E. WILLFUL DISCLOSURE OR USE OF CONFIDENTIAL INFORMATION REGARDING THE AFFAIRS, BUSINESS OR PLANS OF A HOSPITAL ORGANIZATION FOR ANY PURPOSE OTHER THAN IN FURTHERANCE OF THE AFFAIRS AND BEST INTERESTS OF THE HOSPITAL ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

PART VI LINE 15

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF CARROLL HOSPITAL CENTER, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS DETERMINED TO BE FREE OF ANY CONFLICT OF INTEREST, IS CHARGED WITH DETERMINING EXECUTIVE COMPENSATION AND ESTABLISHING PERFORMANCE CRITERIA ACCORDING TO AN APPROVED COMPENSATION PHILOSOPHY. THE COMMITTEE WORKS WITH AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING AND ADVISORY FIRM, YAFFE & COMPANY, THAT PROVIDES MARKET SURVEY DATA CONCERNING COMPENSATION AND BENEFIT LEVELS FOR FUNCTIONALLY COMPARABLE HEALTHCARE EXECUTIVES IN SIMILAR HOSPITALS ACROSS THE REGION AND THE NATION BASED ON SEVERAL FACTORS INCLUDING SIZE, GEOGRAPHY, HOSPITAL TYPE AND COMPLEXITY. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE SENIOR EXECUTIVES AND ENSURES THAT ALL FORMS OF EXECUTIVE COMPENSATION ARE REASONABLE, APPROPRIATE AND CONSISTENT WITH ITS COMPENSATION PHILOSOPHY. THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DECISIONS IN MEETING MINUTES.

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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DOCUMENT AVAILABILITY

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER CHANGES TO NET ASSETS

PART XI, LINE 5

UNREALIZED GAIN	\$ 4,498,951
BOOK/TAX DIFFERENCE K-1	(1,013,121)
INTEREST RATE ADJUST ON INVEST	4,319,029

TOTAL	\$7,804,859

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

OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT,
COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING THEIR HEALTH
AND WELL-BEING. AT CARROLL HOSPITAL CENTER, WE OFFER AN
UNCOMPROMISING COMMITMENT TO THE HIGHEST QUALITY HEALTH CARE
EXPERIENCE FOR PEOPLE IN ALL STAGES OF LIFE. WE ARE THE HEART OF
HEALTH CARE IN OUR COMMUNITIES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CARROLL HOSPITAL CENTER, A 189 LICENSED BED ACUTE CARE FACILITY
LOCATED IN WESTMINSTER, MARYLAND OFFERS THE LATEST IN MEDICAL

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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ATTACHMENT 2 (CONT'D)

TECHNOLOGY AND SERVICES, COMBINED WITH A STATE-OF-THE-ART FACILITY AND TOP-NOTCH, SKILLED MEDICAL PROFESSIONALS, CARING FOR PATIENTS WITH COMPASSION. CURRENTLY, THERE ARE MORE THAN 400 PHYSICIANS REPRESENTING 38 SPECIALTIES ON OUR MEDICAL STAFF IN ADDITION TO OVER 1,700 INDIVIDUALS EMPLOYED BY THE HOSPITAL - MAKING CHC THE SECOND LARGEST EMPLOYER IN CARROLL COUNTY.

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL SERVING THE COMMUNITIES LOCATED IN CARROLL AND SURROUNDING COUNTIES AS WELL AS PARTS OF PENNSYLVANIA. CARROLL COUNTY'S POPULATION ALONE IS CURRENTLY ESTIMATED TO BE 204,400. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY AND HAD OVER 54,000 PATIENT VISITS LAST YEAR. THE HOSPITAL PARTICIPATES IN MEDICARE AND MEDICAID PROGRAMS, HAS A GOVERNING BODY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, ALL FINANCIAL SURPLUSES THE HOSPITAL GENERATES ARE USED EXCLUSIVELY TO FURTHER THE CHARITABLE PURPOSES OF THE ORGANIZATION AND ITS MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE AREA.

AS THE ONLY HOSPITAL IN CARROLL COUNTY, WE OFFER OUR COMMUNITY A FULL ARRAY OF SERVICES INCLUDING, EMERGENCY SERVICES, COMPREHENSIVE CANCER CARE, PEDIATRICS, MATERNITY, GERIATRICS, THE LATEST MINIMALLY INVASIVE SURGICAL PROCEDURES AND ADVANCED TOTAL AND PARTIAL JOINT REPLACEMENT PROCEDURES. IN THE YEAR ENDING JUNE 2011, CARROLL HOSPITAL CENTER RECORDED 15,833 INPATIENT ADMISSIONS AND OBSERVATION STAY CASES, 1,119 BIRTHS AND APPROXIMATELY 9,200

Name of the organization

CARROLL HOSPITAL CENTER, INC.

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ATTACHMENT 2 (CONT'D)

SURGICAL PROCEDURES, ALL CONTRIBUTING TO A TOTAL OF 330,000 PATIENT ENCOUNTERS FOR THE PERIOD.

IN LINE WITH OUR MISSION-"OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT, COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING THEIR HEALTH AND WELL-BEING. AT CARROLL HOSPITAL CENTER, WE OFFER AN UNCOMPROMISING COMMITMENT TO THE HIGHEST QUALITY HEALTH CARE EXPERIENCE FOR PEOPLE IN ALL STAGES OF LIFE. WE ARE THE HEART OF HEALTH CARE IN OUR COMMUNITIES." -THE HOSPITAL ALSO PROVIDES PLANNED COMMUNITY BENEFIT ACTIVITIES TO IMPROVE ACCESS TO HEALTH CARE AND IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY. OUR MISSION IS PURSUED IN COLLABORATION WITH OUR RELATED ORGANIZATIONS: CARROLL HOSPICE, THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY (OUR COMMUNITY ADVOCACY ARM), AND THE CARROLL HOSPITAL CENTER FOUNDATION (ALSO LISTED IN PART VI) FOR MORE INFORMATION ON THESE SUBSIDIARIES, PLEASE SEE THEIR INDIVIDUAL FORM 990'S. WHILE WE HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SERVICE ACCOMPLISHMENTS BELOW, WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.CARROlhOSPITALCENTER.ORG.

IN COOPERATION WITH OUR MANY COMMUNITY PARTNERS, INCLUDING THE PARTNERSHIP, WE SEEK TO MAKE MEASURABLE AND SUSTAINABLE PROGRESS IN IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE. WE GAUGE OUR PROGRESS BY HOW EFFECTIVELY WE IDENTIFY AND POSITIVELY IMPACT THE UNDERLYING ROOT CAUSES ASSOCIATED WITH POOR COMMUNITY HEALTH. TO TRACK AND TREND OUR PROGRESS AS A COMMUNITY, THE PARTNERSHIP HAS

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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ATTACHMENT 2 (CONT'D)

ORGANIZED HEALTHY CARROLL VITAL SIGNS - MEASURES OF COMMUNITY HEALTH. THIS DATA IS PROVIDED BY VARIOUS SOURCES AND IS UPDATED EACH YEAR. WHEN COMBINED WITH OUR NEWLY-ACQUIRED HEALTHY COMMUNITIES INSTITUTE DATA, THE HOSPITAL HAS ACCESS TO THE MOST UP-TO-DATE, COMPREHENSIVE INFORMATION ON OUR COMMUNITY'S HEALTH. THROUGH THE PARTNERSHIP, CARROLL HOSPITAL CENTER HAS BEEN INVOLVED IN NUMEROUS HEALTH STATUS ASSESSMENT PROJECTS SPECIFIC TO OUR COMMUNITY AND IS IN THE PROCESS OF CONDUCTING A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT. ONCE COMPLETED IN JUNE 2012, THE ASSESSMENT WILL PROVIDE THE HOSPITAL WITH THE IMPORTANT AND CURRENT NEEDS AND OPINIONS OF MEMBERS OF OUR COMMUNITY AS WELL AS MORE IN-DEPTH INFORMATION FROM KEY COMMUNITY LEADERS. COLLECTIVELY THE DATA WILL PROVIDE THE HOSPITAL WITH THE CRUCIAL INFORMATION IT NEEDS TO CONTINUE TO MAKE WELL INFORMED DECISIONS WHEN IT COMES TO EFFECTUATING POSITIVE CHANGE IN THE HEALTH STATUS OF OUR COMMUNITIES.

PREVIOUS HEALTH NEEDS ASSESSMENTS HAVE SPARKED THE HOSPITAL TO DEVELOP KEY SERVICES SUCH AS ACCESS CARROLL (IN COORDINATION WITH THE CARROLL COUNTY HEALTH DEPARTMENT AND THE PARTNERSHIP), A CLINIC FOR UNINSURED PATIENTS AND THE WOMEN'S PLACE, A CENTER FOR HEALTH AND WELLNESS FOR WOMEN THAT PROVIDES A FULL RANGE OF EDUCATIONAL, COMPLEMENTARY HEALTH AND PATIENT NAVIGATION SERVICES, A BREAST CENTER AND CANCER BOUTIQUE. HOSPITAL STAFF ALSO HAVE HELPED TO DEVELOP AND PARTICIPATE IN NUMEROUS COMMITTEES AND WORK GROUPS TO ADDRESS AGE, GENDER AND ETHNIC-SPECIFIC LIVING AND

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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ATTACHMENT 2 (CONT'D)

HEALTH CARE ISSUES.

IN ADDITION, THE HOSPITAL'S FOCUS ON WELLNESS IS ONE THAT PROVIDES OUR COMMUNITY WITH HUNDREDS OF FREE EDUCATION PROGRAMS, SCREENINGS AND SUPPORT GROUPS EACH YEAR FOR EVERYTHING FROM CHILDBIRTH AND DISEASE PREVENTION TO NUTRITION AND BREAST, PROSTATE AND SKIN CANCERS.

THE HOSPITAL ALSO HAS COMMITTED SIGNIFICANT RESOURCES TO MAKE CERTAIN THERE IS AN ADEQUATE SUPPLY OF PRIMARY CARE AND SPECIALTY PHYSICIANS IN OUR SERVICE AREA. ENSURING OUR COMMUNITIES HAVE ACCESS TO QUALITY AND MEDICAL EXPERTISE IS A PRIORITY FOR OUR ORGANIZATION. THAT'S WHY WE CONTINUE TO DEVELOP CARROLL HEALTH GROUP, OUR HOSPITAL-OWNED NETWORK OF MEDICAL PROVIDERS, WHICH CURRENTLY INCLUDES 32 PHYSICIANS AND 11 OTHER PROVIDERS (PA, NP) IN 19 OFFICE LOCATIONS THROUGHOUT CARROLL AND SURROUNDING COUNTIES.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL OF \$3,011,868, \$2,463,708 AT COST, IN CHARITY/UNCOMPENSATED CARE TO THE COMMUNITY. ADDITIONALLY THE ORGANIZATION EXPENDED APPROXIMATELY \$19,147,524 (NET OF REVENUES) ON PROGRAMS AND ACTIVITIES BENEFITTING THE COMMUNITIES WE SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED HOSPICE SERVICES, PHYSICIAN SUPPORT, EDUCATION PROGRAMS, SCREENINGS, SUPPORT GROUPS, HEALTH PROFESSIONAL EDUCATION AND COMMUNITY CONTRIBUTIONS AND REQUIRED APPROXIMATELY 492,000 STAFF HOURS.

Name of the organization

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ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 KIMBERLY MOREAU ASST VICE PRESIDENT	40.00				X			150,193.	0.	24,520.

ATTACHMENT 4

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

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
CHARLES O FISHER JR DIRECTOR	2.00
CHARLES FISHER SR DIRECTOR	1.00
MIRIAM BECK DIRECTOR	1.00
PAULA LANGMEAD DIRECTOR	0.00
ETHAN SEIDEL DIRECTOR	1.00
JOHN SERNULKA PRESIDENT	5.00
STEPHAN HOCHULI MD BOARD MEMBER	0.00
KIMBERLY JOHNSTON MD BOARD MEMBER	0.00
STANLEY H TEVIS III BOARD MEMBER	9.00
HAROLD WALSH BOARD MEMBER	1.00
HELEN W WHITEHEAD BOARD MEMBER	1.00
CHRISTOS BALLAS MD BOARD MEMBER	0.00
THOMAS WELLLIVER BOARD MEMBER	0.00
JEFFREY A WOTHERS BOARD MEMBER	0.00
DENNIS THOMAS BOARD MEMBER	0.00
LESLIE SIMMONS CHIEF OPERATING OFFICER	2.00
KEVIN KELBLY SR VP FINANCE CFO	6.00

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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ATTACHMENT 4 (CONT'D)

KEVIN SMOTHERS CHIEF MEDICAL OFFICER	0.00
STEPHANIE REID ASSISTANT VICE PRESIDENT	0.00
DAVID HORN VICE PRESIDENT	0.00
M ELLEN FINNERTY MYERS VICE PRESIDENT	0.00
JOYCE ROMANS VICE PRESIDENT	0.00
TRACEY ELLISON VICE PRESIDENT	0.00
DANILO PERUNOVICH VICE PRESIDENT	0.00
CYNTHIA ROLDAN PHYSICIAN	0.00
JEROME MARAVE PHYSICIAN	0.00
DANILO V SANTOS PHYSICIAN	0.00
EDYTA OSWIECIMKA NURSE	0.00
KIMBERLY MOREAU ASST VICE PRESIDENT	0.00

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTRAL MD REHABILITATION 4259 HARNEY RD TANEYTOWN, MD 21787	REHAB	3,005,060.
CARROLL COUNTY ANES ASSOCIATION PO BOX 75193 BALTIMORE, MD 21275	ANESTHESIA	1,802,745.
CARROLL COUNTY RADIOLOGY 7253 AMBASSADOR RD BALTIMORE, MD 21244	MRI	783,960.
DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	SLEEP STUDIES	666,550.
UNIVERSITY OF MD PHYSICIANS 419 W REDWOOD ST, STE 660	PHYSICIANS	658,333.

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BALTIMORE, MD 21201		
TOTAL COMPENSATION		<u>6,916,648.</u>

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
K-1 CARROLL COUNTY RADIOLOGY	703,182.			703,182.
K-1 PREMIER PURCHASING	440,127.		870.	439,257.
K-1 VALSTONE OPPORTUNITY FUND III LLC	398,887.			398,887.
INVESTMENT INCOME	1,520,729.			1,520,729.
K-1 FRIESS SMALL CAP TRUST	114,959.			114,959.
K-1 OAKTREE JAPAN OPPORTUNITIES	1,562.			1,562.
K-1 CARROLL MEDICAL OFFICE ASSOCIATES				
TOTALS	<u>3,179,446.</u>		<u>870.</u>	<u>3,178,576.</u>

ATTACHMENT 7

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: DR ANYADIKE
 ORIGINAL AMOUNT: 50,000.
 DATE OF NOTE: 06/30/2010
 REPAYMENT TERMS: LOAN TO BE FORGIVEN ON PRORATED BASIS OVER 2 YEARS
 SECURITY PROVIDED: PATIENT ACCOUNTS REC FURNITURE SUPPLIES EQUIPMENT
 PURPOSE OF LOAN: RECRUITMENT LOAN

BEGINNING BALANCE DUE 50,000.
 ENDING BALANCE DUE 50,000.

Name of the organization CARROLL HOSPITAL CENTER, INC.	Employer identification number 52-1452024
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	ATTACHMENT 7 (CONT'D) 50,000.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	50,000.

ATTACHMENT 8FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	2,405,896.
TOTALS	2,405,896.

ATTACHMENT 9FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
GOVT AND CORPORATE BONDS	19,046,962.	FMV
MUTUAL FUNDS IN EQUITY SEC	27,422,236.	FMV
TOTALS	46,469,198.	

ATTACHMENT 10FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEF REV HOME CARE MEDICARE	214,732.
DEF REVENUE MOB	1,050,000.
TOTALS	1,264,732.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

CARROLL HOSPITAL CENTER, INC.

Employer identification number

52-1452024

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CARROLL HOSPITAL CENTER MOB INVEST LLC 27-1528355 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	INVESTMENTS	MD	0.	2,015,421.	CHC
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CARROLL COUNTY HEALTH SERVICES INC 52-0691413 200 MEMORIAL AVE WESTMINSTER, MD 21157	SUPPORT ORG	MD	501 (C) (3)	509 (A) (3)	N/A		
(2) CARROLL HOSPITAL CENTER FOUNDATION INC 52-1115038 200 MEMORIAL AVE WESTMINSTER, MD 21157	FOUNDATION	MD	501 (C) (3)	503 (A) (3)	CHC	X	
(3) CARROLL HOSPICE INC 52-1565870 292 STONER AVE WESTMINSTER, MD 21157	HOSPICE	MD	501 (C) (3)	170 (B) (1A)	CHC	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CC RADIOLOGY LLC 52-2190849 7253 AMBASSADOR RD	RADIOLOGY	MD	CARROLL HOSP CT		1,345,003.			X			X	60.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CARROLL COUNTY MED SERVICES INC 52-1891102 200 MEMORIAL AVE WESTMINSTER, MD 21157	MEDICAL SERVI	MD	CHC	C CORP	13,109,103.	16,319,122.	100.0000
(2) CEN-MAR ASSURANCE CO 98-6011607 PO BOX 1085 KY1-1102 GRAND CAYMAN, CJ	INSURANCE	CJ	CHC	C CORP	2,046,200.	9,443,919.	100.0000
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CARROLL HOSPITAL CENTER FOUNDATION	C	1,090,000.	FMV
(2) CEN-MAR	P	75,576.	FMV
(3) CARROLL COUNTY MED SERVICES	A, N, P	562,047.	FMV
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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

RENT AND ROYALTY INCOME

Taxpayer's Name CARROLL HOSPITAL CENTER, INC.	Identifying Number 52-1452024
---	---

DESCRIPTION OF PROPERTY
 ONCOLOGY CENTER GROUND RENT

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

REAL RENTAL INCOME	101,495.	
OTHER INCOME		
TOTAL GROSS INCOME		101,495.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		101,495.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		101,495.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

RENT AND ROYALTY INCOME

Taxpayer's Name CARROLL HOSPITAL CENTER, INC.	Identifying Number 52-1452024
---	---

DESCRIPTION OF PROPERTY
 WOMAN'S CENTER RENT

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

REAL RENTAL INCOME	10,810.	
OTHER INCOME		
TOTAL GROSS INCOME		10,810.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		10,810.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		10,810.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

RENT AND ROYALTY INCOME

Taxpayer's Name CARROLL HOSPITAL CENTER, INC.	Identifying Number 52-1452024
---	---

DESCRIPTION OF PROPERTY
 FISHER BUILDING

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

REAL RENTAL INCOME	12,690.	
OTHER INCOME		
TOTAL GROSS INCOME		12,690.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		12,690.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		12,690.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
ONCOLOGY CENTER GROU	101,495.			101,495.
PHYSICIAN OFFICE REN	54,193.			54,193.
PAIN MGMT RENT	21,163.			21,163.
WOMAN'S CENTER RENT	10,810.			10,810.
DIXON IMAGING CENTER	44,396.			44,396.
4 WEST SHEPPARD PRAT	4,734.			4,734.
METRO CALL	0.			0.
FISHER BUILDING	12,690.			12,690.
SUBWAY	32,571.			32,571.
FISHER RENT HOCHBERG	102,072.			102,072.
FISHER RENT HOTELING	57,978.			57,978.
TOTALS	<u>442,102.</u>			<u>442,102.</u>

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Rows include Foreign tax credit (40a-d), Total credits (40e), Subtract line 40e (41), Other taxes (42), Total tax (43), Payments (44a-f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

Table with 3 columns: Question, Yes, No. Questions include interest in foreign country, distribution from foreign trust, and tax-exempt interest received.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Line Number, Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below'.

Paid Preparer Use Only section containing: Print/Type preparer's name (TINA ECKLOFF), Preparer's signature, Date (05/14/2012), Firm's name (COHEN, RUTHERFORD + KNIGHT, PC), Firm's address (6903 ROCKLEDGE DRIVE, SUITE 500, BETHESDA, MD 20817-1800), Firm's EIN (52-1202280), and Phone no. (301-828-1008).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

(1) SUBWAY

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1)

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Totals

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization

2. Employer identification number

Exempt Controlled Organizations

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross income

6. Deductions directly connected with income in column 5

(1)

(2)

(3)

(4)

Nonexempt Controlled Organizations

7. Taxable Income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Totals

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

K-1 PREMIER PURCHASING	870.
K-1 CHESAPEAKE INVESTMENTS III	-108,950.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-108,080.</u>

PART I - LINE 12 - OTHER INCOME

CC MED SERVICES MANAGMENT INCOME

90,000.

PART I - LINE 12 - OTHER INCOME

90,000.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES	112,817.
SUPPLIES	667,253.
PURCHASED SERVICES	574,050.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>1,354,120.</u>