

**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)

**2008**

**Open to Public Inspection**

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 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 20 09

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization DOCTORS HOSPITAL INC  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
8118 Good Luck Road  
 City or town, state or country, and ZIP + 4  
Lanham, MD 20706-2418

**D** Employer identification number  
52 1638026

**E** Telephone number  
( 301 ) 552-8028

**F** Name and address of principal officer: Philip B Down  
8118 Good Luck Road, Lanham, MD 20706

**G** Gross receipts \$ 179,735,867

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ dchweb.org

**K** Type of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1990 **M** State of legal domicile: MD


**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Provide healthcare services to the community</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>8</b>
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<b>1,541</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>145</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34. . . . .	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	164,132,806	174,445,323
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	2,468,593
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,651,051	2,821,951
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	173,783,857	179,735,867
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	6,552,751	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	61,323,203	83,097,054
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .	0	0
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	108,117,323	108,751,519	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	175,993,277	191,848,573	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-2,209,420	-12,112,706	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	229,460,079	233,365,521
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	183,404,049	200,290,566
		46,056,030	33,074,955

**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: 1/5/10/2010  
**Dennis Scanlon, Vice President, Finance**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		✓
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		✓
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		✓
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		✓
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	✓	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> . . . . .	✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		✓
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .		✓
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		✓
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		✓
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	✓	
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		✓
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i> . . . . .	✓	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
<b>4b</b>	If "Yes," enter the name of the foreign country: ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		✓
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
Robert Bonaventure Board Member	1	✓					\$0	\$0	\$0	
Sajeev Anand MD ExOffico Medical Staff	1	✓					\$0	\$0	\$0	
J Richard Lilly MD Board Member	1	✓					\$0	\$0	\$0	
Rene LaVigne Board Member	1	✓					\$0	\$0	\$0	
Robert Depew Board Member	1	✓					\$0	\$0	\$0	
Joanne Goldsmith Board Member	1	✓					\$0	\$0	\$0	
Charles Dukes Board Member	1	✓					\$0	\$0	\$0	
Richard J Ham Board Member	1	✓					\$0	\$0	\$0	
Charlene Dukes Phd Board Member	1	✓					\$0	\$0	\$0	
Charlene B Lundgren Vice President Human Resources	40			✓			\$211,742	\$0	\$31,741	
Scott Gregerson Vice President	40			✓			\$266,662	\$0	\$13,481	
Thomas J Crowley Executive Vice President	40			✓			\$1,063,811	\$0	\$203,613	
Philip B Down President	40			✓			\$2,636,895	\$0	\$56,552	
Dennis P Scanlon Treasurer	40			✓			\$451,520	\$0	\$127,234	
Eric Conley Vice President	40			✓			\$223,464	\$0	\$20,923	
Paula L Bruening Vice President, Patient Care	40			✓			\$304,493	\$0	\$49,828	
Gabriel Jaffe MD Vice President Medical Affairs	30			✓			\$332,059	\$0	\$28,850	

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	0				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions) . . . . .	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	0				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		0				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		0				
Program Service Revenue				<b>Business Code</b>				
	2a	.....						
	b	.....						
	c	.....						
	d	.....						
	e	.....						
	f	All other program service revenue . . . . .		174,445,323	174,445,323	0	0	
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		174,445,323					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,468,593	2,468,593	0	0	
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶		0	0	0	0	
	5	Royalties . . . . . ▶		0	0	0	0	
	6a	Gross Rents . . . . .	(i) Real	(ii) Personal				
			0	0				
			b	Less: rental expenses . . . . .	0	0		
			c	Rental income or (loss) . . . . .	0	0		
	d	Net rental income or (loss) . . . . . ▶		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			0	0				
			b	Less: cost or other basis and sales expenses . . . . .	0	0		
			c	Gain or (loss) . . . . .	0	0		
	d	Net gain or (loss) . . . . . ▶		0	0	0	0	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . a		0				
	b	Less: direct expenses . . . . . b		0				
c	Net income or (loss) from fundraising events . . . . . ▶		0	0	0	0		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a		0					
b	Less: direct expenses . . . . . b		0					
c	Net income or (loss) from gaming activities . . . . . ▶		0	0	0	0		
10a	Gross sales of inventory, less returns and allowances . . . . . a		0					
b	Less: cost of goods sold . . . . . b		0					
c	Net income or (loss) from sales of inventory . . . . . ▶		0	0	0	0		
Miscellaneous Revenue				<b>Business Code</b>				
11a	.....							
b	.....							
c	.....							
d	All other revenue . . . . .		2,821,951	2,821,951	0	0		
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		2,821,951					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶		179,735,867	179,735,867	0	0		

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	23,230	1	24,000
	2	Savings and temporary cash investments . . . . .	7,191,835	2	20,670,435
	3	Pledges and grants receivable, net . . . . .	0	3	0
	4	Accounts receivable, net . . . . .	18,837,638	4	13,475,247
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0
	7	Notes and loans receivable, net . . . . .	176,567	7	1,285,890
	8	Inventories for sale or use . . . . .	3,303,402	8	2,522,261
	9	Prepaid expenses and deferred charges . . . . .	1,124,826	9	1,284,593
	10a	Land, buildings, and equipment: cost basis	182,847,428		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	73,539,403	10c	109,308,025
	11	Investments—publicly traded securities . . . . .	0	11	
	12	Investments—other securities. See Part IV, line 11 . . . . .	32,858,121	12	70,598,641
	13	Investments—program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .	94,851,738	15	14,196,429
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	229,460,079	16	233,365,521	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	33,989,825	17	32,291,210
	18	Grants payable . . . . .	0	18	0
	19	Deferred revenue . . . . .	0	19	0
	20	Tax-exempt bond liabilities . . . . .	140,237,716	20	135,003,277
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	3,392,715	23	2,922,352
	24	Unsecured notes and loans payable . . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	5,783,793	25	30,073,727
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	183,404,049	26	200,290,566
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	46,056,030	27	33,074,955
	28	Temporarily restricted net assets . . . . .	0	28	0
	29	Permanently restricted net assets . . . . .	0	29	0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances . . . . .</b>	46,056,030	33	33,074,955	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	229,460,079	34	233,365,521	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	✓	
b	Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
c	If "Yes" to lines 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? . . . . .	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
16a <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.



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

- 3** Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ .....%
  - b** Permanent endowment ▶ .....%
  - c** Term endowment ▶ .....%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes           | No |
|------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—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) Depreciation	(d) Book value
<b>1a</b> Land	8,760,920	0		8,760,920
<b>b</b> Buildings	58,583,041	0	38,700,000	19,883,041
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	55,951,620	0	34,839,403	21,112,217
<b>e</b> Other	59,551,847	0	0	59,551,847
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>109,308,025</b>

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	179,735,867
2	Total expenses (Form 990, Part IX, column (A), line 25)	191,848,573
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-12,112,706
4	Net unrealized gains (losses) on investments	0
5	Donated services and use of facilities	0
6	Investment expenses	0
7	Prior period adjustments	0
8	Other (Describe in Part XIV)	-868,369
9	Total adjustments (net). Add lines 4-8	-868,369
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-12,981,075

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	179,735,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	0
b	Donated services and use of facilities	0
c	Recoveries of prior year grants	0
d	Other (Describe in Part XIV)	0
e	Add lines 2a through 2d	0
3	Subtract line 2e from line 1	179,735,867
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	0
b	Other (Describe in Part XIV)	0
c	Add lines 4a and 4b	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	179,735,867

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	174,268,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	0
b	Prior year adjustments	0
c	Losses reported on Form 990, Part IX, line 25	0
d	Other (Describe in Part XIV)	-17,579,863
e	Add lines 2a through 2d	-17,579,863
3	Subtract line 2e from line 1	191,848,573
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	0
b	Other (Describe in Part XIV)	0
c	Add lines 4a and 4b	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	191,848,573

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**Schedule D, Part X - Financial Statements do not discuss Fin 48**

**Schedule D, Part XI, Line 8 - Net Asset transfer 2,696,931 Contributions 2,031,419 Net Assets Released from restrictions (2,821,951) Pension related changes other than net periodic pension cost (2,774,768)**

**Schedule D, Part XIII, Line 2d - Impairment loss -9,732,165 Unrealized gain on trading securities 3,007,233 Change in fair value of interest rate swap -10,854,931**

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities. *(Optional for 2008)*

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

**Part III Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

**Section A. Bad Debt Expense**

- Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- Enter the amount of the organization's bad debt expense (at cost) . . . . .
- Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy. . . . .
- 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, or rationale for including other bad debt amounts in community benefit.

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

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) . . . . .
- Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- Enter line 5 less line 6—surplus or (shortfall) . . . . .
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- Does the organization have a written debt collection policy? . . . . .
- If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures** *(Optional for 2008)*

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) 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				
Charlene B Lundgren	(i)	\$189,315	\$22,427	\$6,547	\$18,346	\$6,848	\$243,483	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Robert Bonaventure	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sajeev Anand MD	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scott Gregerson	(i)	\$236,662	\$30,000	\$0	\$6,004	\$7,476	\$280,142	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Thomas J Crowley	(i)	\$358,512	\$60,487	\$677,712	\$159,041	\$11,672	\$1,267,424	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Philip B Down	(i)	\$564,293	\$0	\$2,080,502	\$9,200	\$39,452	\$2,693,447	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dennis P Scanlon	(i)	\$403,618	\$47,902	\$32,900	\$83,230	\$11,104	\$578,754	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eric Conley	(i)	\$196,464	\$27,000	\$0	\$5,362	\$15,561	\$244,387	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
J Richard Lilly MD	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rene LaVigne	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Robert Depew	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Joanne Goldsmith	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Charles Dukes	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Paula L Bruening	(i)	\$277,079	\$27,414	\$7,900	\$35,772	\$6,156	\$354,321	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Gabriel Jaffe MD	(i)	\$312,775	\$19,285	\$7,900	\$9,200	\$11,750	\$360,910	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Richard J Ham	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**SCHEDULE J-1  
(Form 990)**

**Continuation Sheet for Schedule J (Form 990)**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information regarding compensation.

Name of the organization  
**DOCTORS HOSPITAL INC**

Employer identification number  
52 : 1638026

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gloria J Ogden	(i)	\$55,905	\$0	\$1,118	\$2,236	\$6,156	\$65,415	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Alan H Johnson	(i)	\$153,320	\$0	\$0	\$0	\$15,561	\$168,881	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Karl Finley MD	(i)	\$160,128	\$0	\$0	\$6,235	\$15,561	\$181,924	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Netty N Pandiangan	(i)	\$172,663	\$0	\$0	\$0	\$15,000	\$187,663	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Marie Cecile Abellano	(i)	\$172,103	\$0	\$0	\$0	\$15,000	\$187,103	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mark Joseph C Tuliao	(i)	\$162,664	\$0	\$0	\$0	\$15,000	\$177,664	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Charlene Dukes Phd	(i)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
<b>c</b> 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? . . . . .										
<b>4</b> 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 ▶		%		%		%		%		%
<b>5</b> 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 . ▶		%		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .										

**Part IV Arbitrage (Optional for 2008)**

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

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

**DOCTORS HOSPITAL INC**

Employer identification number

**52 | 1638026**

Form 990, Part VI, Section A, Line 10 - Part VI Question 10 A copy of the completed Form 990 is presented to each member of the Board of Directors prior to being filed with the IRS. The Board members are afforded the opportunity to ask questions and request changes (if there are perceived factual inaccuracies) prior to the filing.

Form 990, Part VI, Section B, Line 12c - A Compliance Committee meets every other month to review audits completed in areas that could have compliance issues. A hot line is maintained by the Compliance Officer for staff and patients to report issues

Form 990, Part VI, Section B, Line 15 - Part VI Line 15 The Organization's Board has adopted a Compensation Policy (the "Policy") for Covered individuals. Pursuant to the Policy, a Compensation Committee of independent directors was established to review the compensation of all employees specified as having a substantial influence over the organization and who receive remuneration from the Organization, including, among others, the Organization's President, Chief Operating Officer and the Organization's Chief Financial Officer. The Compensation Committee is advised by an independent compensation consultant, which opines to the Compensation Committee that the level of compensation paid and the process by which compensation is established meet applicable IRS reasonableness and "safe harbor" standards. The outside compensation consultant provides data of compensation provided at similar organizations to ensure that the Organization does not compensate in excess of market norms.

Form 990, Part VI, Section C, Line 19 - These documents are available upon request. We also file these documents with the State of Maryland Health Services Cost Review Commission







Statement 1

Form: 990

Page: 1

Line Number:

DOCTORS HOSPITAL INC

52-1638026

**Reasonable Cause Explanations**

**Explanation**

Extension received to May 15, 2010

Statement 3

Form: Schedule K

Page: 1

Line Number: Part I Column (a)

DOCTORS HOSPITAL INC

52-1638026

**Bond Issues**

		Issue Price
<b>Issuer Name</b>	Doctors Hospital Inc	\$104
<b>Issuer EIN</b>	52-1638026	
<b>CUSIP #</b>	5742158L6	
<b>Date Issued</b>	12/15/2006	
<b>Description Of Purpose</b>	finance cost of construction renovate acquisition equip 2007 project refund 1993 bond issue	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	
<hr/>		
<b>Issuer Name</b>	Doctors Hospital Inc	\$100
<b>Issuer EIN</b>	52-1638026	
<b>CUSIP #</b>	574217U60	
<b>Date Issued</b>	05/08/2008	
<b>Description Of Purpose</b>	Finance construct six story tower addition renovate existing Hospital	
<b>Defeased</b>	No	
<b>On Behalf Of Issuer</b>	No	

**Statement 5**

Form: Schedule R

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**DOCTORS HOSPITAL INC**

**52-1638026**

**Description of Identification of Related Tax-Exempt Organizations**

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<b>Name, address and EIN</b>	Doctors Community Hospital Foundation Inc 8118 Good Luck Road Lanham, MD 20706 521712338
<b>Primary activities</b>	To raise funds for Doctors Hospital Inc Capital needs
<b>State or foreign country</b>	MD
<b>Exempt code section</b>	501 (c) (3)
<b>Public charity status</b>	501 (c) (3)
<b>Direct controlling entity</b>	N/A

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