

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

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	Please use IRS label or print or type. See Specific Instructions. F Name and address of principal officer: JEFFREY MATTON 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	C Name of organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. Doing Business As		D Employer identification number 52-0591607
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5601 LOCH RAVEN BLVD.		E Telephone number (410) 772-6719
		City or town, state or country, and ZIP + 4 BALTIMORE, MD 21239		G Gross receipts \$ 322,265,659.
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)
J Website: WWW.GOODSAM-MD.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: 1920 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ARE GOOD SAMARITANS, GUIDED BY CATHOLIC TRADITION AND TRUSTED TO DELIVER IDEAL HEALTH EXPERIENCES		
	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	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5 2,454	
	6 Total number of volunteers (estimate if necessary)	6 203	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 133,500.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,569,696.	2,612,530.
	9 Program service revenue (Part VIII, line 2g)	313,276,737.	314,274,704.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,737,094.	1,787,172.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,362,398.	3,591,253.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	314,471,737.	322,265,659.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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)		146,380,377.	148,823,417.
16 a 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)		161,552,640.	162,991,951.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	307,933,017.	311,815,368.	
19 Revenue less expenses. Subtract line 18 from line 12	6,538,720.	10,450,291.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	156,498,075.	164,718,200.
	21 Total liabilities (Part X, line 26)	52,305,256.	53,243,823.
	22 Net assets or fund balances. Subtract line 21 from line 20	104,192,819.	111,474,377.

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: *Marc R. Berger* Date: 5/16/11
 Type or print name and title: MARC R. BERGER AVP, TAXATION

Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: 5/10/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00451522
	Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 440 MONTICELLO AVE, SUITE 1900 NORFOLK, VA 23510-3310	EIN: 13-5565207	Phone no.: 757-616-7000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
	Number, street, and room or suite no. If a P.O. box, see instructions. 5601 LOCH RAVEN BLVD.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21239	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MARC BERGER**
Telephone No. **410 772-6719** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011

5 For calendar year _____, or other tax year beginning 07/01/2009, and ending 06/30/2010

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Ruthenic medonnel Title CRA Date 2/8/11

KPMG LLP
Suite 1900
440 Monticello Avenue
Norfolk, Virginia 23510

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5601 LOCH RAVEN BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21239	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ MARC BERGER

Telephone No. ▶ 410 772-6719 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010.

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

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

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

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

Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
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 [X] 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 \$ 22,993,452. including grants of \$) (Revenue \$ 17,747,494.)

GOOD SAMARITAN HOSPITAL PROVIDED \$23.0M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL 2010. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE WOMEN'S HEALTH SERVICES, HOSPITALISTS, PSYCHIATRY, UROLOGY, EMERGENCY DEPARTMENT COVERAGE, OUTPATIENT RENAL CARE, AND CERTAIN SUB-ACUTE PROGRAM SUBSIDIES.

4b (Code:) (Expenses \$ 7,243,431. including grants of \$) (Revenue \$ 2,085,889.)

GOOD SAMARITAN HOSPITAL PROVIDED \$7.2M IN HEALTH PROFESSIONS EDUCATION IN FISCAL 2010. THESE SERVICES INCLUDE TRAINING FOR PHYSICIANS, MEDICAL STUDENTS, AND NURSES. AMONG THESE PROGRAMS MAY BE RESIDENCIES, INTERNSHIPS, CLERKSHIPS, AND FELLOWSHIPS.

4c (Code:) (Expenses \$ 3,200,000. including grants of \$) (Revenue \$)

GOOD SAMARITAN HOSPITAL PROVIDED \$3.2M IN CHARITY CARE SERVICES IN FISCAL YEAR 2010. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S CHARITY CARE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS THE HOSPITAL'S CHARITY CARE EXPENSE. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.

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

(Expenses \$ 234,946,229. including grants of \$) (Revenue \$ 296,510,010.)

4e Total program service expenses 268,383,112.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12b regarding IRS filings, employee counts, foreign accounts, and tax shelter transactions.

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.

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 22		
b Enter the number of voting members that are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9a		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ MD
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 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: ▶ MARC BERGER 5565 STERRETT PL, 5TH FLR COLUMBIA, MD 21044
 410-772-6719

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(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			
LAWRENCE BECK PRESIDENT/DIRECTOR	40.00	X		X			886,860.	0.	55,178.	
WILMOT C. BALL JR MD VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
ANTHONY READ CHAIRMAN	1.00	X		X			0.	0.	0.	
HOWARD S FREELAND MD PHYSICIAN/BOARD MEMBER	40.00	X					0.	292,523.	23,701.	
DAVIS M HAHN MD PHYSICIAN/BOARD MEMBER	40.00	X					0.	251,579.	12,852.	
JEREMY P WEINER MD PHYSICIAN/BOARD MEMBER	40.00	X					50,000.	0.	0.	
KENNETH A SAMET BOARD MEMBER	1.00	X					0.	3,637,403.	66,085.	
CARL SCHINDELAR BOARD MEMBER	1.00	X					0.	891,604.	97,373.	
CHARLES L. BAUERMANN BOARD MEMBER	1.00	X					0.	0.	0.	
LAWRENCE M JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
JEFFREY R. DONNELLY BOARD MEMBER	1.00	X					0.	0.	0.	
JAYNE H MCGEEHAN BOARD MEMBER	1.00	X					0.	0.	0.	
T EDGIE RUSSELL BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES SMOLEV MD BOARD MEMBER	1.00	X					0.	0.	0.	
KENNETH L THOMPSON BOARD MEMBER	1.00	X					0.	0.	0.	
SHELDON M GLUSMAN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
W KENNETH GUE BOARD MEMBER	1.00	X						0.	0.	0.
DENIS J. MADDEN BOARD MEMBER	1.00	X						0.	0.	0.
ALLAN NOONAN BOARD MEMBER	1.00	X						0.	0.	0.
REV P. M. SMITH BOARD MEMBER	1.00	X						0.	0.	0.
JOHN C. SMYTH BOARD MEMBER	1.00	X						0.	0.	0.
KATHLEEN J. WHITING BOARD MEMBER	1.00	X						0.	0.	0.
MARTIN BINSTOCK MD VICE PRESIDENT	40.00			X				421,826.	0.	49,766.
JEFFREY MATTON SVP, COO / PRESIDENT	40.00			X				321,893.	0.	40,926.
DEANA STOUT VICE PRESIDENT	40.00			X				280,008.	0.	46,002.
THOMAS SENKER KEY EMPLOYEE	40.00				X			232,595.	0.	13,951.
SHIRLEY ROTH KEY EMPLOYEE	40.00				X			200,079.	0.	25,871.
MICHAEL JACOBS COVERAGE OFFICER	40.00					X		776,108.	0.	32,375.
DALE BUCHBINDER MD CHIEF	40.00					X		687,657.	0.	9,791.
1b Total CONTINUED AT SCHEDULE J-2								5,170,765.	5,073,109.	509,837.

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 **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **6**

Part VIII Statement of Revenue

52-0591607

			(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	2,404,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	208,530.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			2,612,530.			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		621400	314,194,337.	314,194,337.		
	b LAB REVENUE		621500	80,367.		80,367.	
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			314,274,704.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			748,961.		748,961.	
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross Rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)		466,101.			
	d Net rental income or (loss)			466,101.		466,101.	
	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)		982,041.	56,170.		
	d Net gain or (loss)			1,038,211.		1,038,211.	
	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 MISCELLANEOUS INCOME		900099	1,535,611.		53,133.		
b REBATE INCOME		900099	799,342.	799,342.			
c CHILD DAY CARE		900099	266,552.			266,552.	
d All other revenue		900099	523,647.	120,533.		403,114.	
e Total. Add lines 11a-11d			3,125,152.				
12 Total Revenue. See instructions			322,265,659.	315,114,212.	133,500.	4,405,417.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	0.			
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	2,738,071.	2,458,854.	279,217.	
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	118,082,912.	106,034,942.	12,047,970.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	3,123,801.	2,819,191.	304,610.	
9 Other employee benefits	16,088,070.	14,466,459.	1,621,611.	
10 Payroll taxes	8,790,563.	7,632,667.	1,157,896.	
11 Fees for services (non-employees):				
a Management	18,154,612.		18,154,612.	
b Legal	115,484.		115,484.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	41,145,684.	40,089,263.	1,056,421.	
12 Advertising and promotion	1,712,315.	68,860.	1,643,455.	
13 Office expenses	2,204,003.	1,658,347.	545,656.	
14 Information technology	171,130.	59,542.	111,588.	
15 Royalties	0.			
16 Occupancy	1,825,224.	725,570.	1,099,654.	
17 Travel	375,141.	344,750.	30,391.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	48,784.	39,530.	9,254.	
20 Interest	3,095,209.	3,095,209.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,557,650.	11,557,650.		
23 Insurance	3,319,823.		3,319,823.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DRUGS/PHARMACEUTICALS	17,196,267.	17,172,450.	23,817.	0.
b MEDICAL/SURGICAL SUPPLIES	17,054,028.	17,021,676.	32,352.	0.
c IMPLANTS/ PROSTHESIS	14,021,850.	14,021,850.	0.	0.
d BAD DEBT	12,130,974.	12,130,974.	0.	0.
e MAINTENANCE/CLEANING	3,711,005.	3,532,100.	178,905.	0.
f All other expenses	15,152,768.	13,453,228.	1,699,540.	0.
25 Total functional expenses. Add lines 1 through 24f	311,815,368.	268,383,112.	43,432,256.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,550.	1	3,550.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	34,036,564.	4	32,984,626.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,575,731.	8	2,557,352.
	9 Prepaid expenses and deferred charges	33,274.	9	319,904.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,984,200.		
	b Less: accumulated depreciation	10b 140,603,856.	76,432,237.	10c 81,380,344.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	100,000.	12	101,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	43,316,719.	15	47,371,424.
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,498,075.	16	164,718,200.	
Liabilities	17 Accounts payable and accrued expenses	28,072,183.	17	27,288,238.
	18 Grants payable		18	
	19 Deferred revenue	131,341.	19	170,506.
	20 Tax-exempt bond liabilities		20	
	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	24,101,732.	25	25,785,079.
	26 Total liabilities. Add lines 17 through 25	52,305,256.	26	53,243,823.
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	67,940,169.	27	70,252,332.
	28 Temporarily restricted net assets	36,252,650.	28	41,222,045.
	29 Permanently restricted net assets		29	
	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	104,192,819.	33	111,474,377.	
34 Total liabilities and net assets/fund balances	156,498,075.	34	164,718,200.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2009. 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 - 2008. 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 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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

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

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.

Employer identification number

52-0591607

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 pleasure)	<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 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	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, 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, 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 relating to these items:

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

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

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 XI V 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 XI V.

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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:

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

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

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 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		60,392,302.	26,656,566.	33,735,736.
c Leasehold improvements		949,054.	838,117.	110,937.
d Equipment		132,060,890.	94,030,282.	38,030,608.
e Other		28,562,014.	19,058,952.	9,503,062.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				81,380,343.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

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.

FIN 48 FOOTNOTE

SCHEDULE D, PART XIV

THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO.

48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN

INTERPRETATION OF FASB STATEMENT 109 (FIN 48).

Part XIV Supplemental Information *(continued)*

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2009

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

Employer identification number

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.

52-0591607

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		0	3,736,340.	0.	3,736,340.	1.20
b Unreimbursed Medicaid (from Worksheet 3, column e)		0	0.	0.	0.	0.00
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		0	0.	0.	0.	0.00
d Total Charity Care and Means-Tested Government Programs		0	3,736,340.	0.	3,736,340.	1.20
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	60	116157	1,588,045.	150,953.	1,437,092.	.46
f Health professions education (from Worksheet 5)	11	462	7,243,431.	0.	7,243,431.	2.32
g Subsidized health services (from Worksheet 6)	10	16403	22,993,452.	17,747,494.	5,245,958.	1.68
h Research (from Worksheet 7)	1	0	1,356.	0.	1,356.	
i Cash and in-kind contributions to community groups (from Worksheet 8)	6	450	80,541.	0.	80,541.	.03
j Total. Other Benefits	88	133472	31,906,825.	17,898,447.	14,008,378.	4.49
k Total. Add lines 7d and 7j	88	133472	35,643,165.	17,898,447.	17,744,718.	5.69

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

Schedule H (Form 990) 2009

JSA

9E1284 2.000

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing		0	0.	0.	0.	0.00
2 Economic development		0	0.	0.	0.	0.00
3 Community support	1	0	29,508.	0.	29,508.	.01
4 Environmental improvements		0	0.	0.	0.	0.00
5 Leadership development and training for community members		0	0.	0.	0.	0.00
6 Coalition building		0	0.	0.	0.	0.00
7 Community health improvement advocacy	1	0	38,456.	0.	38,456.	.01
8 Workforce development	1	7	4,475.	0.	4,475.	
9 Other		0	0.	0.	0.	0.00
10 Total	3	7	72,439.	0.	72,439.	.02

Part III Bad Debt, Medicare, & Collection Practices

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, and rationale for including other bad debt amounts in community benefit.

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

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
- Subtract line 6 from line 5. This is the surplus or (shortfall)
- 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

- 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

	(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 V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MAIN HOSPITAL BUILDING 5601 LOCH RAVEN BLVD BALTIMORE MD 21239	X	X		X					
O'NEILL BUILDING 5601 LOCH RAVEN BLVD BALTIMORE MD 21239	X	X		X			X		
RUSSELL MORGAN BUILDING 5601 LOCH RAVEN BLVD BALTIMORE MD 21239		X							
WALKER BUILDING 5601 LOCH RAVEN BLVD BALTIMORE MD 21239		X							
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Part VI Supplemental Information

Complete this part to provide the following information.

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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AT COST

PART I, LINE 7A

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

UNREIMBURSED MEDICAID

PART 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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UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
 CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITAL TO
 BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY
 BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE
 NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL
 OF ITS SHARE OF THE 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.

HEALTH PROFESSIONS EDUCATION
 PART I, LINE 7F
 MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATIONAL. THE HEALTH SERVICES
 COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING
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PART III, LINE 4:

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT

EXPENSE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

(GAAP) AND HFMA 15. AMOUNTS THAT ARE NOT EXPECTED TO BE COLLECTED,

FOR PATIENTS QUALIFYING UNDER MEDSTAR HEALTH'S FINANCIAL ASSISTANCE

POLICY, ARE WRITTEN OFF TO CHARITY CARE AND REPORTED AS A REDUCTION

TO REVENUE. BAD DEBT EXPENSE RESULTS FROM MANAGEMENT'S INABILITY TO

COLLECT REVENUES THAT MEET THE GAAP CRITERIA FOR REVENUE RECOGNITION.

BAD DEBT REPRESENTS AN OPERATING EXPENSE AND IS REFLECTED AS A

SEPARATE LINE ITEM ON THE ORGANIZATION'S STATEMENT OF OPERATIONS.

HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A

DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN

DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN

DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE

ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE

USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING

SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT

EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.

PART III, LINE 8:

Part VI Supplemental Information

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 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT
 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED
 TO UNCOMPENSATED CARE. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES
 AND REVENUES IN MARYLAND IN ZERO.

NEEDS ASSESSMENT:

THE NEEDS OF THE COMMUNITY ARE ASSESSED BY INFORMATION PROVIDED BY
 THE BALTIMORE CITY AND COUNTY HEALTH DEPARTMENTS, AND ALSO
 INFORMATION GATHERED FROM COMMUNITY PARTNERS SUCH AS LOCAL SCHOOLS,
 THE NORTHEAST DEVELOPMENT ALLIANCE (NEDA), A COMMUNITY DEVELOPMENT
 CORPORATION WITH THE GOAL OF FOSTERING A HEALTHY AND VIBRANT
 ENVIRONMENT FOR RESIDENTS IN THE NORTHERN NEIGHBORHOODS OF BALTIMORE
 CITY AND THE NORTHEAST COMMUNITY ORGANIZATION (NECO), A PARTNER IN

Part VI Supplemental Information

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(NEDA). MEETINGS ARE HELD BI-MONTHLY WITH NEDA AND BI-ANNUALLY WITH

NECO.

IN AN EFFORT TO IDENTIFY AND ADDRESS THE NEEDS OF THE COMMUNITY, GOOD

SAMARITAN HAS ONGOING RELATIONS WITH THE BALTIMORE CITY HEALTH

DEPARTMENT. THE HOSPITAL ALSO USES STATISTICAL DATA FROM VARIOUS

REPORTS ISSUED BY THE BALTIMORE CITY HEALTH DEPARTMENT, SUCH THE

"NEIGHBORHOOD HEALTH PROFILES," AND "BALTIMORE CITY CARDIOVASCULAR

HEALTH STATISTICS."

IN FY 10 MEDSTAR HEALTH ALSO CONDUCTED AND RELEASED A REGIONAL

COMMUNITY NEEDS ASSESSMENT, WHICH INCLUDED GOOD SAMARITAN'S SERVICE

AREA. THE VICE PRESIDENT OF PLANNING FROM GOOD SAMARITAN PARTICIPATED

IN THIS COMMUNITY ASSESSMENT PROCESS.

HEART DISEASE, CANCER, STROKE, AND DIABETES ARE AMONG THE LEADING

CAUSES OF DEATH IN THE LOCAL COMMUNITY. BASED ON INFORMATION FROM THE

ABOVE RESOURCES, MANY OF THE HOSPITAL'S COMMUNITY BENEFIT INITIATIVES

HAVE BEEN DEVELOPED TO TARGET THE AGING POPULATION, THE UNINSURED AND

ELEMENTARY SCHOOL CHILDREN, WITH THE FOCUS ON DISEASE PREVENTION

PROGRAMS (STROKE, HEART DISEASE, DIABETES, AND OBESITY), CHRONIC

DISEASE MANAGEMENT AND PROGRAMS TO IMPROVE QUALITY OF LIFE.

Part VI Supplemental Information

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 IN APRIL 2010, GOOD SAMARITAN HELD MEETINGS WITH SEVERAL LOCAL

 ELEMENTARY SCHOOLS TO UNCOVER NEEDS AND IDENTIFY WAYS TO FORM CLOSER

 PARTNERSHIPS, WITH THE GOAL OF ASSISTING SCHOOLS TO PROMOTE HEALTH

 AND WELLNESS ACTIVITIES. AS A RESULT OF THESE MEETINGS, GOOD

 SAMARITAN IS IN THE PROCESS OF ESTABLISHING NEW SCHOOL HEALTH

 EDUCATION PROGRAMS THAT WILL BE IMPLEMENTED IN FY11.

 THE COMMUNITY BENEFIT INITIATIVES ARE DECIDED UPON THROUGH OUR

 STRATEGIC AND ANNUAL PLANNING PROCESSES. THE STRATEGIC PLANNING

 PROCESS OCCURS ON A THREE-YEAR CYCLE AND IS LED BY A BOARD COMMITTEE

 COMPRISED OF BOARD MEMBERS, PHYSICIANS AND EXECUTIVE STAFF. THE

 PRIORITIES ARE REVIEWED ANNUALLY AND INCORPORATED INTO THE ANNUAL

 OPERATING PLAN. THE ANNUAL PLANNING PROCESS INVOLVES THE BOARD,

 PHYSICIAN AND ADMINISTRATIVE LEADERSHIP.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

 ALL ADMITTING REGISTRARS HAVE BEEN SPECIFICALLY TRAINED TO OFFER THE

 APPROPRIATE REFERRALS FOR PERSONS NEEDING FINANCIAL HELP.

 REGISTRARS HAVE ALSO BEEN TRAINED TO LISTEN FOR CLUES THAT MAY

 INDICATE A PERSON NEEDS FINANCIAL ASSISTANCE.

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REFERRAL TO THE HOSPITAL'S FINANCIAL COUNSELOR AND A PATIENT ADVOCATE

ARE AVAILABLE FOR THOSE NEEDING HELP.

PATIENTS ARE ALSO INFORMED OF AND GIVEN A PACKET FROM MEDSTAR HEALTH

FINANCIAL SERVICES WHICH INCLUDES A MARYLAND STATE UNIFORM FINANCIAL

ASSISTANCE APPLICATION.

AT EACH REGISTRATION DESK, IN THE EMERGENCY ROOM AREA, AND AT VARIOUS

OTHER LOCATIONS THERE ARE LARGE SIGNS POSTED IN ENGLISH AND SPANISH

INFORMING PATIENTS OF GOVERNMENT FINANCIAL ASSISTANCE PROGRAMS.

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COMMUNITY INFORMATION:

GOOD SAMARITAN HOSPITAL'S PRIMARY SERVICE AREA INCLUDES THE NORTHEAST

SECTION OF BALTIMORE CITY AND IS COMPRISED OF THE FOLLOWING

NEIGHBORHOODS; CHINQUAPIN PARK/BELVEDERE, GREATER GOVANS, HAMILTON,

HARFORD/ECHODALE, LAURAVILLE, LOCH RAVEN, AND NORTHWOOD. THE HOSPITAL

ALSO SERVES PARTS OF TOWSON AND PARKVILLE LOCATED IN BALTIMORE

COUNTY. STATISTICS PROVIDED BY THOMSON REUTERS MARKET EXPERT

DATABASE, SHOW THE BASE POPULATION OF THESE AREAS IS APPROXIMATELY

414,200 AND HAS A DIVERSE POPULATION CONSISTING OF CAUCASIANS

(41.9%), AFRICAN AMERICANS (50.9%), HISPANIC/LATINOS (2.1%),

ASIAN/PACIFIC ISLANDERS (3.1%), AND OTHERS (1.9%).

THE POPULATION SERVED BY THE HOSPITAL IS PRIMARILY ADULTS.

APPROXIMATELY 77% OF THE COMMUNITY'S RESIDENTS ARE OVER 18 YEARS OLD

WITH 14.7% OF THE POPULATION OVER 65 YEARS OF AGE. THE AVERAGE

ANNUAL INCOME OF THIS COMMUNITY IS APPROXIMATELY \$48,544 WITH 75.6%

OF THE ADULT POPULATION HAVING LESS THAN A FOUR YEAR COLLEGE DEGREE.

ACCORDING TO NEW CENSUS BUREAU ESTIMATES, 19.2 % OF RESIDENTS IN

BALTIMORE CITY LIVE IN POVERTY; THE AVERAGE FOR MARYLAND IS 8.2%.

Part VI Supplemental Information

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AVERAGE LIFE EXPECTANCY FOR THESE AREAS IS 74.4 YEARS WHILE THE

GREATER BALTIMORE CITY AREA IS 70.9 YEARS. THE PERCENTAGE OF MEDICAID

AND UNINSURED THAT GOOD SAMARITAN SERVED ARE AS FOLLOWS: MEDICAID

13.6% - UNINSURED 5.5%.

COMMUNITY BUILDING ACTIVITIES:

CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

THIS SIX-WEEK (15 HOUR) PROGRAM, TAUGHT BY GOOD SAMARITAN COMMUNITY

OUTREACH NURSES, IS OFFERED SEVERAL TIMES THROUGHOUT THE YEAR TO

PEOPLE WHO SUFFER FROM CHRONIC DISEASES. THIS PROGRAM IS ALSO TAKEN

TO LOCAL SENIOR RESIDENT BUILDINGS IN ORDER TO PROVIDE THIS SERVICE

TO THOSE WHO ARE SHUT-IN. THE PROGRAM WAS DEVELOPED AT THE STANFORD

PATIENT EDUCATION RESEARCH CENTER AND IS CONDUCTED IN PARTNERSHIP

WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING AND THE BALTIMORE CITY

OFFICE OF AGING. THE GOAL OF THIS PROGRAM IS TO EMPOWER INDIVIDUALS

TO MANAGE CHRONIC ILLNESSES SUCH AS HEART DISEASE, DIABETES,

HYPERTENSION AND ARTHRITIS. EVALUATIONS ARE GIVEN AT THE END OF THE

SIX-WEEKS TO EACH PARTICIPANT. IN FY 10, FOUR SESSIONS OF THIS

Part VI Supplemental Information

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PROGRAM WERE OFFERED WITH A TOTAL 36 PARTICIPANTS ATTENDING.

APPROXIMATELY 85% OF PARTICIPANTS HAVE NOTED IN THE EVALUATION THAT

THEY ARE "VERY LIKELY OR LIKELY" TO USE THE STRATEGIES TO MANAGE

THEIR CHRONIC ILLNESS THAT WERE PRESENTED IN THE PROGRAM. FOLLOW UP

CALLS WERE MADE SIX WEEKS AFTER COMPLETION OF THE PROGRAM AND

APPROXIMATELY 80 % OF PARTICIPANTS STATE THAT THEY ARE USING THE

INFORMATION THEY ACQUIRED FROM THE PROGRAM TO MANAGE THEIR CHRONIC

DISEASE. THEY RATE THE PROGRAM AS BEING VERY SUCCESSFUL.

BLOOD PRESSURE SCREENING PROGRAM

GOOD SAMARITAN'S COMMUNITY OUTREACH AND PARISH NURSE PROGRAM PARTNER

WITH MANY CHURCHES AND COMMUNITY ORGANIZATIONS SUCH AS SENIOR CENTERS

AND SENIOR HOUSING TO OFFER FREE BLOOD PRESSURE SCREENING ON A

MONTHLY BASIS. HYPERTENSION IS A DISEASE THAT USUALLY HAS NO SYMPTOMS

AND GREATLY INCREASES THE RISK OF HEART ATTACK AND STROKE. THE GOAL

IS TO RAISE AWARENESS, EDUCATE, AND IDENTIFY PEOPLE WHO HAVE HIGH

BLOOD PRESSURE.

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IN FY10, 1,300 PEOPLE WERE SCREENED FOR HYPERTENSION AND

APPROXIMATELY 50% OF THOSE SCREENED HAD BLOOD PRESSURE READINGS OVER

THE NORMAL RANGE. PARTICIPANTS WERE ADVISED TO TAKE URGENT ACTION IF

NEEDED OR WERE GIVEN EDUCATIONAL LITERATURE ON HYPERTENSION AND

STROKE. FOR PARTICIPANTS THAT DID NOT HAVE A PRIMARY CARE PHYSICIAN

DUE TO LACK OF INSURANCE OR OTHER REASONS, NAMES AND PHONE NUMBERS OF

PHYSICIANS WERE OFFERED AS WELL AS GOOD SAMARITAN HOSPITAL'S PRIMARY

CARE CENTER WHERE THE UNINSURED CAN GAIN ACCESS TO HEALTH CARE.

BALTIMORE CITY PAROCHIAL SCHOOL VISION AND HEARING SCREENING PROGRAM

IN RESPONSE TO A REQUEST FROM THE BALTIMORE CITY PAROCHIAL SCHOOLS,

GOOD SAMARITAN HOSPITAL WORKS WITH LOYOLA COLLEGE AND ANOTHER LOCAL

HOSPITAL TO CONDUCT VISION AND HEARING SCREENINGS FOR GRADE SCHOOL

CHILDREN. GOOD SAMARITAN AND LOYOLA COLLEGE'S SPEECH AND HEARING

DEPARTMENT SCREEN CHILDREN IN GRADES PRE-K THROUGH 8 AT FOUR LOCAL

PAROCHIAL SCHOOLS ON A YEARLY BASIS. UNIDENTIFIED, UNTREATED PROBLEMS

WITH VISION AND HEARING IN CHILDREN CAN LEAD TO LOSS OF VISION AND

HEARING, LEARNING DIFFICULTIES AND DELAYED SENSORY, MOTOR, COGNITIVE,

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AND SOCIAL-EMOTIONAL DEVELOPMENT.

IN FY10 APPROXIMATELY 435 CHILDREN WERE SCREENED FOR VISION AND HEARING PROBLEMS WITH 66 IDENTIFIED AS NEEDING FOLLOW-UP (45 FOR VISION AND 21 FOR HEARING). LETTERS WERE SENT TO PARENTS AS WELL AS THE SCHOOL PRINCIPALS INFORMING THEM OF THE RESULTS. APPROXIMATELY 10% OF THE PARENTS REPLIED BACK TO THE COMMUNITY OUTREACH DEPARTMENT SAYING THAT THEY WERE PLANNING TO HAVE FURTHER EVALUATION DONE BY EITHER THEIR PEDIATRICIAN OR A SPECIALIST. EACH SCHOOL WAS NOTIFIED OF THE PARENTAL RESPONSES AND ENCOURAGED TO DO FURTHER FOLLOW-UP ON CHILDREN WHOSE PARENTS DID NOT RESPOND.

CARES - FOOD PANTRY CHRISTMAS PROJECT

CARES (CIVIC AND RELIGIOUS EMERGENCY SERVICES) IS A FOOD PANTRY AND EMERGENCY FINANCIAL ASSISTANCE CENTER LOCATED IN THE BACK OF ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH. CARES RESPONDS TO MORE THAN 5,000 VISITS ANNUALLY FROM COMMUNITY MEMBERS SEEKING FOOD, ADVOCACY, AND EMERGENCY FINANCIAL ASSISTANCE FOR UTILITY BILLS, EVICTION PREVENTION

Part VI Supplemental Information

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AND PRESCRIPTIONS. CARES ACHIEVES THIS OBJECTIVE BY POOLING THE FOOD

AND FINANCIAL RESOURCES DONATED BY NOT ONLY THE GEDCO (GOVANS

ECUMENICAL DEVELOPMENT ORGANIZATION) MEMBER ORGANIZATIONS, BUT WITH

THE ASSISTANCE OF NUMEROUS OTHER INTERESTED INDIVIDUALS, SCHOOLS,

CORPORATIONS, GOVERNMENT AGENCIES AND COMMUNITY GROUPS. THIS APPROACH

ALLOWS CARES TO RESPOND IN A TIMELY AND COORDINATED FASHION TO PEOPLE

IN NEED OF IMMEDIATE ASSISTANCE. IN DECEMBER 2009, GOOD SAMARITAN

HOSPITAL DONATED OVER 100 LARGE HOLIDAY FOOD BAGS TO THE PANTRY,

WHICH WAS DISTRIBUTED TO NEEDY FAMILIES DURING THE HOLIDAY SEASON.

THE COMMUNITY OUTREACH DEPARTMENT ALSO SUPPORTS THE ORGANIZATION

DURING THE YEAR BY PROVIDING BLOOD PRESSURES SCREENING AND

NUTRITIONAL EDUCATION TALKS TO THOSE COMING INTO THE CENTER FOR

SERVICES.

THE GOOD HEALTH CENTER

THE GOOD HEALTH CENTER PROVIDES AN ARRAY OF FREE AND LOW-COST

DIAGNOSTIC SCREENINGS, EDUCATIONAL SEMINARS AND PREVENTIVE MEDICINE

SERVICES FOR THE COMMUNITY. LOCATED ON THE HOSPITAL'S CAMPUS, THE

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GOOD HEALTH CENTER IS A COMPREHENSIVE HEALTH ENHANCEMENT FACILITY
 THAT OFFERS A PROACTIVE APPROACH TO IMPROVING WELL-BEING. A PRIMARY
 GOAL OF THE CENTER IS TO EMPOWER PEOPLE TO TAKE CONTROL AND ADDRESS
 THEIR HEALTH ISSUES. SERVICES PROVIDED BY THE GOOD HEALTH CENTER
 INCLUDE, EXERCISE, NUTRITION, A DIABETES SUPPORT GROUP, A
 COMPREHENSIVE HEALTH SCREENING PROGRAM AND OTHER WELLNESS PROGRAMS.

OTHER INFORMATION:

GOOD SAMARITAN HOSPITAL'S COMMITMENT TO THE COMMUNITY IS DEMONSTRATED
 THROUGH A VARIETY OF SUBSIDIZED HEALTH SERVICES. THESE INCLUDE, BUT
 ARE NOT LIMITED TO:

A) PRIMARY CARE SUBSIDIES, INCLUDING DIABETES - THESE ARE
 CLINIC-BASED PHYSICIAN PRACTICES THAT PROVIDE PRIMARY HEALTH CARE
 SERVICES. MOST OF THE PATIENTS ARE FROM THE LOCAL COMMUNITY AND ARE
 LOW-INCOME FAMILIES. THESE SERVICES ARE PROVIDED AT A LOSS; HOWEVER,
 THE PRACTICE ADDRESSES A COMMUNITY NEED AND SUPPORTS THE HOSPITAL'S
 MISSION OF COMMITMENT TO PATIENTS, COMMUNITIES, PHYSICIANS AND
 EMPLOYEES. PROVIDING THIS SERVICE ALLOWS THE LOCAL COMMUNITY ACCESS

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----- TO HEALTH CARE SERVICES, AND THEREFORE MORE PREVENTIVE MEASURES AND

----- AN IMPROVEMENT OF THE PATIENTS' HEALTH STATUS ARE ACHIEVED.

----- B)OB AND PEDIATRIC SUBSIDIES, INCLUDING BREAST SURGERY - THESE

----- REPRESENT PHYSICIAN PRACTICES PROVIDING HEALTH CARE SERVICES FOR

----- OBSTETRICS, GYNECOLOGY, AND PEDIATRICS WHERE A NEGATIVE MARGIN IS

----- GENERATED. A LARGE NUMBER OF OUR PATIENTS RECEIVING THESE SERVICES

----- ARE FROM MINORITY AND LOW-INCOME FAMILIES. PRENATAL CARE IS PROVIDED

----- AND OB/GYN AND PEDIATRIC COVERAGE IS PROVIDED 24 HOURS/DAY.

----- PREVENTIVE MEASURES AND IMPROVEMENT OF THE PATIENT'S HEALTH STATUS

----- ARE ACHIEVED. THE SERVICES ADDRESS A COMMUNITY NEED FOR WOMEN'S

----- HEALTH AND CHILDREN'S SERVICES FOR LOWER INCOME AND MINORITY

----- FAMILIES.

----- C)PSYCHIATRIC/BEHAVIORAL HEALTH SUBSIDIES - THE OVERALL COST OF 24/7

----- PSYCHIATRY PHYSICIAN COVERAGE IS DISPROPORTIONATE TO THE TOTAL

----- COLLECTIONS FROM THE PATIENTS SEEN BY THESE PHYSICIANS DURING OFF

----- HOURS. MANY OF THESE PATIENTS ARE UNINSURED. OUR HOSPITAL ABSORBS

----- THE COST OF PROVIDING PSYCHIATRIC SUPERVISION FOR THE EMERGENCY

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DEPARTMENT ON A 24/7 BASIS. IF THESE SERVICES WERE NOT PROVIDED, THE
 PATIENT WOULD BE TRANSPORTED TO ANOTHER FACILITY TO RECEIVE THESE
 SERVICES. THE COMMUNITY NEEDS ARE BEING MET AND COMMITMENT TO
 PATIENTS IS EXHIBITED BY PROVIDING THESE SERVICES.

AFFILIATED HEALTH CARE SYSTEM ROLES:

AS A PROUD MEMBER OF MEDSTAR HEALTH, GOOD SAMARITAN IS ABLE TO EXPAND
 ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH
 OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. FOR EXAMPLE,
 MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN STRATEGIC PLANNING TO
 MEET THE NEEDS OF THE UNDER/UNINSURED. THROUGH ITS COMMUNITY HEALTH
 FUNCTION, MEDSTAR HEALTH PROVIDES THE HOSPITAL WITH TECHNICAL SUPPORT
 TO ENHANCE COMMUNITY HEALTH PROGRAMMING. MEDSTAR'S CORPORATE
 PHILANTHROPY DIVISION OFFERS RESOURCES AND TECHNICAL SUPPORT IN
 SECURING PHILANTHROPIC INVESTORS TO ENSURE HEALTH SERVICES ARE
 AVAILABLE TO ALL PATIENTS, REGARDLESS OF ABILITY TO PAY.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

**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

2009

Open to Public Inspection

Name of the organization

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.

Employer identification number

52-0591607

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 type="checkbox"/> Tax indemnification and gross-up payments | <input 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 is 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 checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?
- 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 Regs. 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		
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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) 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				
LAWRENCE BECK	(i) 395,889.	285,044.	205,927.	34,355.	20,823.	942,038.	205,927.
	(ii) 0.	0.	0.	0.	0.	0.	0.
HOWARD S FREELAND MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 248,770.	43,753.	0.	12,254.	11,547.	316,324.	0.
DAVIS M HAHN MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 251,579.	0.	0.	12,716.	136.	264,431.	0.
KENNETH A SAMET	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,163,764.	1,175,787.	1,297,852.	47,263.	18,822.	3,703,488.	1,743,040.
CARL SCHINDELAR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 515,114.	376,490.	0.	76,800.	20,573.	988,977.	0.
MARTIN BINSTOCK MD	(i) 303,285.	118,541.	0.	28,188.	21,578.	471,592.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JEFFREY MATTON	(i) 230,748.	91,145.	0.	24,655.	16,271.	362,819.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MICHAEL JACOBS	(i) 776,108.	0.	0.	18,423.	13,952.	808,483.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DEANA STOUT	(i) 197,652.	82,356.	0.	30,292.	15,710.	326,010.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DALE BUCHBINDER MD	(i) 647,657.	40,000.	0.	0.	9,791.	697,448.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DAVID COLL	(i) 540,235.	7,500.	0.	0.	14,122.	561,857.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT BRESLIN	(i) 427,990.	0.	0.	0.	10,499.	438,489.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT SPENCE MD	(i) 338,014.	0.	0.	0.	11,345.	349,359.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
THOMAS SENKER	(i) 184,153.	48,442.	0.	0.	13,951.	246,546.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SHIRLEY ROTH	(i) 168,134.	31,945.	0.	10,202.	15,669.	225,950.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.

Employer identification number

52-0591607

ATTACHMENT 1

DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS

PART VI, SECTION B LINE 15

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

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
<u>ATTACHMENT 1 (CONT'D)</u>	

DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.

COMPENSATION FOOTNOTES

PART VII, SECTION A

LAWRENCE BECK

LAWRENCE BECK'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$205,927 REPRESENTING THE AMOUNT OF SUPPLEMENTAL RETIREMENT BENEFIT PAYMENTS RELATING TO PRIOR YEARS OF SERVICE.

KENNETH SAMET

KENNETH SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$1,278,236 REPRESENTING MR. SAMET'S ACCUMULATED ENTIRE ACCRUED BENEFIT IN A SUPPLEMENTAL RETIREMENT PLAN, WHICH WAS EARNED DURING THE PAST 21 YEARS OF SERVICE. THIS AMOUNT WAS NOT ACTUALLY PAID TO MR. SAMET, BUT WAS REPORTED AS COMPENSATION UNDER FICA TAX-REPORTING RULES, AND THIS ENTIRE AMOUNT WAS ALSO REPORTED ON FORM 990 IN PRIOR YEARS.

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
<u>ATTACHMENT 1 (CONT'D)</u>	

FINANCIAL STATEMENTS AND REPORTING

PART XI, QUESTION 2C

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. IS AN AFFILIATE OF THE MEDSTAR HEALTH, INC. AUDIT AND SUBJECT TO OVERSIGHT BY THE AUDIT COMMITTEE OF THE MEDSTAR BOARD.

FINANCIAL STATEMENT AVAILABILITY

PART VI, SECTION C, QUESTION 19

MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO MAILES ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

APPOINTMENT OF BOARDS OF DIRECTORS

MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS, PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
<u>ATTACHMENT 1 (CONT'D)</u>	

ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION B, QUESTION 11A

THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT OUTSIDE EXPERTS, THOROUGHLY REVIEWED THE REVISED FORM 990 AND ACCOMPANYING INSTRUCTIONS AND PROVIDED EDUCATION SESSIONS ON THE REVISED FORM TO THE ORGANIZATION'S GOVERNING BODY AND ITS SENIOR OFFICERS. IN ADDITION, SEPARATE EDUCATION SESSIONS WERE PROVIDED TO THE FOLLOWING COMMITTEES OF ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE, STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. THIS EDUCATION PROCESS TOOK PLACE OVER SEVERAL MONTHS. FOLLOWING THESE EDUCATION SESSIONS, THE GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND WAS ENCOURAGED TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990 PRIOR TO ITS FILING.

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
<u>ATTACHMENT 1 (CONT'D)</u>	

SOCIAL CLUB DUES

SCHEDULE J, PART I, QUESTION 1A

THE ORGANIZATION PAID SOCIAL CLUB DUES FOR ONE OF ITS OFFICERS DURING THIS YEAR. PARTICIPATION IN THESE ACTIVITIES BY THE OFFICER WAS FOR BUSINESS PURPOSES, AND HELPED THE ORGANIZATION FURTHER ITS EXEMPT PURPOSES.

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV, QUESTION B

DR. SHELDON GLUSMAN OWNS MORE THAN 5% OF PATHOLOGY ASSOCIATES LAB (PAL), WHICH PROVIDES SERVICES TO GOOD SAMARITAN HOSPITAL. PAL'S GROSS REVENUES RECEIVED FROM THE HOSPITAL FOR LAB SERVICES FOR THE YEAR WERE \$683,670.

DR. DAVIS HAHN IS AN OFFICER OF DRS. HAHN & PADGETT, P.C. (PC), WHICH PROVIDES HEALTHCARE SERVICES TO GOOD SAMARITAN HOSPITAL. PC'S GROSS REVENUES FROM THE HOSPITAL FOR SERVICES FOR THE YEAR WERE \$1,800,000.

DR. JEREMY WEINER OWNS MORE THAN 5% OF GS SURGICAL SERVICES, LLC (GSS), WHICH PROVIDES SERVICES TO GOOD SAMARITAN HOSPITAL. GSS'S GROSS REVENUES FROM THE HOSPITAL FOR SURGICAL SERVICES FOR THE YEAR WERE \$914,495.

ATTACHMENT 2

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

AS A PROUD MEMBER OF MEDSTAR HEALTH, GOOD SAMARITAN HOSPITAL'S MISSION IS TO BE GOOD SAMARITANS, GUIDED BY CATHOLIC TRADITION AND

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
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ATTACHMENT 2 (CONT'D)

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

TRUSTED TO DELIVER IDEAL HEALTH EXPERIENCES. GOOD SAMARITAN HOSPITAL IS A SPECIALTY FACILITY AND COMPREHENSIVE CARE COMMUNITY HOSPITAL, KNOWN FOR EXCELLENCE IN ORTHOPEDICS, RHEUMATOLOGY, NEPHROLOGY, PHYSICAL AND REHABILITATION MEDICINE AND BURN RECONSTRUCTION. GOOD SAMARITAN OPENED A FULL SERVICE EMERGENCY DEPARTMENT IN 1990, AND SINCE THEN IT HAS CONSISTENTLY BEEN ONE OF THE FASTEST GROWING HOSPITALS IN MARYLAND. IT WAS RECENTLY NAMED AS A TOP 50 HOSPITAL IN GASTROENTEROLOGY, ORTHOPAEDICS, AND GERIATRICS BY US NEWS AND WORLD REPORT. IN 2010, THE HOSPITAL WAS ALSO THE RECIPIENT OF THE DELMARVA FOUNDATION'S QUALITY EXCELLENCE AWARD. IN FISCAL YEAR 2010, GOOD SAMARITAN HOSPITAL HAD 17,093 INPATIENT ADMISSIONS, AN ESTIMATED 314,076 OUTPATIENT VISITS, AND 58,583 EMERGENCY VISITS.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MARCH WESTIN MARYLAND 2313 MARYLAND AVENUE BALTIMORE, MD 21218	CONSTRUCTION CONTRAC	3,256,816.
UNIVERSITY OF MARYLAND 22 S GREENE ST BALTIMORE, MD 21201	MEDICAL SERVICES	3,050,390.
SHRADER ELECTIC CO 2824 LOCH RAVEN ROAD BALTIMORE, MD 21218	ELECTRICAL CONTRACTO	2,014,761.
HUNT VALLEY ANES ASSOC PA PO BOX 20284 TOWSON, MD 21284	MEDICAL SERVICES	1,851,773.

Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607
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ATTACHMENT 3 (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>
DRS HAHN & PADGETT 5601 LOCH RAVEN BOULEVARD BALTIMORE, MD 21239	MEDICAL SERVICES	1,800,000.
TOTAL COMPENSATION		<u>11,973,740.</u>

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	33,274.	319,904.
TOTALS	<u>33,274.</u>	<u>319,904.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization: THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. Employer identification number: 52-0591607

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
ANESTHESIA SERVICES A, LLC 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 20-5909017	HEALTHCARE	MD	7,779,195.	1,254,457.	N/A

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
CHURCH HOME CORPORATION 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 23-7374724	MEDICAL FUND	MD	501 (C) (3)	PF	N/A
FRANKLIN SQUARE HOSPITAL CENTER, INC. 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237 52-0608007	HOSPITAL	MD	501 (C) (3)	3	N/A
HARBOR HOSPITAL, INC. 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225 52-0491660	HOSPITAL	MD	501 (C) (3)	3	N/A
MEDSTAR HEALTH, INC. 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 52-2087445	MEDICAL SVCS	MD	501 (C) (3)	11B II	N/A
MONTGOMERY GENERAL HOSPITAL 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-0646893	HOSPITAL	MD	501 (C) (3)	3	N/A
THE UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218 52-0591685	HOSPITAL	MD	501 (C) (3)	3	N/A
MEDSTAR RESEARCH INSTITUTE 108 IRVING STREET NW WASHINGTON, DC 20010 52-6056274	HOSPITAL	DC	501 (C) (3)	3	N/A

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

Schedule R (Form 990) 2009

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?	
							Yes	No		Yes	No
SURGICENTER/PASADEN 52-2009504 COLUMBIA MD 21044	MEDICAL SERVICES	MD	N/A	RELATED				X			X
SJMC-PA, LLC 75-3160895 COLUMBIA MD 21044	RADIATION THERAPY	MD	N/A	RELATED				X			X
PHYSICIAN IMAGING 56-2616090 HYATTSVILLE MD 20782	LAB SERVICES	MD	N/A	RELATED				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEDSTAR PHARMACIES, INC. 52-1513056 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP			
EXTENCARE, INC. 52-1556228 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIK RESOURCES MANAGEMENT, INC. 52-1913070 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	ADMIN SERVICES	MD	N/A	C CORP			
HELIXCARE MEDICAL GROUP, LLC 52-1955580 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIXCARE PROPERTIES, LLC 52-1966695 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
PARKWAY VENTURES, INC. 52-1702572 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOLDING COMPANY	MD	N/A	C CORP			
PHYSICIANS ADMINISTRATIVE SERVICES, INC. 23-7042074 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	BILLING SERVICES	MD	N/A	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	HOSPITAL	DC	501 (C) (3)	3	N/A
WASHINGTON HOSPITAL CENTER CORPORATION 110 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501 (C) (3)	3	N/A
HH MEDSTAR HEALTH, INC. 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS	MD	501 (C) (3)	11B II	N/A
BAY DEVELOPMENT CORP 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	FOUNDATION	MD	501 (C) (3)	11A I	N/A
BAY LIFE SERVICES, INC. 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MENTAL HEALT	MD	501 (C) (3)	9	N/A
MEDSTAR SURGERY CENTER, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
CHURCH HOME AND HOSPITAL OF THE CITY OF 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOSPITAL	MD	501 (C) (3)	3	N/A
FOUNDATION FOR GEORGETOWN UNIVERSITY HOS HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	FOUNDATION	DC	501 (C) (3)	11A I	N/A
FRANKLIN SQUARE HOSPITAL CENTER FOUNDATI 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	FOUNDATION	MD	501 (C) (3)	11A I	N/A
GOOD SAMARITAN HOSPITAL FOUNDATION, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501 (C) (3)	11A I	N/A
GOOD SAMARITAN NURSING CENTER, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
GS HOUSING, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501 (C) (3)	9	N/A
GS PROPERTIES, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MD	501 (C) (3)	11A I	N/A
HARBOR HOSPITAL FOUNDATION, INC. 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	FOUNDATION	MD	501 (C) (3)	11A I	N/A
MEDSTAR HEALTH INFUSION, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
MEDSTAR HEALTH VISITING NURSES ASSOCIATI 4061 POWDERMILL ROAD CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
MEDSTAR LONG TERM CARE CORPORATION 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	HOSPITAL	MD	501 (C) (3)	3	N/A
MEDSTAR VNA HEALTHCARE 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MGH COMMUNITY HEALTH, INC. 52-1372467 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	9	N/A
MGH HEALTH FOUNDATION, INC. 52-1129959 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	7	N/A
MGH HEALTH SERVICES, INC. 52-1366812 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11A I	N/A
MGH WOMEN'S BOARD 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11A I	N/A
NATIONAL REHABILITATION HOSPITAL 52-1369749 102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A
REGIONAL REHAB AT OLNEY, INC. 52-2310902 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	3	N/A
SUBURBAN / NRH MEDICAL REHABILITATION, I 52-1931151 102 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SVCS	DC	501(C)(3)	3	N/A
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 52-1104382 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501(C)(3)	11A I	N/A
UNION MEMORIAL HOSPITAL FOUNDATION, INC. 52-1446828 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA FOUNDATION 52-1331981 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA, INC. 52-1332411 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	MD	501(C)(3)	11A I	N/A
WHC FOUNDATION, INC. 52-1791670 110 IRVING STREET NW WASHINGTON, DC 20010	FOUNDATION	DC	501(C)(3)	11A I	N/A
WOODBOURNE WOODS, INC. 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501(C)(3)	9	N/A
SELF INSURANCE TRUST OF WASHINGTON HOSPI 52-1128332 110 IRVING STREET NW WASHINGTON, DC 20010	SELF INSURAN	DC	501(C)(3)	11A I	N/A
HOSPICE OF ST. MARY'S, INC. 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11B II	N/A
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	MD	501(C)(3)	3	N/A
ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11D III	N/A

Schedule R-1 (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEDSTAR FAMILY CHOICE, INC. 52-1995521 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP			
MEDSTAR ENTERPRISES, INC. 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICES	MD	N/A	C CORP			
NASCOTT, INC. 52-1693808 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
STAR BILLING, INC. 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SERVICES	MD	N/A	C CORP			
WASHINGTON RISK NETWORK MANA 52-2132677 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
WASHINGTON HOSPITAL CENTER P 52-1931000 100 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SERVICES	MD	N/A	C CORP			
MEDSTAR PHYSICIAN PARTNERS 52-2030809 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
NRH AMBULATORY SERVICES, INC 52-1930165 102 IRVING STREET NW WASHINGTON, DC 20010	REHAB SERVICES	MD	N/A	C CORP			
FRANKLIN SQUARE DRIVE LAND C 76-0756352 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	CONDO OWNER ASSOC	MD	N/A	C CORP			
MGH DIVERSIFIED SERVICES, IN 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SERVICES	MD	N/A	C CORP			
ST. MARY'S HEALTH ALLIANCE 52-1930331 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	MEDICAL SERVICES	MD	N/A	C CORP			
GREENSPRING FINANCIAL INSURA 98-0188617 -----	INSURANCE		N/A	C CORP			

