

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2009

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 226353191.

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here Signature of officer: [Handwritten Signature] Date: 9/22/2011 Title: SENIOR VP FINANCE

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form fields for ERO's Use Only: Signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form fields for Paid Preparer's Use Only: Signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

**Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

|                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C Name of organization</b><br><b>HOWARD COUNTY GENERAL HOSPITAL, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>5755 CEDAR LANE</b><br>City or town, state or country, and ZIP + 4<br><b>COLUMBIA, MD 21044</b> | <b>D Employer identification number</b><br><b>52-2093120</b><br><br><b>E Telephone number</b><br><b>(410) 740-7730</b><br><br><b>G Gross receipts \$</b> <b>245,425,203.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>F Name and address of principal officer:</b> <b>JAMES E. YOUNG</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                   |                                                                          | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J Website:</b> ▶ <b>WWW.HCGH.ORG</b>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                               |                                                                          | <b>L Year of formation:</b> <b>1998</b> <b>M State of legal domicile:</b> <b>MD</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Part I Summary**

|                                    |                                                                                                                                                              |                                  |                     |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>1</b>                           | Briefly describe the organization's mission or most significant activities: <b>PROVISION OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO INDIVIDUALS.</b> |                                  |                     |
| <b>2</b>                           | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                      |                                  |                     |
| <b>3</b>                           | Number of voting members of the governing body (Part VI, line 1a)                                                                                            | <b>3</b>                         | <b>22</b>           |
| <b>4</b>                           | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                | <b>4</b>                         | <b>18</b>           |
| <b>5</b>                           | Total number of employees (Part V, line 2a)                                                                                                                  | <b>5</b>                         | <b>2050</b>         |
| <b>6</b>                           | Total number of volunteers (estimate if necessary)                                                                                                           | <b>6</b>                         | <b>508</b>          |
| <b>7a</b>                          | Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                   | <b>7a</b>                        | <b>16,024.</b>      |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, line 34                                                                                               | <b>7b</b>                        | <b>0.</b>           |
| <b>Revenue</b>                     |                                                                                                                                                              | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>8</b>                           | Contributions and grants (Part VIII, line 1h)                                                                                                                | <b>3,365,932.</b>                | <b>3,352,160.</b>   |
| <b>9</b>                           | Program service revenue (Part VIII, line 2g)                                                                                                                 | <b>213,653,259.</b>              | <b>221,106,507.</b> |
| <b>10</b>                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                | <b>1,383,440.</b>                | <b>514,967.</b>     |
| <b>11</b>                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                     | <b>1,651,015.</b>                | <b>1,379,557.</b>   |
| <b>12</b>                          | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                           | <b>220,053,646.</b>              | <b>226,353,191.</b> |
| <b>Expenses</b>                    |                                                                                                                                                              |                                  |                     |
| <b>13</b>                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                             | <b>1,021,600.</b>                | <b>1,868,969.</b>   |
| <b>14</b>                          | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                |                                  |                     |
| <b>15</b>                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                            | <b>96,594,036.</b>               | <b>106,587,317.</b> |
| <b>16a</b>                         | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                |                                  |                     |
| <b>b</b>                           | Total fundraising expenses (Part IX, column (D), line 25) ▶                                                                                                  |                                  |                     |
| <b>17</b>                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                 | <b>111,830,119.</b>              | <b>115,408,786.</b> |
| <b>18</b>                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                    | <b>209,445,755.</b>              | <b>223,865,072.</b> |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                                                                                                         | <b>10,607,891.</b>               | <b>2,488,119.</b>   |
| <b>Net Assets or Fund Balances</b> |                                                                                                                                                              | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>20</b>                          | Total assets (Part X, line 16)                                                                                                                               | <b>247,237,787.</b>              | <b>243,049,696.</b> |
| <b>21</b>                          | Total liabilities (Part X, line 26)                                                                                                                          | <b>213,231,712.</b>              | <b>211,814,494.</b> |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20                                                                                                   | <b>34,006,075.</b>               | <b>31,235,202.</b>  |

**Part II Signature Block**

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

|                                 |                                                                                                  |                                                                                                                                     |
|---------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>                | Signature of officer<br><b>JAMES E. YOUNG, SENIOR VP FINANCE</b><br>Type or print name and title | Date                                                                                                                                |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶<br>Firm's name (or yours if self-employed), address, and ZIP + 4 ▶        | Date<br>Check if self-employed <input type="checkbox"/><br>Preparer's identifying number (see instructions)<br>EIN ▶<br>Phone no. ▶ |

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
MISSION: HOWARD COUNTY GENERAL HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE, STRIVES TO PROVIDE THE HIGHEST QUALITY CARE TO IMPROVE THE HEALTH OF OUR ENTIRE COMMUNITY THROUGH INNOVATION, COLLABORATION, SERVICE EXCELLENCE, DIVERSITY AND A COMMITMENT TO PATIENT SAFETY. ITS

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 74022151. including grants of \$ ) (Revenue \$ 83406457. )
DEPARTMENT OF MEDICINE AND SURGERY
PURPOSE: HOWARD COUNTY GENERAL HOSPITAL OFFERS A BROAD SPECTRUM OF INPATIENT AND OUTPATIENT SURGICAL SERVICES FOR ADULT AND PEDIATRIC PATIENTS. A LIST OF SOME OF THE MORE COMMON TYPES OF SURGERY PERFORMED AT HCGH INCLUDE: COLORECTAL SURGERY, ENDOSCOPY, GENERAL SURGERY, MINIMALLY INVASIVE SURGERY, NEUROSURGERY, OPHTHALMOLOGY, ORAL SURGERY AND DENTISTRY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PLASTIC SURGERY, PODIATRY, UROLOGY, VASCULAR SURGERY.

HOWARD COUNTY GENERAL HOSPITAL'S INTENSIVE CARE UNIT IS A HIGHLY SPECIALIZED 16-BED UNIT DEDICATED TO THE NEEDS OF ADULT PATIENTS REQUIRING INTENSIVE MONITORING AND PATIENT CARE SERVICES INVOLVING

4b (Code: ) (Expenses \$ 23153235. including grants of \$ ) (Revenue \$ 32871971. )
EMERGENCY DEPARTMENT
PURPOSE: OUR 36-BED EMERGENCY DEPARTMENT (ED) IS STAFFED 24-HOURS A DAY, SEVEN DAYS A WEEK BY BOARD-CERTIFIED JOHNS HOPKINS EMERGENCY MEDICINE PHYSICIANS. THE 24,000 SQUARE UNIT EXPANSION PROVIDES STATE-OF-THE-ART COMPREHENSIVE, INDIVIDUALIZED EMERGENCY MEDICAL CARE AND URGENT CARE TO THE CITIZENS OF HOWARD COUNTY AND THE SURROUNDING AREA. UPON ARRIVAL AT THE EMERGENCY DEPARTMENT, A REGISTERED NURSE ASSESSES EVERY PATIENT TO DETERMINE TREATMENT PRIORITY NEEDS. DEPENDING ON THE PATIENT'S NEEDS, TREATMENT WILL BE PROVIDED IN ONE OF THE FOLLOWING UNITS: MAIN EMERGENCY ROOM, URGENT CARE, PEDIATRIC ED/CHILDREN'S CARE CENTER, CHEST PAIN/SHORT STAY UNIT, OR PSYCHIATRIC UNIT.

4c (Code: ) (Expenses \$ 25461319. including grants of \$ ) (Revenue \$ 34489879. )
LABOR & DELIVERY/NURSERY/NICU
PURPOSE: TO ACCOMMODATE THE MORE THAN 3,000 BABIES BORN IN THE HOSPITAL'S LABOR/DELIVERY/RECOVERY (LDR) UNIT EACH YEAR, HOWARD COUNTY GENERAL HOSPITAL OFFERS 12 ATTRACTIVELY DECORATED BIRTHING ROOMS. MOTHER AND BABY CAN REMAIN IN THIS PRIVATE, COMFORTABLE ROOM THROUGHOUT LABOR, DELIVERY AND RECOVERY WITH THE SECURITY OF THE HOSPITAL'S ADVANCED TECHNOLOGY. CERTAIN MEDICAL CONDITIONS MAY REQUIRE A TEMPORARY SEPARATION OF MOTHER AND BABY.

WHILE THE MAJORITY OF NEWBORN INFANTS ARE BORN HEALTHY, MORE INTENSE MONITORING AND CARE ARE SOMETIMES NECESSARY. THE HOSPITAL'S 18-BED LEVEL III+ NICU FEATURES HIGHLY SOPHISTICATED EQUIPMENT SPECIALLY

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 74670084. including grants of \$ 1,868,969. ) (Revenue \$ 72232724. )

4e Total program service expenses \$ 197,306,789.

**Part IV Checklist of Required Schedules**

|     |                                                                                                                                                                                                                                                            | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                  | X   |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                        |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                        |     | X  |
| 11  | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                       | X   |    |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                              |     |    |
|     | • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>                                          |     |    |
|     | • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                          |     |    |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                             |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                            |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>             |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>                                                                                            | X   |    |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>                                                                   | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                |     | X  |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                             |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                       |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                           |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                          |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                      |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                |     | X  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                   | X   |    |

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

|                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> 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   |    |
| <b>22</b> 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  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                           | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... | X   |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                      |     | X  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                             |     | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                |     | X  |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                 |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                              |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                         |     | X  |
| <b>b</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  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                       |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                       |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                          |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                           |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                           | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....                                                                                                                                           | X   |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                     |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                    |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> 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, question text, and Yes/No columns. Includes rows for 1a (268), 1b (0), 1c (X), 2a (2050), 2b (X), 3a (X), 3b (X), 4a (X), 5a (X), 5b (X), 6a (X), 7a (X), 7c (X), 8 (X), 9a (X), 10a, 10b, 11a, 11b, 12a, 12b.

**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 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body .....                                                                                                                                                            |     |    |
| <b>1b</b> | Enter the number of voting members that are independent .....                                                                                                                                                             |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....                                               |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..... |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....                                                                                               |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....                                                                                                             |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? .....                                                                                                                                                                 |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....                                                                                         | X   |    |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....                                                                                                             | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                         |     |    |
| <b>8a</b> | a The governing body? .....                                                                                                                                                                                               | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? .....                                                                                                                                             | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....        |     | X  |

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

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

**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: ►  
THE CORPORATION - 443-997-5724  
1101 E. 33RD STREET, TERRACE LEVEL, STE. E001, BALTIMORE, MD 21218

**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)<br>Name and Title                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |                                                                      |                                                                           |                                                                                               |
| HARRY L. LUNDY<br>CHAIR/ TRUSTEE                 | 1.00                          | X                                      |                       | X       |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| EVELYN BOLDOC<br>VICE-CHAIR/ TRUSTEE             | 1.00                          | X                                      |                       | X       |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| VICTOR A. BROCCOLINO<br>PRESIDENT/CEO/ASST SECRE | 40.00                         | X                                      |                       | X       |              |                              | 488,142. | 0.                                                                   | 41,596.                                                                   |                                                                                               |
| ANN B MECH<br>SECRETARY/TRUSTEE                  | 1.00                          | X                                      |                       | X       |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| W. BRIAN MCGOWAN<br>TREASURER/TRUSTEE            | 1.00                          | X                                      |                       | X       |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| FRANCIS S CHUIDIAN, M.D.<br>TRUSTEE              | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| MARVIN P. DAVIS, M.D.<br>TRUSTEE                 | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| AD DIVAKARUNI, MD<br>TRUSTEE                     | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| GEORGE LOUIS DOETSCH, JR<br>TRUSTEE              | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| MIRIAM F.DUBIN<br>TRUSTEE                        | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| JONATHAN S FISH, MD<br>TRUSTEE                   | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| ROBERT T MANFUSO<br>TRUSTEE                      | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| RONALD R PETERSON<br>TRUSTEE                     | 1.00                          | X                                      |                       |         |              |                              | 0.       | 1,671,109.                                                           | 246,992.                                                                  |                                                                                               |
| DAVID POWELL<br>TRUSTEE                          | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| PETER J ROGERS, JR<br>TRUSTEE                    | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| ALTON J SCAVO<br>TRUSTEE                         | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |
| MARY ANN SCULLY<br>TRUSTEE                       | 1.00                          | X                                      |                       |         |              |                              | 0.       | 0.                                                                   | 0.                                                                        |                                                                                               |



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

| (A)<br>Name and title                             | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |                   | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|-------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former            |                                                                      |                                                                           |                                                                                               |
| HENRY M SEIDEL, MD<br>TRUSTEE                     | 1.00                          | X                                      |                       |         |              |                              | 0.                | 0.                                                                   | 0.                                                                        |                                                                                               |
| G.DANIEL SHEALER, JR<br>TRUSTEE                   | 1.00                          | X                                      |                       |         |              |                              | 0.                | 730,151.                                                             | 35,454.                                                                   |                                                                                               |
| SUE SONG, APRN-PMH, PH D<br>TRUSTEE               | 1.00                          | X                                      |                       |         |              |                              | 0.                | 0.                                                                   | 0.                                                                        |                                                                                               |
| BEVERLY WHITE-SEALS<br>TRUSTEE                    | 1.00                          | X                                      |                       |         |              |                              | 0.                | 0.                                                                   | 0.                                                                        |                                                                                               |
| W GILL WYLIE<br>TRUSTEE                           | 1.00                          | X                                      |                       |         |              |                              | 0.                | 269,427.                                                             | 67,773.                                                                   |                                                                                               |
| M LYNNE BELL<br>ASSISTANT SECRETARY               | 40.00                         |                                        |                       | X       |              |                              | 52,588.           | 0.                                                                   | 2,089.                                                                    |                                                                                               |
| ERIC M. ALDRICH, MD<br>V.P. FOR MEDICAL AFFAIRS   | 40.00                         |                                        |                       | X       |              |                              | 0.                | 0.                                                                   | 0.                                                                        |                                                                                               |
| JAY H BLACKMAN<br>EXECUTIVE VP & COO              | 40.00                         |                                        |                       | X       |              |                              | 620,181.          | 0.                                                                   | 35,159.                                                                   |                                                                                               |
| DOROTHY A BRILLANTES<br>SR. VP, HUMAN RESOURCES   | 40.00                         |                                        |                       | X       |              |                              | 211,941.          | 0.                                                                   | 28,965.                                                                   |                                                                                               |
| JUDY E. BROWN, RN, MAS<br>SR. VP, SAFETY, QUALITY | 40.00                         |                                        |                       | X       |              |                              | 232,985.          | 0.                                                                   | 30,653.                                                                   |                                                                                               |
| <b>1b Total</b>                                   |                               |                                        |                       |         |              |                              | <b>3,154,773.</b> | <b>2,670,687.</b>                                                    | <b>711,651.</b>                                                           |                                                                                               |

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 **61**

|                                                                                                                                                                                                                                | 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)<br>Name and business address                                               | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------------|--------------------------------|---------------------|
| SHADE CONSTRUCTION<br>1730 EAST JOPPA RD, BALTIMORE, MD 21234                  | CONTRACTORS                    | 7,689,369.          |
| HOWARD COUNTY MRI LIMITED PARTNERSHIP<br>5759 CEDAR LANE, COLUMBIA, MD 21044   | PROFESSIONAL FEES<br>BILLING   | 3,678,030.          |
| JOHN C. PAYNE, M.D., 11085 LITTLE PATUXENT<br>PARKWAY, COLUMBIA, MD 21044      | PHYSICIANS SERVICES            | 2,235,000.          |
| BROADWAY SERVICES, 3709 E MONUMENT ST,<br>BALTIMORE, MD 21205-2910             | CLEANING SERVICES              | 1,817,843.          |
| SLEEP SERVICES AMERICA, 890 AIRPORT PARK<br>RD, STE 119, GLEN BURNIE, MD 21061 | PROFESSIONAL FEES              | 1,452,400.          |

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 **63**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

|                                                                                                                                     |                                                                                         |                                                       | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|--|
| <b>Contributions, gifts, grants and other similar amounts</b>                                                                       | <b>1 a</b> Federated campaigns                                                          | <b>1a</b>                                             |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>b</b> Membership dues                                                                | <b>1b</b>                                             |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>c</b> Fundraising events                                                             | <b>1c</b>                                             |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>d</b> Related organizations                                                          | <b>1d</b>                                             | 270,497.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>e</b> Government grants (contributions)                                              | <b>1e</b>                                             | 507,471.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>                                             | 139,742.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>g</b> Noncash contributions included in lines 1a-1f: \$                              |                                                       |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>h Total.</b> Add lines 1a-1f                                                         |                                                       |                         | 335,216.                                        |                                         |                                                                              |  |
|                                                                                                                                     | <b>Program Service Revenue</b>                                                          | <b>2 a</b> DEPARTMENT OF MEDICINE                     | Business Code<br>621990 | 83,406,457.                                     | 83,406,457.                             |                                                                              |  |
| <b>b</b> PATIENT SERVICE REVENUE                                                                                                    |                                                                                         | 900099                                                | 70,186,271.             | 70,186,271.                                     |                                         |                                                                              |  |
| <b>c</b> LABOR & DELIVERY/NURSE                                                                                                     |                                                                                         | 621990                                                | 34,489,879.             | 34,489,879.                                     |                                         |                                                                              |  |
| <b>d</b> EMERGENCY DEPARTMENT                                                                                                       |                                                                                         | 621910                                                | 32,871,971.             | 32,871,971.                                     |                                         |                                                                              |  |
| <b>e</b> COMMUNITY EDU.                                                                                                             |                                                                                         | 900099                                                | 151,929.                | 151,929.                                        |                                         |                                                                              |  |
| <b>f</b> All other program service revenue                                                                                          |                                                                                         |                                                       |                         |                                                 |                                         |                                                                              |  |
| <b>g Total.</b> Add lines 2a-2f                                                                                                     |                                                                                         |                                                       |                         | 221,106,507.                                    |                                         |                                                                              |  |
| <b>Other Revenue</b>                                                                                                                | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                                                       | 805,866.                |                                                 |                                         | 805,866.                                                                     |  |
|                                                                                                                                     | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                                                       |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>5</b> Royalties                                                                      |                                                       |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>6 a</b> Gross Rents                                                                  | (i) Real                                              | 196,937.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     |                                                                                         | (ii) Personal                                         |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     |                                                                                         | <b>b</b> Less: rental expenses                        |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>c</b> Rental income or (loss)                                                        |                                                       | 196,937.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>d</b> Net rental income or (loss)                                                    |                                                       |                         | 196,937.                                        |                                         | 196,937.                                                                     |  |
|                                                                                                                                     | <b>7 a</b> Gross amount from sales of assets other than inventory                       | (i) Securities                                        | 18,620,000.             |                                                 |                                         |                                                                              |  |
|                                                                                                                                     |                                                                                         | (ii) Other                                            | 5,900.                  |                                                 |                                         |                                                                              |  |
|                                                                                                                                     |                                                                                         | <b>b</b> Less: cost or other basis and sales expenses |                         | 18,916,799.                                     |                                         |                                                                              |  |
|                                                                                                                                     |                                                                                         | <b>c</b> Gain or (loss)                               |                         | -296,799.                                       | 5,900.                                  |                                                                              |  |
| <b>d</b> Net gain or (loss)                                                                                                         |                                                                                         |                                                       | -290,899.               |                                                 | -290,899.                               |                                                                              |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>                                                                                |                                                       |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>b</b> Less: direct expenses                                                          | <b>b</b>                                              |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>c</b> Net income or (loss) from fundraising events                                   |                                                       |                         |                                                 |                                         |                                                                              |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19                                                                | <b>a</b>                                                                                |                                                       |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>b</b> Less: direct expenses                                                          | <b>b</b>                                              |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>c</b> Net income or (loss) from gaming activities                                    |                                                       |                         |                                                 |                                         |                                                                              |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances                                                                   | <b>a</b>                                                                                | 301,114.                                              |                         |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>b</b> Less: cost of goods sold                                                       | <b>b</b>                                              | 155,213.                |                                                 |                                         |                                                                              |  |
|                                                                                                                                     | <b>c</b> Net income or (loss) from sales of inventory                                   |                                                       |                         | 145,901.                                        |                                         | 145,901.                                                                     |  |
| <b>Miscellaneous Revenue</b>                                                                                                        |                                                                                         | <b>Business Code</b>                                  |                         |                                                 |                                         |                                                                              |  |
| <b>11 a</b> OTHER                                                                                                                   |                                                                                         | 900099                                                | 822,730.                |                                                 |                                         | 822,730.                                                                     |  |
|                                                                                                                                     | <b>b</b> PATIENT TV & PHONE                                                             | 900099                                                | 147,857.                |                                                 |                                         | 147,857.                                                                     |  |
|                                                                                                                                     | <b>c</b> TELE. & VENDING REV.                                                           | 900099                                                | 27,581.                 |                                                 |                                         | 27,581.                                                                      |  |
|                                                                                                                                     | <b>d</b> All other revenue                                                              | 900099                                                | 38,551.                 |                                                 | 16,024.                                 | 22,527.                                                                      |  |
|                                                                                                                                     | <b>e Total.</b> Add lines 11a-11d                                                       |                                                       |                         | 1,036,719.                                      |                                         |                                                                              |  |
| <b>12 Total revenue.</b> See instructions.                                                                                          |                                                                                         |                                                       | 226,353,191.            | 221,106,507.                                    | 16,024.                                 | 1,878,500.                                                                   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                 | 1,868,969.            | 1,868,969.                      |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                   |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                      |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                      | 2,445,565.            |                                 | 2,445,565.                             |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                 |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                                                      | 82,154,643.           | 80,257,402.                     | 1,897,241.                             |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                 | 3,738,239.            | 3,414,253.                      | 323,986.                               |                             |
| 9 Other employee benefits                                                                                                                                                                                                       | 12,015,755.           | 11,407,386.                     | 608,369.                               |                             |
| 10 Payroll taxes                                                                                                                                                                                                                | 6,233,115.            | 5,966,027.                      | 267,088.                               |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                           |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                         | 848.                  |                                 | 848.                                   |                             |
| c Accounting                                                                                                                                                                                                                    | 180,320.              |                                 | 180,320.                               |                             |
| d Lobbying                                                                                                                                                                                                                      | 42,537.               |                                 | 42,537.                                |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                       |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| g Other                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 12 Advertising and promotion                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                              | 37,443,952.           | 36,585,659.                     | 858,293.                               |                             |
| 14 Information technology                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                    | 4,897,952.            | 3,714,589.                      | 1,183,363.                             |                             |
| 17 Travel                                                                                                                                                                                                                       | 8,385.                | 6,694.                          | 1,691.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                               |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                       | 120,444.              | 96,328.                         | 24,116.                                |                             |
| 20 Interest                                                                                                                                                                                                                     | 7,366,224.            | 6,799,025.                      | 567,199.                               |                             |
| 21 Payments to affiliates                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                    | 11,304,586.           | 10,434,133.                     | 870,453.                               |                             |
| 23 Insurance                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 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 PURCHASED SERVICES                                                                                                                                                                                                            | 14,847,551.           | 6,375,772.                      | 8,471,779.                             |                             |
| b PURCHASED PATIENT CARE                                                                                                                                                                                                        | 13,394,620.           | 7,631,373.                      | 5,763,247.                             |                             |
| c BAD DEBT EXPENSE                                                                                                                                                                                                              | 10,545,002.           | 10,545,002.                     |                                        |                             |
| d LAB SERVICES                                                                                                                                                                                                                  | 7,090,670.            | 7,090,670.                      | 0.                                     |                             |
| e PURCHASED LABOR                                                                                                                                                                                                               | 3,247,821.            | 3,242,346.                      | 5,475.                                 |                             |
| f All other expenses                                                                                                                                                                                                            | 4,917,874.            | 1,871,161.                      | 3,046,713.                             |                             |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                           | 223865072.            | 197306789.                      | 26,558,283.                            | 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)                                                                                                                                                                        |                  | (B)          |              |  |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|--------------|--|
|                             |                                                                                                                                                  | Beginning of year                                                                                                                                                          |                  | End of year  |              |  |
| Assets                      | 1                                                                                                                                                | Cash - non-interest-bearing .....                                                                                                                                          | 19,813,963.      | 1            | 10,447,511.  |  |
|                             | 2                                                                                                                                                | Savings and temporary cash investments .....                                                                                                                               | 1,241,198.       | 2            | 619,402.     |  |
|                             | 3                                                                                                                                                | Pledges and grants receivable, net .....                                                                                                                                   |                  | 3            |              |  |
|                             | 4                                                                                                                                                | Accounts receivable, net .....                                                                                                                                             | 21,440,000.      | 4            | 23,281,059.  |  |
|                             | 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 .....                                                                                                                                          | 3,356,616.       | 8            | 3,573,385.   |  |
|                             | 9                                                                                                                                                | Prepaid expenses and deferred charges .....                                                                                                                                | 843,354.         | 9            | 930,738.     |  |
|                             | 10a                                                                                                                                              | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                  | 10a 232,692,192. |              |              |  |
|                             | b                                                                                                                                                | Less: accumulated depreciation .....                                                                                                                                       | 10b 55,483,094.  | 10c          | 177,209,098. |  |
|                             | 11                                                                                                                                               | Investments - publicly traded securities .....                                                                                                                             |                  | 11           |              |  |
|                             | 12                                                                                                                                               | Investments - other securities. See Part IV, line 11 .....                                                                                                                 | 22,388,664.      | 12           | 17,155,816.  |  |
|                             | 13                                                                                                                                               | Investments - program-related. See Part IV, line 11 .....                                                                                                                  |                  | 13           |              |  |
|                             | 14                                                                                                                                               | Intangible assets .....                                                                                                                                                    |                  | 14           |              |  |
|                             | 15                                                                                                                                               | Other assets. See Part IV, line 11 .....                                                                                                                                   | 12,181,376.      | 15           | 9,832,687.   |  |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....                                                                           | 247,237,787.                                                                                                                                                               | 16               | 243,049,696. |              |  |
| Liabilities                 | 17                                                                                                                                               | Accounts payable and accrued expenses .....                                                                                                                                | 38,071,433.      | 17           | 36,097,363.  |  |
|                             | 18                                                                                                                                               | Grants payable .....                                                                                                                                                       |                  | 18           |              |  |
|                             | 19                                                                                                                                               | Deferred revenue .....                                                                                                                                                     |                  | 19           |              |  |
|                             | 20                                                                                                                                               | Tax-exempt bond liabilities .....                                                                                                                                          | 167,017,634.     | 20           | 167,307,832. |  |
|                             | 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 .....                                                                                                                     | 8,142,645.       | 25           | 8,409,299.   |  |
|                             | 26                                                                                                                                               | <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                    | 213,231,712.     | 26           | 211,814,494. |  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                            |                  |              |              |  |
|                             | 27                                                                                                                                               | Unrestricted net assets .....                                                                                                                                              | 30,373,588.      | 27           | 31,101,215.  |  |
|                             | 28                                                                                                                                               | Temporarily restricted net assets .....                                                                                                                                    | 3,632,487.       | 28           | 133,987.     |  |
|                             | 29                                                                                                                                               | Permanently restricted net assets .....                                                                                                                                    |                  | 29           |              |  |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                            |                  |              |              |  |
|                             | 30                                                                                                                                               | Capital stock or trust principal, or current funds .....                                                                                                                   |                  | 30           |              |  |
|                             | 31                                                                                                                                               | Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                     |                  | 31           |              |  |
|                             | 32                                                                                                                                               | Retained earnings, endowment, accumulated income, or other funds .....                                                                                                     |                  | 32           |              |  |
| 33                          | <b>Total net assets or fund balances</b> .....                                                                                                   | 34,006,075.                                                                                                                                                                | 33               | 31,235,202.  |              |  |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....                                                                                      | 247,237,787.                                                                                                                                                               | 34               | 243,049,696. |              |  |

**Part XI Financial Statements and Reporting**

|           |                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? .....                                                                                                                                                                                                                                |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? .....                                                                                                                                                                                                                                             | X   |    |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....                                                                                                       | X   |    |
| <b>2d</b> | 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....                                                                                                                                                                       |     | X  |
| <b>3b</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. ....                                                                                                           |     |    |

Form 990 (2009)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....                                                                                                                     |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....                                                                                                    |     |    |
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                        | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                                        |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                                                                      |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | 14 | %                        |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | 15 | %                        |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                            |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                         |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                                  |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                           | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                                                               |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                       |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |          |          |          |          |          |           |

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

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**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 .....



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

|                                                                         |                                                         |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>HOWARD COUNTY GENERAL HOSPITAL, INC.</b> | Employer identification number<br><br><b>52-2093120</b> |
|-------------------------------------------------------------------------|---------------------------------------------------------|

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|-----------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ 2,704,947.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ 20,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ 16,641.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ 397,758.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ 19,456.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ 53,616.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

HOWARD COUNTY GENERAL HOSPITAL, INC.

52-2093120

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|-----------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          |                                   | \$ 8,463.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          |                                   | \$ 16,972.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          |                                   | \$ 110,537.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

**HOWARD COUNTY GENERAL HOSPITAL, INC.**

**52-2093120**

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |
|                              | <br><hr/> <hr/> <hr/> <hr/>                  | \$ _____                                       | _____                |

|                                                                     |                                                     |
|---------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>HOWARD COUNTY GENERAL HOSPITAL, INC.</b> | Employer identification number<br><b>52-2093120</b> |
|---------------------------------------------------------------------|-----------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

|                                                                     |                                                     |
|---------------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>HOWARD COUNTY GENERAL HOSPITAL, INC.</b> | Employer identification number<br><b>52-2093120</b> |
|---------------------------------------------------------------------|-----------------------------------------------------|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2009**  
LHA

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| 1 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                    |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     | 42,537.                                         |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total lobbying expenditures (add lines 1a and 1b)                                                                                                 | 42,537.                                         |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other exempt purpose expenditures                                                                                                                 | 223,822,535.                                    |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           | 223,865,072.                                    |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            | 1,000,000.                                      |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |                                                                                                                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The lobbying nontaxable amount is:                                                                                                                |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20% of the amount on line 1e.                                                                                                                     |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$100,000 plus 15% of the excess over \$500,000.                                                                                                  |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$175,000 plus 10% of the excess over \$1,000,000.                                                                                                |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$225,000 plus 5% of the excess over \$1,500,000.                                                                                                 |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$1,000,000.                                                                                                                                      |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               | 250,000.                                        |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         | 0.                                              |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         | 0.                                              |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period |                                                            |            |            |            |            |            |
|------------------------------------------------------|------------------------------------------------------------|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)       | (a) 2006                                                   | (b) 2007   | (c) 2008   | (d) 2009   | (e) Total  |            |
| 2a                                                   | Lobbying nontaxable amount                                 | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b                                                    | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| c                                                    | Total lobbying expenditures                                | 67,332.    | 68,169.    | 60,042.    | 42,537.    | 238,080.   |
| d                                                    | Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| e                                                    | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| f                                                    | Grassroots lobbying expenditures                           |            |            |            |            |            |

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

THE HOWARD COUNTY GENERAL HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$42,537 DURING THE FISCAL YEAR ENDED JUNE 30, 2010 TO SUPPORT THEIR LOBBYING ACTIVITIES. THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH





**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ 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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

**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).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                            | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                              |
| d Number of conservation easements included in (c) acquired after 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 section 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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the 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:

|                                                                                       | Yes    | No |
|---------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations                                                           | 3a(i)  |    |
| (ii) related organizations                                                            | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

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

| Description of investment                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                  |                                      |                                 |                              |                |
| b Buildings                                                                                              |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                 |                                      |                                 |                              |                |
| d Equipment                                                                                              |                                      |                                 |                              |                |
| e Other                                                                                                  |                                      | 232692192.                      | 55,483,094.                  | 177209098.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 177209098.     |



**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  | 226,353,191. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 223,865,072. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 2,488,119.   |
| 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  | -5,258,992.  |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | -5,258,992.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -2,770,873.  |

**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  | 226789177. |
| 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 | 0.         |
| 3 | Subtract line 2e from line 1                                                    | 3  | 226789177. |
| 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 | -435,986.  |
| c | Add lines 4a and 4b                                                             | 4c | -435,986.  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 226353191. |

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

|   |                                                                                  |    |            |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 224020284. |
| 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 | 155,212.   |
| e | Add lines 2a through 2d                                                          | 2e | 155,212.   |
| 3 | Subtract line 2e from line 1                                                     | 3  | 223865072. |
| 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 | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 223865072. |

**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.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

CHANGE IN APPREC OF CONSTRUCT & INT FUND: 561500.

CHANGE IN MARKET VALUE OF SWAP AGREEMENT: -2717201.

CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS: 909857.

UNREALIZED GAIN ON ALTERNATIVE INVESTMENTS: 266704.

LOSS ON IMPAIRMENT OF LONG LIVED ASSETS: -4263051.

INVESTMENT IN PREMIER: -16024.

**Part XIV** Supplemental Information (continued)

ROUNDING: -777.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS TO REVENUE: -155213.

INVESTMENT IN PREMIER: 16024.

ROUNDING: 2.

REALIZED LOSSES: -296799.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF COGS: 155213.

ROUNDING: -1.

**SCHEDULE H  
(Form 990)**

**Hospitals**

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, question 20.
- ▶ Attach to Form 990.
- ▶ See separate instructions.

Name of the organization: **HOWARD COUNTY GENERAL HOSPITAL, INC.** Employer identification number: **52-2093120**

**Part I Charity Care and Certain Other Community Benefits at Cost**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a                                                                                                                                                                                                                                                                                                                                                           | X   |    |
| <b>1b</b> If "Yes," is it a written policy?                                                                                                                                                                                                                                                                                                                                                                                                        | X   |    |
| <b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.<br><input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals<br><input type="checkbox"/> Generally tailored to individual hospitals                                                                            |     |    |
| <b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.                                                                                                                                                                                                                                                                                                    |     |    |
| <b>a</b> 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:<br><input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %                                                 | X   |    |
| <b>b</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:<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>270</u> % | X   |    |
| <b>c</b> 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.                                                                                              |     |    |
| <b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?                                                                                                                                                                                                                                                                                                                                               | X   |    |
| <b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?                                                                                                                                                                                                                                                                                                                                 | X   |    |
| <b>5b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?                                                                                                                                                                                                                                                                                                                                                       | X   |    |
| <b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?                                                                                                                                                                                                                                                     |     | X  |
| <b>6a</b> Does the organization prepare an annual community benefit report?                                                                                                                                                                                                                                                                                                                                                                        | X   |    |
| <b>6b</b> 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.

|                                                                                                    | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>7 Charity Care and Certain Other Community Benefits at Cost</b>                                 |                                                 |                               |                                     |                               |                                   |                              |
| <b>Charity Care and Means-Tested Government Programs</b>                                           |                                                 |                               |                                     |                               |                                   |                              |
| <b>a</b> Charity care at cost (from Worksheets 1 and 2)                                            |                                                 |                               | 3,212,032.                          | 0.                            | 3,212,032.                        | 1.51%                        |
| <b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)                                        |                                                 |                               |                                     |                               |                                   |                              |
| <b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)  |                                                 |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Charity Care and Means-Tested Government Programs                                   |                                                 |                               | 3,212,032.                          |                               | 3,212,032.                        | 1.51%                        |
| <b>Other Benefits</b>                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |                                                 |                               | 9,534,831.                          | 571,178.                      | 8,963,653.                        | 4.20%                        |
| <b>f</b> Health professions education (from Worksheet 5)                                           |                                                 |                               | 627,036.                            | 0.                            | 627,036.                          | .29%                         |
| <b>g</b> Subsidized health services (from Worksheet 6)                                             |                                                 |                               |                                     |                               |                                   |                              |
| <b>h</b> Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)                     |                                                 |                               | 1,179,558.                          | 182,083.                      | 997,475.                          | .47%                         |
| <b>j Total</b> Other Benefits                                                                      |                                                 |                               | 11,341,425.                         | 753,261.                      | 10,588,164.                       | 4.96%                        |
| <b>k Total</b> Add lines 7d and 7j                                                                 |                                                 |                               | 14,553,457.                         | 753,261.                      | 13,800,196.                       | 6.47%                        |

**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                         |                                                 |                               | 157,424.                             | 0.                            | 157,424.                           | .07%                         |
| 2 Economic development                                      |                                                 |                               |                                      |                               |                                    |                              |
| 3 Community support                                         |                                                 |                               | 254,752.                             | 0.                            | 254,752.                           | .12%                         |
| 4 Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |                                                 |                               | 161.                                 | 0.                            | 161.                               | .00%                         |
| 6 Coalition building                                        |                                                 |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |                                                 |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |                                                 |                               | 5,584.                               | 0.                            | 5,584.                             | .00%                         |
| 9 Other                                                     |                                                 |                               | 3,348.                               | 1,100.                        | 2,248.                             | .00%                         |
| 10 Total                                                    |                                                 |                               | 421,269.                             | 1,100.                        | 420,169.                           | .19%                         |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

|                                                                                                                                                                                                                                                                                                                                                                                                                            |   |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) .....                                                                                                                                                                                                                                                                                                                                                 | 5 | 60,925,225. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 .....                                                                                                                                                                                                                                                                                                                                              | 6 | 60,266,897. |
| 7 Subtract line 6 from line 5. This is the surplus or (shortfall) .....                                                                                                                                                                                                                                                                                                                                                    | 7 | 658,328.    |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.<br>Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

**Section C. Collection Practices**

|                                                                                                                                                                                                                               |    |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 9a Does the organization have a written debt collection policy? .....                                                                                                                                                         | 9a | X |
| b 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 ..... | 9b | X |

**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 VI Supplemental Information**

Complete this part to provide the following information.

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

PART I, LINE 7: A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (CHARITY CARE AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I COMES FROM THE HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO CHARGE RATIO.

PART I, LINE 7G: HOWARD COUNTY GENERAL HOSPITAL, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART I, LINE 7F: THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$10,545,002.

PART III, LINE 4: BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID.

DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE.

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH) CANNOT

**Part VI** Supplemental Information

DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE. THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES.

PART III, LINE 8: THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

PART III, LINE 9B: THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART V: HOWARD COUNTY GENERAL HOSPITAL HAS THREE DIAGNOSTIC CENTERS.

PART VI, LINE 2: HCGH USES A VARIETY OF METHODS FOR DETERMINING HEALTH NEEDS WITHIN ITS COMMUNITY. THESE METHODS INCLUDE: COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT, ANALYSIS OF UTILIZATION PATTERNS FOR HEALTH CARE SERVICES BOTH WITHIN THE HOSPITAL AND WITHIN THE BROADER COMMUNITY, ANALYSIS OF DATA AND REPORTS COMPILED BY COUNTY AND STATE GOVERNMENT AGENCIES AND PRIVATE ORGANIZATIONS EXAMINING HEALTH CARE SERVICES WITHIN THE HOWARD COUNTY COMMUNITY, CONSULTATION WITH COMMUNITY LEADERS AND STAKEHOLDERS CONCERNING UNMET HEALTH NEEDS WITHIN THE

**Part VI Supplemental Information**

HOSPITAL'S MARKETPLACE, AND ONGOING DIRECT CONTACT WITH COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS.

HCGH IS IN REGULAR DISCUSSIONS WITH THE HOWARD COUNTY HEALTH DEPARTMENT (HCHD) CONCERNING HEALTH NEEDS.

PART VI, LINE 3: HCGH INFORMS ITS PATIENTS ABOUT THE CHARITY CARE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING: SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THE CHARITY CARE POLICY, A COPY OF THE CHARITY CARE POLICY OR A SUMMARY THEREOF WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EVERY PATIENT UPON ADMISSION, A SUMMARY OF CHARITY CARE POLICY WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PROVIDED TO EVERY PATIENT WITHOUT INSURANCE WHO PRESENTS TO THE EMERGENCY DEPARTMENT, AND ALL PATIENTS INDICATING A NEED FOR CHARITY CARE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS. IF THE PATIENT DOES NOT HAVE INSURANCE, HCGH FINANCIAL COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION.

PART VI, LINE 4: HCGH GEOGRAPHIC SERVICE AREA IS SUBURBAN.

HCGH PRIMARY SERVICE AREA INCLUDES: HOWARD COUNTY. THE GENERAL DATA FOR THIS PRIMARY SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 356,108 OF WHICH 50% WERE MALES AND 50% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$121,217, UNEMPLOYMENT WAS AT 4.0%, 19% OF HOUSEHOLDS EARN \$50,000 OR LESS, 3% OF HOUSEHOLDS HAD INCOME OF \$15,000 OR LESS.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 6

FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE NOT

**Part VI** Supplemental Information

PRESENT IN THE COMMUNITY.

PART VI, LINE 5: HCGH'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF INITIATIVES THEY HAVE DEVELOPED. FOR EXAMPLE, HCGH IS A SPONSOR OF THE CITIZENS EMERGENCY READINESS TRAINING PROGRAM (CERT). CERT IS A PROGRAM DESIGNED TO EDUCATE LOCAL RESIDENTS ABOUT DISASTER PREPAREDNESS FOR HAZARDS AND EMERGENCIES, BOTH NATURAL AND MAN-MADE THAT MAY STRIKE THEIR LOCAL AREA.

HCGH ALSO PROMOTES THE HEALTHY FAMILIES HOWARD COUNTY, WHICH IS PART OF THE HEALTHY FAMILIES AMERICA INITIATIVE IN THE US. THIS FREE, NATIONAL PROGRAM IDENTIFIES FIRST-TIME PARENTS IN THE COMMUNITY, ALIGNS THEM WITH COMMUNITY RESOURCES AND OFFERS THEM SUPPORT IN THEIR NEW ROLE AS PARENTS.

PART VI, LINE 6: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE, CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

**Part VI** Supplemental information

PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS;

REVIEW AND APPROVE HOSPITAL RATES;

COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/CBR FY2007 FINAL REPORT.PDF](http://www.hscrc.state.md.us/community_benefits/documents/cbr_fy2007_final_report.pdf).

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

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 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 DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID

**Part VI** Supplemental Information

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.

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

PART VI, LINE 7: JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

JHHS IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, AND

**Part VI** Supplemental Information

SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD





**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

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

SCHEDULE I, PART I, LINE 2: THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY HOWARD COUNTY GENERAL HOSPITAL, INC. TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**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

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

**Part I Questions Regarding Compensation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |     |    |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | X  |
| <b>2</b> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X   |    |
| <b>3</b> 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.<br><input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee                                                                                                                                                                                           |     |    |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment?<br><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                             |     | X  |
| <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X   |    |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>5</b> 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:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes" to line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X  |
| <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>6</b> 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:<br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | X  |
| <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | X  |
| <b>7</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X   |    |
| <b>8</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | X  |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |

LHA 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 |                                                |                         |                                 |                                                            |
| VICTOR A. BROCCOLINO   | 307,409.                                           | 117,249.                            | 63,484.                             | 18,532.                                        | 23,064.                 | 529,738.                        | 0.                                                         |
|                        | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| RONALD R PETERSON      | 1023809.                                           | 503,289.                            | 144,011.                            | 225,582.                                       | 21,410.                 | 1,918,101.                      | 23,022.                                                    |
|                        | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| G.DANIEL SHEALER, JR   | 263,225.                                           | 92,305.                             | 374,621.                            | 11,025.                                        | 24,429.                 | 765,605.                        | 299,996.                                                   |
|                        | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
| W GILL WYLIE           | 198,446.                                           | 58,554.                             | 12,427.                             | 46,565.                                        | 21,208.                 | 337,200.                        | 0.                                                         |
|                        | 208,129.                                           | 66,621.                             | 345,431.                            | 16,901.                                        | 18,258.                 | 655,340.                        | 237,897.                                                   |
| JAY H BLACKMAN         | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 144,563.                                           | 37,043.                             | 30,335.                             | 13,146.                                        | 15,819.                 | 240,906.                        | 8,916.                                                     |
| DOROTHY A BRILLANTES   | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 129,412.                                           | 36,982.                             | 66,591.                             | 18,626.                                        | 12,027.                 | 263,638.                        | 20,052.                                                    |
| JUDY E. BROWN, RN, MAS | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 150,757.                                           | 42,506.                             | 48,513.                             | 12,212.                                        | 21,058.                 | 275,046.                        | 7,180.                                                     |
| PAUL M.GLEICHAUF       | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 167,630.                                           | 41,708.                             | 28,770.                             | 43,280.                                        | 14,065.                 | 295,453.                        | 0.                                                         |
| SHARON HADSELL         | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 182,005.                                           | 50,113.                             | 127,727.                            | 14,909.                                        | 19,668.                 | 394,422.                        | 89,673.                                                    |
| JAMES E YOUNG          | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 148,997.                                           | 0.                                  | 10,066.                             | 11,018.                                        | 20,285.                 | 190,366.                        | 0.                                                         |
| BRIGITTE WILLIAMS      | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 129,907.                                           | 0.                                  | 8,625.                              | 6,072.                                         | 12,381.                 | 156,985.                        | 0.                                                         |
| ELLEN ALLIN            | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 137,949.                                           | 2,500.                              | 830.                                | 1,135.                                         | 12,972.                 | 155,386.                        | 0.                                                         |
| LEENA JOHN             | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        | 129,317.                                           | 5,000.                              | 4,077.                              | 3,740.                                         | 12,972.                 | 155,106.                        | 0.                                                         |
| CELINE BABU            | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                         |
|                        |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                        |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                        |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                        |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**Part III** Supplemental Information

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

**PART I, LINE 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF HOWARD COUNTY GENERAL HOSPITAL, INC. WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS HAVE APPROVED THE GROSS UP. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEES.**

**PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS-UP PAYMENTS ON DEPENDENT TUITION.**

**PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN:**

**THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN**

Part II Supplemental Information

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

INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE

ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE

SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS.

FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS

TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE

UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT

IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR

TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE

SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS

UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY

BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT

(AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO

ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE

THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED

AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST

ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

Part III Supplemental Information

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

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED

**Part II** Supplemental Information

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

IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED

DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C):

RONALD R. PETERSON \$214,557.00; G. DANIEL SHEALER \$0.00; JAY H. BLACKMAN

\$0.00; SHARON HADSELL \$33,812.00; JAMES E. YOUNG \$0.00; W. GILL WYLLIE

\$35,540.00 AND VICTOR BROCCOLINO \$0.00.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS

SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEARS FORMS 990:

JAY BLACKMAN \$281,644.00; JUDY E. BROWN \$20,052.00; DOROTHY BRILLANTES

\$8,916.00; PAUL M. GLEICHAUF \$7,180.00; RONALD R PETERSON \$23,022.00; G.

DANIEL SHEALER, JR \$337,154.00 AND JAMES E YOUNG \$89,672.81.

PART I, LINE 7: THE BONUSES ARE ON A WEIGHTED FORMULA BASED ON THE



Part III Supplemental Information

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

ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE

COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT

THAT USES DISCRETION TO DETERMINE PAYMENT.

THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSE EMPLOYEES FOR THE

MAXIMUM ANNUAL BENEFIT OF 50% OF \$20,000 OR \$10,000 FOR EACH ELIGIBLE

DEPENDENT WITH A MAXIMUM OF TWO DEPENDENT CHILDREN PER EMPLOYEE AT ANY ONE

TIME. THE BENEFIT IS LIMITED TO FOUR YEARS OF FULL-TIME UNDERGRADUATE

STUDY.

TUITION REIMBURSEMENT IS AVAILABLE TO ELIGIBLE EMPLOYEES THAT HAVE

COMPLETED SIX MONTHS OF SERVICE

AT A MINIMUM OF 40 SCHEDULED HOURS PER PAY. TO RECEIVE REIMBURSEMENT

EMPLOYEES MUST ATTEND ACCREDITED COLLEGES AND UNIVERSITIES FOR

CAREER-RELATED COURSES. THE REIMBURSEMENT IS AS FOLLOWS: IF YOU ARE

SCHEDULED BETWEEN 60-80 HOURS PER PAY PERIOD YOU MAY RECEIVE UP TO \$3,000

PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR \$5,000 PER FISCAL YEAR FOR

GRADUATE COURSES. IF YOU ARE SCHEDULED BETWEEN 40-59 HOURS PER PAY PERIOD

YOU MAY RECEIVE UP TO \$1,500 PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR

Part III Supplemental Information

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

\$2,000 PER FISCAL YEAR FOR GRADUATE COURSES.

SCHEDULE J, PART II, COLUMN F

THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S. THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME.

PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F. THE AMOUNT IN COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.



**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
**(Form 990)** Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047  
**2009**  
Open to Public Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

**Part I Bond Issues**

SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

| (a) Issuer name                                | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    |
|------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|                                                |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL | 52-09360915    | 74217U37    | 05/08/08        | 40,000,000.     | BUILDING CONSTRUCTION      |              | X  |                         | X  |
| B                                              |                |             |                 |                 |                            |              |    |                         |    |
| C                                              |                |             |                 |                 |                            |              |    |                         |    |
| D                                              |                |             |                 |                 |                            |              |    |                         |    |
| E                                              |                |             |                 |                 |                            |              |    |                         |    |

**Part II Proceeds**

|                                                                                                           | A   |             | B   |    | C   |    | D   |    | E   |    |
|-----------------------------------------------------------------------------------------------------------|-----|-------------|-----|----|-----|----|-----|----|-----|----|
|                                                                                                           | Yes | No          | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total proceeds of issue                                                                                 |     | 40,000,000. |     |    |     |    |     |    |     |    |
| 2 Gross proceeds in reserve funds                                                                         |     |             |     |    |     |    |     |    |     |    |
| 3 Proceeds in refunding or defeasance escrows                                                             |     |             |     |    |     |    |     |    |     |    |
| 4 Other unspent proceeds                                                                                  |     |             |     |    |     |    |     |    |     |    |
| 5 Issuance costs from proceeds                                                                            |     |             |     |    |     |    |     |    |     |    |
| 6 Working capital expenditures from proceeds                                                              |     |             |     |    |     |    |     |    |     |    |
| 7 Capital expenditures from proceeds                                                                      |     | 40,000,000. |     |    |     |    |     |    |     |    |
| 8 Year of substantial completion                                                                          |     | 2009        |     |    |     |    |     |    |     |    |
| 9 Were the bonds issued as part of a current refunding issue?                                             |     |             | X   |    |     |    |     |    |     |    |
| 10 Were the bonds issued as part of an advance refunding issue?                                           |     |             |     |    |     |    |     |    |     |    |
| 11 Has the final allocation of proceeds been made?                                                        | X   |             |     |    |     |    |     |    |     |    |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X   |             |     |    |     |    |     |    |     |    |

**Part III Private Business Use**

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

52-2093120

HOWARD COUNTY GENERAL HOSPITAL, INC.

Part III Private Business Use (Continued)

|                                                                                                                                                                                                                                               | A   |     | B   |    | C   |    | D   |    | E   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                                                                                                                                               | Yes | No  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?                                                                                                       |     | X   |     |    |     |    |     |    |     |    |
| <b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?                                                                                                                    |     | X   |     |    |     |    |     |    |     |    |
| <b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?                                                 | X   |     |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      |     | .17 | %   |    |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     | .00 | %   |    |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5                                                                                                                                                                                                               |     | .17 | %   |    |     | %  |     | %  |     | %  |
| <b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X   |     |     |    |     |    |     |    |     |    |

Part IV Arbitrage

|                                                                                                                                                   | A                |            | B   |    | C   |    | D   |    | E   |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                                                   | Yes              | No         | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | X                |            |     |    |     |    |     |    |     |    |
| <b>2</b> Is the bond issue a variable rate issue?                                                                                                 |                  |            |     |    |     |    |     |    |     |    |
| <b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?             | X                |            |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider                                                                                                                         | GOLDMAN SACHS    |            |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge                                                                                                                            | CAPITAL MARKETS, |            |     |    |     |    |     |    |     |    |
| <b>4a</b> Were gross proceeds invested in a GIC?                                                                                                  |                  | 31,000,000 |     |    |     |    |     |    |     |    |
| <b>b</b> Name of provider                                                                                                                         |                  |            |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC                                                                                                                              |                  |            |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |                  |            |     |    |     |    |     |    |     |    |
| <b>5</b> Were any gross proceeds invested beyond an available temporary period?                                                                   |                  | X          |     |    |     |    |     |    |     |    |
| <b>6</b> Did the bond issue qualify for an exception to rebate?                                                                                   | X                |            |     |    |     |    |     |    |     |    |

**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

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

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

VISION IS TO BE THE PREMIER COMMUNITY HOSPITAL IN MARYLAND.

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

CARDIAC, MEDICAL AND SURGICAL CARE. STAFFED 24 HOURS A DAY BY HIGHLY QUALIFIED PHYSICIANS, NURSES AND TECHNICIANS, THE UNIT FEATURES STATE-OF-THE-ART MEDICAL EQUIPMENT INCLUDING A COMPUTERIZED MONITORING SYSTEM. MEDICATIONS ARE ADMINISTERED USING A COMPUTERIZED MEDICATION ADMINISTRATION RECORD WITH BARCODE SCANNING FOR PATIENT SAFETY. THE UNIT IS DESIGNED SO THAT EVERY BED IS CLEARLY VISIBLE FROM THE NURSING STATION.

HOWARD COUNTY GENERAL HOSPITAL HAS LAUNCHED A NEW PROGRAM FOR TOTAL KNEE AND HIP REPLACEMENT PATIENTS JOINT ACADEMY. IT APPROACHES THE JOINT REPLACEMENT SURGICAL EXPERIENCE IN A WHOLE NEW WAY, CREATING A PARTNERSHIP AMONG THE PATIENT, DOCTOR AND HOSPITAL. BECAUSE AN INFORMED PATIENT CAN MORE FULLY PARTICIPATE IN HIS OR HER OWN CARE AND RECOVERY, WE FOCUS ON ENGAGING AND EDUCATING OUR PATIENTS THROUGHOUT THE ENTIRE PROCESS FROM ADMISSION TO POST-DISCHARGE.

THE AMBULATORY CARE CENTER, LOCATED ADJACENT TO THE HOSPITAL, IS HOME TO THE CENTER FOR AMBULATORY SURGERY (TCAS). THIS IS THE PRIMARY LOCATION FOR OUTPATIENT PROCEDURES AND ADDITIONAL OUTPATIENT SERVICES, INCLUDING MAGNETIC RESONANCE IMAGING (MRI). TCAS OCCUPIES THE ENTIRE LOWER LEVEL OF THE BUILDING AND CONSISTS OF SIX OPERATING ROOMS, ONE MINOR PROCEDURE ROOM, A UROLOGY SUITE, AND A POST-ANESTHESIA CARE UNIT.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Employer identification number  
52-2093120

SPACE AND PROGRAMS HAVE ALSO BEEN DESIGNED TO MEET THE NEEDS OF  
PEDIATRIC SURGERY PATIENTS AND THEIR FAMILIES.

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

DESIGNED TO CARE FOR CRITICALLY-ILL NEWBORNS IN AN ENVIRONMENT THAT  
FOSTERS HEALTHY DEVELOPMENT. MOST IMPORTANTLY, NICU PATIENTS BENEFIT  
FROM THE CONTINUOUS CARE AND OBSERVATION OF JOHNS HOPKINS'  
NEONATOLOGISTS AND REGISTERED NURSES WHO ARE EXPERIENCED WITH THE  
SPECIAL NEEDS OF NEWBORN PREMATURE BABIES.

THE CENTER FOR MATERNAL AND FETAL MEDICINE AT HOWARD COUNTY GENERAL  
HOSPITAL IS EQUIPPED TO MANAGE ANY HIGH-RISK SITUATION THAT MAY ARISE  
DURING YOUR PREGNANCY AND TO PROVIDE YOU WITH COMPREHENSIVE CARE. THE  
CENTER PROVIDES:

COVERAGE BY BOARD-CERTIFIED MATERNAL FETAL SPECIALISTS  
CONSULTATIVE SERVICES FOR ALL MEDICAL COMPLICATIONS OF PREGNANCY  
CERTIFIED GENETIC COUNSELORS  
FIRST-TRIMESTER SCREENING TO BETTER DELINEATE THE RISKS OF DOWN  
SYNDROME, TRISOMY 13 AND TRISOMY 18  
4D IMAGING TO STUDY YOUR BABY'S ANATOMICAL DEVELOPMENT AND FETAL GROWTH

FETAL ASSESSMENT CENTER FOR ANTENATAL TESTING PROFILES  
TESTING FOR MATERNAL DIABETES AND HYPERTENSION  
FETAL ECHOCARDIOGRAM PROGRAM  
DIABETES IN PREGNANCY PROGRAM

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**  
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**2009**

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Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

THE CENTER FOR MATERNAL AND FETAL MEDICINE EMPLOYS SPECIALLY TRAINED  
AND CERTIFIED SONOGRAPHERS TO PERFORM ROUTINE FIRST-TRIMESTER  
SCREENINGS AND 20-WEEK FETAL ANATOMY SCREENINGS THAT ARE MORE DETAILED  
THAN THOSE TYPICALLY OFFERED BY OB/GYN OFFICES. HOWARD COUNTY GENERAL  
HOSPITAL ENCOURAGES ANY PATIENT, HIGH-RISK OR OTHERWISE, WHO IS  
INTERESTED IN HAVING THESE STATE-OF-THE-ART TESTS TO GET A REFERRAL  
FROM HER DOCTOR.

THE CENTER FOR MATERNAL AND FETAL MEDICINE OFFERS A MULTIDISCIPLINARY  
TEAM APPROACH WORKING WITH THE MOTHER'S OWN OB/GYN, PERINATOLOGIST,  
NEONATOLOGIST, PEDIATRIC SUBSPECIALIST, GENETIC COUNSELORS AND PATIENT  
EDUCATIONS THROUGHOUT THE PREGNANCY AND, IF NEEDED, DURING YOUR  
DELIVERY AT HOWARD COUNTY GENERAL HOSPITAL. HOWARD COUNTY GENERAL  
HOSPITAL'S GOAL IS TO DEVELOP A HEALTH CARE PLAN THAT ADDRESSES THE  
NEEDS OF THE MOTHER AND BABY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER

EXPENSES \$ 74670084. INCLUDING GRANTS OF \$ 1868969. REVENUE \$ 72232724.

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM  
CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF HOWARD  
COUNTY GENERAL HOSPITAL, INC. ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY OF HOWARD COUNTY

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

Schedule O (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.  
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OMB No. 1545-0047

**2009**

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Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

GENERAL HOSPITAL, INC. IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN  
DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT  
ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: A SECURED WEBSITE PROVIDES ACCESS  
TO A COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS  
FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE.  
ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLY  
ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT  
STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT  
PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES  
COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL  
EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING  
CONFLICT OF INTERST POLICY, ARE PROVIDED TO THE PUBLIC ON THE  
ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST,  
THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH  
THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

**SCHEDULE K, PART I, BOND ISSUES:**

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

Schedule O (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

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

**(A) ISSUER NAME:**

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

**(B) DESCRIPTION OF PURPOSE: BUILDING CONSTRUCTION**

Multiple horizontal lines for providing additional information.

Name of the organization: **HOWARD COUNTY GENERAL HOSPITAL, INC.** Employer identification number: **52-2093120**

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

| (a)<br>Name, address, and EIN of disregarded entity                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| HCGH DIAGNOSTIC HEALTH SERVICE - 52-2326835<br>5755 CEDAR LANE<br>COLUMBIA, MD 21044 | HEALTHCARE SERVICES     | MARYLAND                                         | 0.                  | 0. N/A                    |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |
|                                                                                      |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                                                        | (b)<br>Primary activity             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity        |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|-----------------------------------------|
| JOHNS HOPKINS HEALTH SYSTEM CORPORATION -<br>52-1465301, 1101 E. 33RD STREET, TERRACE<br>LEVEL E001, BALTIMORE, MD 21218     | SUPPORTING ORGANIZATION             | MARYLAND                                         | 501(C)(3)                  | 11, III FI                                          | JOHNS HOPKINS HEALTH SYSTEM CORPORATION |
| HHS, INC - 52-1576639<br>5755 CEDAR LANE<br>COLUMBIA, MD 21044                                                               | SUPPORTING ORGANIZATION             | MARYLAND                                         | 501(C)(3)                  | 11, TYPE II                                         | N/A                                     |
| HOWARD HOSPITAL FOUNDATION, INC. -<br>52-1072778, 5755 CEDAR LANE, COLUMBIA, MD<br>21044                                     | FUNDRAISING/SUPPORTING ORGANIZATION | MARYLAND                                         | 501(C)(3)                  | 11, III FI                                          | N/A                                     |
| JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. -<br>52-1341890, 1101 E. 33RD STREET, TERRACE<br>LEVEL, E001, BALTIMORE, MD 21218 | HOSPITAL                            | MARYLAND                                         | 501(C)(3)                  | 3                                                   | JOHNS HOPKINS HEALTH SYSTEM CORPORATION |

LHA 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization                                               | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity           | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>General or<br>managing<br>partner? |   |
|--------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-------------------------------------------|----|-------------------------------------------|---|
|                                                                                                        |                           |                                                           |                                               |                                                                                                   |                                 |                                          | Yes                                       | No |                                           |   |
| OPHTHALMOLOGY ASSOCIATES, LLC<br>- 52-1890957, 1101 E 33RD<br>STREET STE. E001, BALTIMORE,<br>MD 21218 | OPHTHALMOLOGY<br>SERVICES | MD                                                        | JOHNS HOPKINS<br>HEALTH SYSTEM<br>CORPORATION |                                                                                                   | 0.                              | 0.                                       | X                                         |    | N/A                                       | X |
| SUBURBAN WELLNESS CENTER, LLC<br>- 56-2296930, 20500 GOLDENROD<br>LANE, GERMANTOWN, MD 20874           | REAL ESTATE               | MD                                                        | SUBURBAN HEALTH<br>ENTERPRISES,<br>INC        |                                                                                                   | 0.                              | 0.                                       | X                                         |    | N/A                                       | X |
| GCM SUBURBAN IMAGING, LLC -<br>52-2326237, 1201 SEVEN LOCKS<br>ROAD, STE. 200, ROCKVILLE, MD<br>20854  | OUTPATIENT RADIOLOGY      | MD                                                        | SUBURBAN HEALTH<br>ENTERPRISES,<br>INC        |                                                                                                   | 0.                              | 0.                                       | X                                         |    | N/A                                       | X |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN<br>of related organization                                                                       | (b)<br>Primary activity         | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity           | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| HCP VENTURE ONE CORPORATION - 52-1558858<br>1101 E. 33RD STREET, TERRACE LEVEL, E001<br>BALTIMORE, MD 21218                    | MEDICAL SERVICES                | MD                                                        | N/A                                           | C CORP                                                 | 0.                              | 0.                                       | 100.00%                        |
| HSI MEDICAL SERVICES CORPORATION - 52-1847705<br>1101 E. 33RD STREET, TERRACE LEVEL, E001<br>BALTIMORE, MD 21218               | HEALTHCARE-SLEEP<br>DIAGNOSTICS | MD                                                        | JOHNS HOPKINS<br>HEALTH SYSTEM<br>CORPORATION | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783<br>1101 E. 33RD STREET, TERRACE LEVEL, E001<br>BALTIMORE, MD 21218            | HEALTHCARE MANAGEMENT           | MD                                                        | JOHNS HOPKINS<br>HEALTH SYSTEM<br>CORPORATION | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION -<br>52-1250028, 1101 E. 33RD STREET, TERRACE LEVEL, E001,<br>BALTIMORE, MD 21218 | NURSING SERVICES                | MD                                                        | JOHNS HOPKINS<br>HEALTH SYSTEM<br>CORPORATION | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. -<br>52-1947678, 1101 E. 33RD STREET, TERRACE LEVEL, E001,<br>BALTIMORE, MD 21218  | BENEFIT PLANS                   | MD                                                        | JOHNS HOPKINS<br>HEALTH SYSTEM<br>CORPORATION | C CORP                                                 | 0.                              | 0.                                       | .00%                           |

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

|                                                                                                |                                                                                                                                                     | Yes | No |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |                                                                                                                                                     |     |    |
| <b>1</b>                                                                                       | 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? |     |    |
| <b>a</b>                                                                                       | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity                                                        |     | X  |
| <b>b</b>                                                                                       | Gift, grant, or capital contribution to other organization(s)                                                                                       | X   |    |
| <b>c</b>                                                                                       | Gift, grant, or capital contribution from other organization(s)                                                                                     | X   |    |
| <b>d</b>                                                                                       | Loans or loan guarantees to or for other organization(s)                                                                                            |     | X  |
| <b>e</b>                                                                                       | Loans or loan guarantees by other organization(s)                                                                                                   |     | X  |
| <b>f</b>                                                                                       | Sale of assets to other organization(s)                                                                                                             |     | X  |
| <b>g</b>                                                                                       | Purchase of assets from other organization(s)                                                                                                       |     | X  |
| <b>h</b>                                                                                       | Exchange of assets                                                                                                                                  |     | X  |
| <b>i</b>                                                                                       | Lease of facilities, equipment, or other assets to other organization(s)                                                                            |     | X  |
| <b>j</b>                                                                                       | Lease of facilities, equipment, or other assets from other organization(s)                                                                          |     | X  |
| <b>k</b>                                                                                       | Performance of services or membership or fundraising solicitations for other organization(s)                                                        |     | X  |
| <b>l</b>                                                                                       | Performance of services or membership or fundraising solicitations by other organization(s)                                                         | X   |    |
| <b>m</b>                                                                                       | Sharing of facilities, equipment, mailing lists, or other assets                                                                                    | X   |    |
| <b>n</b>                                                                                       | Sharing of paid employees                                                                                                                           |     | X  |
| <b>o</b>                                                                                       | Reimbursement paid to other organization for expenses                                                                                               |     | X  |
| <b>p</b>                                                                                       | Reimbursement paid by other organization for expenses                                                                                               |     | X  |
| <b>q</b>                                                                                       | Other transfer of cash or property to other organization(s)                                                                                         |     | X  |
| <b>r</b>                                                                                       | Other transfer of cash or property from other organization(s)                                                                                       |     | X  |

|            | <b>(a)</b><br>Name of other organization(s) | <b>(b)</b><br>Transaction type (a-r) | <b>(c)</b><br>Amount involved |
|------------|---------------------------------------------|--------------------------------------|-------------------------------|
| <b>(1)</b> |                                             |                                      |                               |
| <b>(2)</b> |                                             |                                      |                               |
| <b>(3)</b> |                                             |                                      |                               |
| <b>(4)</b> |                                             |                                      |                               |
| <b>(5)</b> |                                             |                                      |                               |
| <b>(6)</b> |                                             |                                      |                               |





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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| TCAS, INC. - 52-1979344                                  |                         |                                                           | JOHNS HOPKINS<br>MEDICAL            |                                                        |                                 |                                          |                                |
| 5759 CEDAR LANE                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
| COLUMBIA, MD 21044                                       | NURSING SERVICES        | MD                                                        | MANAGEMENT                          | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| SUBURBAN CONTRACTING CORP, INC. - 52-2188022             |                         |                                                           | SUBURBAN                            |                                                        |                                 |                                          |                                |
| 3600 OLD GEORGETOWN ROAD                                 | MEDICARE CONTRACTING    | MD                                                        | HOSPITAL                            | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| BETHESDA, MD 20814                                       |                         |                                                           | SUBURBAN                            |                                                        |                                 |                                          |                                |
| SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352           | MEDICAL OFFICE          | MD                                                        | HOSPITAL                            | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| 3600 OLD GEORGETOWN ROAD                                 | LEASING AND RELEASING   | MD                                                        | HEALTHCARE                          | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| BETHESDA, MD 20814                                       |                         |                                                           | SUBURBAN                            |                                                        |                                 |                                          |                                |
| SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011      | MULTI SPECIALTY         | MD                                                        | HEALTH                              | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| 3600 OLD GEORGETOWN ROAD                                 | MEDICAL PRACTICE        | MD                                                        | ENTERPRISES,                        | C CORP                                                 | 0.                              | 0.                                       | .00%                           |
| BETHESDA, MD 20814                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |



2009 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description               | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------|---------------|--------|------|---------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 1         | LAND                      | VARIOUS       |        | .000 |         | HY16     | 8,227,767.               |            |                     |                      | 8,227,767.             |                                    |                         | 0.                     |                                 |
| 2         | LAND IMPROVEMENTS         | VARIOUS       |        | .000 |         | HY16     | 32,282.                  |            |                     |                      | 32,282.                | 22,316.                            | 4,036.                  |                        | 25,352.                         |
| 3         | BUILDINGS                 | VARIOUS       |        | .000 |         | HY16     | 130258649.               |            |                     |                      | 130258649.             | 20407339.                          | 3,392,520.              |                        | 23799859.                       |
| 4         | LEASEHOLD IMPROVEMENTS    | VARIOUS       |        | .000 |         | HY16     | 470,150.                 |            |                     |                      | 470,150.               | 50,577.                            | 36,240.                 |                        | 86,817.                         |
| 5         | FIXED EQUIPMENT           | VARIOUS       |        | .000 |         | HY16     | 16955876.                |            |                     |                      | 16955876.              | 11488547.                          | 1,231,114.              |                        | 12719661.                       |
| 6         | MAJOR MOVABLE EQUIPMENT   | VARIOUS       |        | .000 |         | HY16     | 44839288.                |            |                     |                      | 44839288.              | 223,972.                           | 6,018,787.              |                        | 15242759.                       |
| 8         | CONSTRUCTION IN PROGRESS  | VARIOUS       |        | .000 |         | HY16     | 19139344.                |            |                     |                      | 19139344.              |                                    |                         | 0.                     |                                 |
| 9         | BUILDING IMPROVEMENTS     | VARIOUS       |        | .000 |         | HY16     | 11264685.                |            |                     |                      | 11264685.              | 735,065.                           | 571,751.                |                        | 306,816.                        |
| 11        | BUILDING IMPROVEMENTS-CAP | VARIOUS       |        | .000 |         | HY16     | 1,504,151.               |            |                     |                      | 1,504,151.             | 250,692.                           | 50,138.                 |                        | 300,830.                        |
|           | * TOTAL 990 PAGE 10 DEPR  |               |        |      |         |          | 232692192.               |            |                     |                      | 232692192.             | 44178506.                          | 11304586.               |                        | 55483094.                       |

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone