# Public Disclosure Copy

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

2008

OMB No. 1545-0047

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.

<u> </u>	POI ti	16 2000	cale	dar year, or tax year beginning 07/01, 2008, and ending		5/30,2009
B_	Check if a		Please	C Name of organization THE GOOD SAMARITAN HOSPITAL OF MARYLA	D Employer identif	ication number
	Addr		use IRS label or	Doing Business As	52-059160	
	Nam	e change	print or	Number and street (or P.O. box if mail is not delivered to street address)  Room/sulte	E Telephone numb	er
Г	Initia	il return	type. See	5601 LOCH RAVEN BLVD.	(410) 772-	-6719
Г	Tern		Specific Instruc-	City or town, state or country, and ZIP + 4		
	Ame retur	nded	tions.	BALTIMORE, MD 21239	G Gross receipts \$	318,282,003.
Г		ication	F Na	me and address of principal officer: LAWRENCE BECK	H(a) is this a group ref	
_				LOCH RAVEN BLVD. BALTIMORE, MD 21239	affiliates?  H(b) Are all affiliates in	
ī	Tax-ex	kempt stat		X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	┥ ``	st. (see Instructions)
J	Webs	ite: >	เสเสเส	GOODSAM-MD.ORG	H(c) Group exemption	
ĸ		of organiz			ation: 1920 M Stat	
	art I		mary	A constant Heat Necessarian Care P	1920	A C. LOSAL CO. M. C. M. D.
<u></u>						<del></del>
	1			be the organization's mission or most significant activities:		
9				- WE ARE GOOD SAMARITANS, GUIDED BY CATHOLIC TRADI		
Governance		TRUS	TED_	TO DELIVER IDEAL HEALTH EXPERIENCES.		
Ver						
				if the organization discontinued its operations or disposed of more than 25%		I
త		Number	r of vo	ting members of the governing body (Part VI, line 1a)	3	19
ties	4			lependent voting members of the governing body (Part VI, line 1b)	4	12
Activities	5	Total nu	umber	of employees (Part V, line 2a)	5	2,324
Ac	6			of volunteers (estimate if necessary)	6	NONE
	7 a	Total gr	oss u	related business revenue from Part VIII, line 12, column (C)	7a	157,684.
	Ь	Net unr	elated	business taxable income from Form 990-T, line 34	7b	NONE
					Prior Year	Current Year
0	8	Contrib	ution a	nd grants (Part VIII, line 1h)	3,398,774.	1,569,696.
Revenue	9	Program	n serv	ce revenue (Part VIII, line 2g)	287,129,134.	
ě	10	Investm	ent in		-12,032,969.	-3,737,094.
œ	11	Other re	evenu	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,929,597.	3,362,398.
	12	Total re	venue		281,424,536.	314,471,737.
	13			milar amounts paid (Part IX, column (A), lines 1-3)	2027 1217000.	NONE
	14	Benefits	s paid	to or for members (Part IX, column (A), line 4)		NONE
"	14-	Salaries	othe		136,769,138.	146,380,377.
Expenses	169	Profess	ional f	undraising fees (Part IX, column (A), line 11e)		
per	, , , a				70,000.	NONE
Ä	17				147 000 050	1.61
	18	Total av	xpens		<u>147,890,850.</u>	
					<u> 284,729,988.</u>	
_ 0	19	Revenu	e less	expenses. Subtract line 18 from line 12	<u>-3,305,452.</u>	6,538,720.
ts o		<b>.</b>		<u> </u>	Beginning of Year	End of Year
sse 3ala	20	lotal as	sets (I	art X, line 16)	<u>176,227,464.</u>	156,498,075.
Net Asse Fund Bala	21				<u>47,751,268.</u>	52,305,256.
					<u>128,476,196.</u>	104,192,819.
Pa	art II	Sign	ature	Block	·	
		Under p	enaltie	s of perfory, () declare that I have examined this return, including accompanying schedules and the property paid complete. Declaration of preparer (other than officer) is based on all info	d statements, and to	the best of my knowledge
		and bei	ier, it i	bus, correst, and complete. Declaration of preparer (other than officer) is based on all info	ormation of which pre	parer has any knowledge.
	ign			Mac(CD) —	5//3/	10
Н	ere	<b>7</b> 61	gnatur	of officer	Date /	
			M	ACR. BERGER AVP TAXATION		
		Ty	pe or p	rint name and title		
		Prepare	er's 📐	Date Check if		s identifying number
aid		signatu		S/2//0 self- employed	(see instr	uctions) 100451522
•	parer's	Firm's n	ame (o	yours & KDMC TTD	T-11.	3-5565207
J88	Only	if self-en address,				57 <b>-</b> 616-7000
May	the II	RS discu	ıss thi	return with the preparer shown above? (See instructions)	• • • • • • • • • •	X Yes No
<u>`</u>				perwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)

	8868 (Re								Page 2
		e filing for an Additional							. <b>▶</b> X
		complete Part II if you h					a previously file	d Form 8868	
		e filing for an Automatic							
Par		Additional (Not Auto		Extension of	Time. Only fi	le the ori	ginal (no co	pies neede	∋d).
Тур	e or	Name of Exempt Organiz	ation				Employer identi	ication numbe	er
prin		THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. 52-059160							
File b	y the	Number, street, and room	or suite no. If a P.O. bo	x, see instructions.		F	or IRS use only		
exteni due d	ded late for	5601 LOCH RAVE				n in			
filling t		City, town or post office,	state, and ZIP code. For	a foreign address,	see instructions.				
	ctions.	BALTIMORE, MD	21239						
Che	ck type	of return to be filed (F	le a separate applica	ition for each retu	rn):			31 3.2. 3.3. 3.7.	17.00
X	Form	n 990	Form 990-PF		-	F	orm 1041-A	For	m <b>606</b> 9
	Form	990-BL	Form 990-T (se	c. 401(a) or 408	(a) trust)	F	orm 4720	For	m 8870
		1990-EZ		ust other than ab			orm 5227		
STO	PI Do	not complete Part II if	ou were not alread	y granted an au	tomatic 3-mon	th extensi	on on a previo	ously filed F	orm 8868.
• Th	ne boal	s are in the care of	MARC BERGER						
Te	elephor	e No. ▶ 410 772-	6719	FAX	No. ▶			<del></del>	
• If (	the org	anization does not have	an office or place of	business in the	United States, ch	neck this bo	x	<del></del>	▶□
		or a Group Return, enter							
for t	he who	le group, check this box	If it is	for part of the gro	oup, check this !	box	and atta	ch a	
		names and EINs of all a							
4	i requ	est an additional 3-moni	th extension of time u	intil 05/15/2	2010				
5		alendar year , or				and endin	g 06/30/2	009	
6	If this	tax year is for less than	12 months, check rea	son: Initial	return F	inal return	Chang	e in account	ing period
7	State	in detail why you need t	ne extension <u>INF</u> C	RMATION NEC	CESSARY TO	PREPARE	A COMPLE	re a	
		RATE RETURN IS NO							
8a	If this	application is for Form	990-BL, 990-PF, 99	D-T, 4720, or 60	069, enter the	tentative ta	ax, less any		
		fundable credits. See ins					•	8a \$	NONE
ь	If this	application is for Form !	90-PF, 990-T, 4720	, or 6069, enter	any refundable	credits an	d estimated		
	tax pa	syments made. Include	any prior year over	payment allowe	d as a credit a	and anv a	mount paid		
		usly with Form 8868.	• •				,	8Ь \$	NONE
Ç	Balan	ce Due. Subtract line 8b	from line 8a. Includ	e vour payment	with this form.	or, if requir	ed, deposit	<del>  -</del>	
	with F	TD coupon or, if required	d. by using EFTPS (E)	ectronic Federal	Tax Payment Sy	stem). See	instructions.	8c \$	
				ignature and				1==1.4	NONE
Under	penaltie	s of perjury, I declare that I	have examined this form,	including accompan	ying schedules and	statements,	and to the best o	f my knowledg	
it is tru	ie, correc	x, and complete, and that I am	authorized to prepare this fo	orm.	-			-	
		DATA ADATA M	aida. 10		CPA			11/2-	1-110
Signat	ure 🕨 (	flathernie m	jumuruy	TIÉ	· CPM		Date	11/20	12007
					<del></del>			5	9 4 2000)

KPMG LLP 2100 DOMINION TOWER NORFOLK, VA 23510-3310 Form **8868** 

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

internal Revenue S	serviceservice										
<ul> <li>If you are f</li> </ul>	iling for an Automatic 3-Month Extension, complete only Part I and check this box										
<ul> <li>If you are f</li> <li>Do not comple</li> </ul>	iling for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on pag te Part II unless you have already been granted an automatic 3-month extension on a pre	je 2 of this form). viously filed Form 8868.									
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).										
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this b	oox and complete									
•		▶ □									
All other corp time to file inc	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 ome tax returns.	004 to request an extension of									
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut turns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Composite or the electronic filing of the elect	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form									
Type or	Name of Exempt Organization	Employer Identification number									
print	THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607									
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.										
due date for filing your	5601 LOCH RAVEN BLVD.										
return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
	BALTIMORE, MD 21239										
	f return to be filed (file a separate application for each return):	4700									
X Form 990		m 4720 m 5227									
Form 990		m 6069									
Form 990	<u></u>	m 8870									
<ul><li>If the organ</li><li>If this is for</li></ul>	No. ► 410 772-6719 FAX No. ►  Inization does not have an office or place of business in the United States, check this box  a Group Return, enter the organization's four digit Group Exemption Number (GEN)  In our one of the group, check this box. ► and and an arrow of the group, check this box.										
	s of all members the extension will cover.	attach a list with the									
until for the or	at an automatic 3-month (6 months for a corporation required to file Form 02/15,2010 , to file the exempt organization return for the organization ganization's return for:  calendar year or tax year beginning 07/01,2008 , and ending										
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period									
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	·									
	dable credits. See instructions.  Dication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p.	3a \$ NONE									
	lude any prior year overpayment allowed as a credit.	· I I									
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,										
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System										
instruction	· · · · · · · · · · · · · · · · · · ·	3c \$ NONE									
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC										
or payment ins											
or Privacy Ac	t and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)									

Form 990 (2	2008)	52-0591607	Page 2
Part III	Statement of Program Ser	vice Accomplishments (see instructions)	
1 Briefly	describe the organization's m	nission:	
SEE	STATEMENT 1		
2 Did th	ne organization undertake an	y significant program services during the year which were not listed on	
the pri	ior Form 990 or 990-F72		Yes X N
If "Yes	s" describe these new services	on Schedule O	<u></u>
		ting, or make significant changes in how it conducts, any program	
			Yes X N
if "Voo	s," describe these changes on	Sahadula O	resX_N
		schedule 0. vements for each of the organization's three largest program services by expe	
		anizations and section 4947(a)(1) trusts are required to report the amount of	
		anizations and section 4947 (a)(1) trusts are required to report the amount of uses, and revenue, if any, for each program service reported.	grants and
alluca	tions to others, the total exper	ises, and revenue, it any, for each program service reported.	
4a (Code	:) (Expenses \$ _	22,221,512. including grants of \$) (Revenue \$1	7,828,888. )
_GOOI	D SAMARITAN HOSPITAL	PROVIDED \$22.2M SUBSIDIZED (MISSION	
DRI	VEN) HEALTH SERVICES	IN FISCAL 2009. INCLUDED IN THIS GROUP OF	
SERV	VICES ARE THOSE THAT	ARE PROVIDED TO THE COMMUNITY AND ARE	
		A LOSS AND ARE INTENDED TO ADDRESS	
		ORITIES PRIMARILY THROUGH DISEASE	
		ENT OF HEALTH STATUS. SERVICES PROVIDED	
		ES, HOSPITALISTS, PSYCHIATRY, UROLOGY,	
		VERAGE, OUTPATIENT RENAL CARE, LOW INCOME	
			<del> </del>
nous	SING SERVICES, AND C	ERTAIN SUB-ACUTE PROGRAM SUBSIDIES.	
4h (0 - 1-	\	in all discounts of the	
<b>4b</b> (Code:			2,365,920. )
		PROVIDED \$7.8M HEALTH PROFESSIONS	
		9. THESE SERVICES GENERALLY INCLUDED	<u>id</u>
TRA	INING FOR PHYSICIANS	, MEDICAL STUDENTS, AND NURSES. AMONG	
THES	<u>SE PROGRAMS MAY BE R</u>	ESIDENCIES, INTERNSHIPS, CLERKSHIPS, AND	
FELI	LOWSHIPS.		
4c (Code:	) (Expenses \$	5,015,378, including grants of \$ ) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
•			
		PROVIDED \$5.0M CHARITY CARE SERVICES IN	
		ARE IS PROVIDED PURSUANT TO MEDSTAR	
		OLICY TO MEMBERS OF THE COMMUNITY WHOSE	
INCO	ME IS BELOW CERTAIN	THRESHOLDS AND FOR WHICH THE HOSPITAL IS	~~~~
NOT	COMPENSATED. UNDER	MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT	
REPO	RTED REPRESENTS THE	HOSPITAL'S CHARITY CARE EXPENSE AND	
REVE	NUES REPRESENT DIREC	CT PAYMENTS FROM THE STATE'S CHARITY CARE	
POOL		RE EXPENSES ARE INDIRECTLY REIMBURSED VIA	
*	STATE OF MARYLAND'S		
d Other	program services. (Describe in	Schedule O )	
	ses \$ 228,681,820, includir	•	
	program service expenses		
sa	Profigin service exhetises	\$ 263,687,520 (Must equal Part IX, Line 25, column (B).)	H 600 /0
E1020 1.000			Form <b>990</b> (2008

Par	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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	1		
	Schodulo D. Port I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		_
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		l "
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			X
•	complete Schoolide D. Boot III			.,
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		Х
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		ا ۾ ا		
10	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D,</i>	10		<u>X</u>
• •	Parts VI VIII VIII IX or X as applicable	امدا		
42	Did the organization receive an audited financial statement for the year for which it is completing this return	11	X	
12				
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	l l		
4 =	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
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? If "Yes," complete Schedule F, Part III.	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	
21	Did the organization report more than \$5,000 on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		Ī	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			<del></del>
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
JSA 8E1021			990	(2008)
521021			'	,

Form 990 (2008) 52-0591607 Pege 4

#### Part IV Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee; Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% In another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b X Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
		V 2022-12-12-1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		4	
	U.S. Information Returns. Enter -0- if not applicable			75
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			. 0.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		7	
	gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		E 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,324	1. 26 s		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			P 4
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	12	.311	, of , !!!
	this return?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		Jely,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1 . A
	and Financial Accounts.	£3.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
	gifts were not tax deductible?	6b	T-CHICAL STREET	
7	Organizations that may receive deductible contributions under section 170(c).	# C		-
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a 7b		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ D		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		X
				<b>1</b>
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	in white	X
	benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	х	
y	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1,000
"		7h	х	
8	required?	7	- 11:3	
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	3 2	1 1	
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	12. ~		
а	Did the organization make any taxable distributions under section 4966?	9a		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		х
0	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12		3.0	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	8		
1	Section 501(c)(12) organizations. Enter:	# 4		
а	Gross income from members or shareholders		4	7.0
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		Hall.	95.7
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a	1. 28 . 2	No. of Person
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	The second	20 是	
		Form	990	(2008)

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.		2.02	
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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	11		x
Secti	on B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	х	
b	Other officers or key employees of the organization?	15b	х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b		
	on 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	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	е		
	organization: MARC BERGER 5565 STERRETT PL, 5TH FLR COLUMBIA, MD 21044			
	410-772-6719			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not com	pensate a	ny offi	cer,	dire	ecto	r, trus	stee	, or key employee.		
(A) Name and Title	(B) Average hours per week							compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SEE SCHEDULE J-2										*****
								ē		
										E)
								K		
						ē				
							×			
							*			

(A) Name and title	(B) Average	(C) Position (check all that ap					nha	(D) Reportable	(E) Report	ablo	(F) Estimated
Name and tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compens from re organiza (W-2/1099	ation ated itions	amount of other compensation from the organization and related organizations
							П				<del>*= </del>
b Total							▶ han		2,785 ortable co		776,60 ation from the
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r or h indi	tru <i>vidu</i>	stee	e, k	ey e	mp	loyee, or highest	compens	ated	3
For any individual listed on line 1a, is the the organization and related organizations individual	greater that	an \$1	150	,000	0?	If "Y	es,"	complete Schedu	lle J for	rom such	4 x
Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accru	ie co	mp	ens	atio	n fro	m	any unrelated or	ganization	for	5
Section B. independent Contractors											
Complete this table for your five highest compensation from the organization.	compensate	ed ind	dep	end	ent	cont	ract	tors that received	more tha	n \$10	0,000 of
(A) Name and business add	ess							(B) Description of sen	rices	С	(C) ompensation
SEE STATEMENT 2							-				
					-		_				
	,			_							

Pa	art VIII Statement of Revenue				52-0591607						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
र र	1a	Federated campaigns	1a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1000								
s, g	c	Fundraising events	1c	41.01.1-4.20.							
ar a	d	Related organizations	100000000000000000000000000000000000000	1,407,000.							
S.E	e	Government grants (contribu									
utto	f	All other contributions, gifts, gran		- 1							
름		and similar amounts not include	d above . 1f	162,696.							
E B	g	Noncash contributions included	in lines 1a-1f: \$								
	_ h	Total. Add lines 1a-1f		▶	1,569,696.						
Program Service Revenue				Business Code							
e e	2 a	NET PATIENT SERVICE REVEN	NUE ,		313,160,694.	313,160,694.					
<b>₩</b>	b	LAB REVENUE	<u> </u>	621500	116,043.		116,043.				
ξ	c										
လီ	d					1					
ē	е		<u> </u>								
6	f	All other program service rev				CONTROL OF THE STREET,		ekness and a same			
	9	Total. Add lines 2a-2f	· · · · · · · · · ·		313,276,737.	<b>36年20年3月10日20日</b>		<b>医细胞类原质</b>			
	3	Investment income (including	•	· I							
		other similar amounts)			69, 846.			69,846.			
	4	Income from investment of		1	NONE						
9	5	Royalties	(i) Real	(ii) Personal	NONE	OLDER MAIN DESCRIPTION OF	and the second second	CARRIED BARRIED ALS MINI			
				<u> </u>							
	6a	Gross Rents	475,511.								
	b	Less: rental expenses	455 544								
3	C	Rental income or (loss)	475,511.		ADD EAS						
	d	Net rental income or (loss).	(i) Securities	(ii) Other	475,511.		than a texture	475,511.			
	7 a	Gross amount from sales of	(1) Occurred								
		assets other than inventory		3,326.							
	b	Less: cost or other basis	3 010 066								
1		and sales expenses	3,810,266. -3,810,266.	2 226							
	c d	Gain or (loss)			3 906 040	marka kasa laka asa da ka		2 226 242			
					-3,806,940.		CARLES AND SERVICE	-3,806,940.			
	8a		undraising								
anue		events (not including \$	line del	- 1							
ě		of contributions reported on See Part IV, line 18	•								
Other Reven	ь	Less: direct expenses	9								
통	c	Net income or (loss) from fur			NONE		AND DESCRIPTION OF THE PERSON	incentional statement			
	9a	Gross income from gaming a			AVAB		5 15 15 15 15 15				
	vu	See Part IV, line 19.									
- 1	ь	Less: direct expenses									
- 1	c	Net income or (loss) from ga			NONE						
	10a	Gross sales of invento									
		returns and allowances									
- 1	b	Less: cost of goods sold				62.1					
l	С	Net income or (loss) from sal	es of inventory		NONE						
		Miscellaneous Reven	ue	Business Code							
	11a	MANAGEMENT FEES		900099	95,674.			95,674.			
	b	OTHER		621500	1,160,015.	1,118,374.	41,641.				
	С	TELEPHONE		900099	50,606.			50,606.			
	d	All other revenue	<i></i> [	900099	1,580,592.	990,903.		589,689.			
	е	Total. Add lines 11a-11d			2,886,887.						
	12	Total Revenue. Add lines 1h,	, 2g, 3, 4, 5, 6d, 7	d, 8c,							
		9c, 10c, and 11e	· · · · · · · · · · · · · · · · · · ·	<u></u>	314,471,737.	315,269,971.	157,684.	-2,525,614.			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
zations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comple				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE	41		
2	Grants and other assistance to individuals in	×			
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE	······································		
5	Compensation of current officers, directors,	1 =			
	trustees, and key employees	2,287,981.	2,045,472.	242,509.	NON
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	*			
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	116,507,649.	104,173,917.	12,333,732.	NON!
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	4,615,080.	4,107,421.	507,659.	NON1
9	Other employee benefits	14,461,446.	12,870,687.	1,590,759.	NON
10	Payroll taxes	8,508,221.	7,507,306.	1,000,915.	NON
11	Fees for services (non-employees):				
а	Management	17,596,134.	NONE	17,596,134.	NON
b	Legal	172,964.	NONE	172,964.	
C	Accounting	NONE			· · · · · · · · · · · · · · · · · · ·
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17	NONE	en vog var de folker		NON
f	Investment management fees	NONE			
g	Other	40,946,667.	39,624,449.	1,322,218.	
12	Advertising and promotion	2,244,856.	68,130.	2,176,726.	NONE
13	Office expenses	2,241,936.	1,649,442.	592,494.	NONE
14	Information technology	252,418.	77,247.	175,171.	NONE
15	Royalties	NONE			
16	Occupancy	1,621,254.	589,053.	1,032,201.	NONE
17	Travel	377,160.	321,101.	56,059.	NONE
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	59,556.	47,138.	12,418.	NONE
20	Interest	3,228,801.	3,228,801.	NONE	NONE
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	10,722,152.	10,722,152.	NONE	NONE
23	Insurance	3,482,723.	11,426.	3,471,297.	NONE
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.)				
а	MEDICAL SURGICAL SUPPLIES	17,772,511.	17,735,324.	37,187.	NONE
	DRUGS/PHARMACEUTICALS	17,130,910.	17,130,316.	594.	NONE
	IMPLANTS/PROSTHESIS	13,063,847.	13,063,847.	NONE	NONE
	BAD_DEBT	11,718,277.	11,718,277.	NONE	NONE
	MISCELLANEOUS	5,197,536.	3,987,696.	1,209,840.	NONE
	All other expenses	13,722,938.	13,008,318.	714,620.	NONE
	Total functional expenses. Add lines 1 through 24f	307,933,017.	263,687,520.	44,245,497.	NONE
	Joint Costs. Check here ▶ If following			,,	NONE
	SOP 98-2. Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
JSA					5 000 (0000)

8E1052 1.000

Par		Balance Sneet	(A) Beginning of year		End	(B) of yea	ar
T	1	Cash - non-interest-bearing	3,550.	1		3	,550
1	2	Savings and temporary cash investments		2			
- 1	3	Pledges and grants receivable, net		3			
ŀ	4	Accounts receivable, net	40,811,282.	4	34,	036	,564
1	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
		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			
\$		Notes and loans receivable, net		7			
Assets		Inventories for sales or use	2,703,424.	8	2,	575	<u>,731</u>
A	9	Prepaid expenses and deferred charges	248,932.	9		33,	,274
- 1	10a	Land, buildings, and equipment: cost basis 10a 216,504,060					
Ì		Less: accumulated depreciation. Complete					
		Part VI of Schedule D	77,653,786.	10c	76,	432,	,237
		Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · ·	100,000.	12		100,	,000
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets. See Part IV, line 11	54,706,490.	15	43,	316,	719
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	176,227,464.	16	156,		
194		Accounts payable and accrued expenses	24,316,620.	17		072,	
-		Grants payable		18		<u> </u>	
j.		Deferred revenue	206,236.	19		131,	341
		Tax-exempt bond liabilities	200/200.	20			<u> </u>
		Escrow account liability. Complete Part IV of Schedule D		21	<del></del>		
Φ		Payables to current and former officers, directors, trustees, key employees,			S. Calvain		400
٥		highest compensated employees, and disqualified persons. Complete Part II					
2		of Schedule L	COLUMN DESCRIPTION OF THE SERVICE OF A SECULIMENT	22			
		Secured mortgages and notes payable to unrelated third parties		23			
i i		Unsecured notes and loans payable		24	-		<del></del>
- 1		Other liabilities. Complete Part X of Schedule D	23,228,412.	25	24	101,	722
- 1		Total liabilities. Add lines 17 through 25	47,751,268.	26			
		Organizations that follow SFAS 117, check here ▶ X and complete	4/,/31,268.	(*C)((*C)	52,	305,	256
တ္ထ		lines 27 through 29, and lines 33 and 34.		7.0			
alances		Unrestricted net assets	01 010 760	27		040	1.00
ala		Temporarily restricted net assets	81,818,762. 46,657,434.	20			169
ш ;		Permanently restricted net assets	40,007,434.	29	36,	252,	030
Fund		Organizations that do not follow SFAS 117, check here ▶ □ and		25		o this total	
9		complete lines 30 through 34.					
		Capital stock or trust principal, or current funds		20			
0		Paid-in or capital surplus, or land, building, or equipment fund		30			
As		Retained earnings, endowment, accumulated income, or other funds		_			
₩,		Total net assets or fund balances		32			
- 1		<u> </u>	128,476,196.	33	104,	-	
		Total liabilities and net assets/fund balances	176,227,464.	34	156,	498,	075.
Par	Λŀ	Financial Statements and Reporting				1,,	τ
	J				EHWIR	Yes	No
		Inting method used to prepare the Form 990: Cash X Accrual Other					Fig. 1
		the organization's financial statements compiled or reviewed by an independent accounts					Х
	∕vere	the organization's financial statements audited by an independent accountant?			· 2b	Х	<u> </u>
						i	
C I	f "Yes	" to lines 2a or 2b, does the organization have a committee that assumes responsibility f				1	ł
C i	f "Yes audit,	review, or compilation of its financial statements and selection of an independent account	ntant?		· 2c	×	
с і За <i>і</i>	f "Yes audit, As a re	review, or compilation of its financial statements and selection of an independent account esult of a federal award, was the organization required to undergo an audit or audits as se	ntant?			х	A
c i a 3a /	f "Yes audit, As a re he Sir	review, or compilation of its financial statements and selection of an independent account	atant?		. 3a	х	x

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer identification number** THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC 52-0591607 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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). (Attach Schedule H.) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. b Type II c | Type III - Functionally Integrated d Type III - Other 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? 11g(li) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ili) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vil) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in organization in col support col. (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? **U.S.?** Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Part II

Pa	Support Schedule for Org (Complete only if you che	ganizations I	Described in Son line 5, 7, or	Sections 170(I 8 of Part I.)	b)(1)(A)(iv) and	170(b)(1)(A	)(vi)
Sec	tion A. Public Support	29 92					
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	State Francisco Civiliano Incide		X-1111-1212-111-111-111-111-111-111-111-	SACRESCO LOS ESPERADOS DO	STREET STREET	
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4. tion B. Total Support				TO MENTE HAVE BEEN WA	<b>新型的产品的</b>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_		(4) 2001	(2) 2000	(0) 2000	(4) 2007	(6) 2000	(i) Total
7 8	Amounts from line 4						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
	Sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		10 But 19 11 11 11 11			1 2 2	
12	Gross receipts from related activities, etc. (\$	See instructions.)				12	
13	First five years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a 501(c)(3)		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (li	ne 6, column (1	) divided by line	11, column (f))			%
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			[15]	<u>%</u>
16a	33 1/3% support test - 2008. If the o	rganization did	not check the b	ox on line 13, a	and line 14 is 33	1/3% or more	e, check this box
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the or	T					
	box and <b>stop here</b> . The organization q						
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization					•	
	in Part IV how the organization meets				•		
_	organization						
D	10%-facts-and-circumstances test - 2						nd line
	15 is 10% or more, and if the organiza						4.0.1
	Explain in Part IV how the organization					•	
18	supported organization						
	instructions					• • • • • • • •	••••

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.)

Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not include		11	]		]	
	any "unusual grants.")			1			
2	Gross receipts from admissions, merchandise					i	
	sold or services performed, or facilities		51			W	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's		<u> </u>				**************************************
	benefit and either paid to or expended on					5	
	its behalf						
5	The value of services or facilities		1	<del>                                     </del>	†		
	furnished by a governmental unit to the		-				
	organization without charge					1	
6	Total. Add lines 1-5	**					
	Amounts included on lines 1, 2, and 3	<del> </del>					
. •	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · ·						
c	Add lines 7a and 7b		1				
8	Public support (Subtract line 7c from						
	line 6.)		<b>计点类似字位置</b>	<b>然為是到 唐古 是</b> 籍			
Sec	tion B. Total Support			A VENEZA E APPER DE LA COMPANIA COMPANI	The same and the property of the same and th	1 1 2 September 1 Company of the Com	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<u> </u>		1	<del>                                     </del>	
	Gross income from interest, dividends,					1	
	payments received on securities loans,			}	1		
	rents, royalties and income from similar sources		**	i	1		
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses				ļ		12
	acquired after June 30, 1975				}		
c	Add lines 10a and 10b		<u> </u>			1	
11	Net income from unrelated business			<del></del>	-	<del> </del>	
••	activities not included in line 10b,					P.	
	whether or not the business is regularly					j	
12	Other income. Do not include gain or		-			1	
12	loss from the sale of capital assets					1	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		<del></del>				
			45 MAN 5 4	Section 1	Section 18 Company	er system case	
14	and 12.) First five years. If the Form 990 is for t	the organization	n'e firet econd	third fourth	fifth toy year	s a section 504/	0)(3)
14	organization, check this box and stop here.				·		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2008 (line 8,			mn (f))		15	%
16	Public support percentage from 2007 Sched	ule A. Part IV-A	line 27a			16	<del>//</del> %
	tion D. Computation of Investment					1	70
17	Investment income percentage for 2008 (line			13. column (f))		17	%
18	Investment income percentage from 2007 Sc	chedule A. Part	IV-A, line 27h	,	• • • • • • •	18	
	33 1/3% support tests - 2008. If the orga	nization did no	t check the box	on line 14, and I	ine 15 is more t		
	17 is not more than 33 1/3 %, check this box						<b>.</b>
h	33 1/3% support tests - 2007. If the organi						• • • • • • • • • • • • • • • • • • •
~	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did no						· ; · · [ ]
_ ·		J	I U				

Schedule A	(Form 990 or 990-EZ) 2	008			52-0591607		Page 4
Part IV	Supplemental Part II, line 17a	<b>information.</b> ( or 17b; or Par	Complete this part to till, line 12. Provide a	provide the ex	xplanation required	by Part II, line instructions)	10;
				2			
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#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

ZUUO Open to Publi

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

Complete if the organization answered "Yes" to Form 990, Part IV, Iline 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  Assets included in Form 990, Part VIII, line 1  Assets included in Form 990, Part X   Assets included in Form 990, Part X	THE	GOOD SAMARITAN HOSPITAL OF MARYL			52-0591607
Total number at end of year  Aggregate contributions to (during year)  Aggregate praits from (during year)  Aggregate value at end of year  Aggregate value at end of year  Did the organization's property, subject to the organization's exclusive logal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Ves" to Form 990, Part IV, line 7.  Part III Conservation assements held by the organization answered "Ves" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization contribution of an historically importantly land area Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total arreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Wumber of conservation easements on a certified historic structure included in (a)  Wumber of conservation easements included in (c) acquired after 8/17/06  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements in located  Number of states where property subject to conservation easements by the organization during the taxable year ▶  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement by the organization have a written policy regarding the periodic	Pa				r Accounts. Complete if
Aggregate contributions to (during year)  Aggregate grants from (during year)  Aggregate value at end of year  Did the organization informal 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?			(a) Donor advi	sed funds	(b) Funds and other accounts
Aggregate contributions to (during year)  Aggregate grants from (during year)  Aggregate value at end of year  Did the organization informal 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?	1	Total number at end of year			
Aggregate grants from (during year)  4 Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advissed funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors withing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Permose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation Easements held by the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation and the organization held a qualified conservation contribution in the form of an historically importantly land area Preservation of natural habitat Preservation on the last day of the tax year.  Total number of conservation easements  Total number of conservation easements  Number of conservation easements and certified historic structure included in (a).  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year P  Number of states where property subject to conservation easements is located P  Number of states where property subject to conservation easements in located P  Number of states where property subject to conservation easements with the policy regarding the periodic monitoring, inspecting, and enforcing easements during the year P  Nounder of states where property subject to conservation easements in located P  Number of states where property sub					
A Agregate value at end of year					
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised indos are the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?    Port II					
funds are the organization's property, subject to the organization's exclusive legal control?		·	duinas in maiting that t	ha acceta hald in d	
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  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 importantly land area Preservation of natural habitat  Preservation of pone space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total number of conservation easements on a certified historic structure included in (a).  Number of conservation easements included in (c) acquired after 8/17/06.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$  Does ach conservation easements in inspecting, and enforcing easements during the year ▶ \$  No  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \$  No  Torphi/(A)(B)(ii) and 170(h)(4)(B)(B)?  In Part XIV, describe how the organization reported on line 2(d) above satisfy the requirements of section   Yes   No  Torganization seasement proported on line 2(d) above satisfy the requirements of section   Yes   No  Torphi/(A)(B)(B)(B)   Part X   Part X	9				
used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    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 importantly land area Protection of natural habitat   Preservation of open space	6				
Part II	0				
Purpose(s) of conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (heck all that apply).  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of certified historic structure  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  I held at the End of the Year  Total number of conservation easements.  I Total acreage restricted by conservation easements.  Number of conservation easements on a certified historic structure included in (a).  2 c  Number of conservation easements minduded in (c) acquired after 8/17/06.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements list located   Number of states where property subject to conservation easements during the year   No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year   A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year   No   No   10 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 should in form 900, Part VII, line 1  If the organization elected, as permitted under SFAS 116, not repor					
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or pleasure)	Da	Concernation Ecoments Complete	f the erganization and	uvorod "Voo" to E	· · · · · · · · · · · · · · Yes L No
Preservation of land for public use (e.g., recreation or pleasure)  Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements  Number of conservation easements on a certified historic structure included in (a).  2a  Number of conservation easements not defined (c) acquired after 8/17/06 .  2b  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing e					orm 990, Part IV, line 7.
Protection of natural habitat	1				
Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.    A Total number of conservation easements   2a			eation or pleasure)		
Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.				Preservation of	of certified historic structure
a Total number of conservation easements	_				
a Total number of conservation easements	2		alified conservation cor	ntribution in the form	m of a conservation easement
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements an a certified historic structure included in (a). 2e d Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements with specting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements of expenses incurred in monitoring, inspecting, and enforcing easements of expenses incurred in monitoring, inspecting, and enforcing easements of expenses incurred in monitoring, inspecting, and enforcing easements of expenses incurred in monitoring, inspecting, and enforcing easements of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring, inspecting, and enforcing easements during the year  Number of expenses incurred in monitoring inspecting, and enforcing easements during the year  Number of ex		on the last day of the tax year.			Uald at the End of the Voca
b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)					Name and the second sec
C Number of conservation easements on a certified historic structure included in (a)	а				
Number of conservation easements included in (c) acquired after 8/17/06	þ				
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)?  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.  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.  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 VIII, line 1  (II) Assets included in Form 990, Part VIII, line 1  (II) Assets includ	C				
the taxable year ▶		Ţ			
Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)?  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.  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.  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	3		nsferred, released, extir	nguished, or termin	ated by the organization during
Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  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 X		the taxable year			
enforcement of the conservation easements it holds?  Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  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 X  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 X  In the organization received or held works of art, historical treasures, or other similar assets for financial g	4	Number of states where property subject to conse	ervation easement is loca	ated ▶	· · · · · · · · · · · · · · · · · · ·
Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►  Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ►  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)?  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.  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 X III, line 1  (II) Assets included in Form 990, Part X  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  Assets included in Form 990, Part X	5	Does the organization have a written policy regard	ling the periodic monito	ring, inspection, vic	plations, and
Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section  170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		enforcement of the conservation easements it hold	s?		Yes No
Does each conservation easement reported on line 2(d) above satisfy the requirements of section  170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  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  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  Assets included in Form 990, Part X	6	Staff or volunteer hours devoted to monitoring, ins	pecting, and enforcing	easements during t	he year ▶
170(h)(4)(B)(ii) and 170(h)(4)(B)(iii)?	7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing eas	sements during the	year ▶ \$
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 X   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8	Does each conservation easement reported on lin	e 2(d) above satisfy the	requirements of se	ction
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.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  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.  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 X		170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			· · · · · · · · · · Yes  No
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.  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  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.  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 X	9	In Part XIV, describe how the organization reports	conservation easemen	its in its revenue and	d expense statement, and
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    S   S		balance sheet, and include, if applicable, the text of	of the footnote to the or	ganization's financi	ial statements that describes
Complete if the organization answered "Yes" to Form 990, Part IV, Iline 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  Assets included in Form 990, Part VIII, line 1  Assets included in Form 990, Part X		the organization's accounting for conservation eas	ements.		
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	Par	Complete if the organization answered	s <b>of Art, Historical Tr</b> I "Yes" to Form 990, I	easures, or Othe Part IV, line 8.	r Similar Assets.
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	1a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he	AS 116, not to report in	its revenue statem	nent and balance sheet works of arch in furtherance of public service, ams.
(ii) Assets included in Form 990, Part X	b	historical treasures, or other similar assets held fo	r public exhibition, educ	revenue statement ation, or research	and balance sheet works of art, in furtherance of public service,
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		(I) Revenues included in Form 990, Part VIII, line	1		▶\$
following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1		(ii) Assets included in Form 990, Part X			▶\$
following amounts required to be reported under SFAS 116 relating to these items:  a Revenues included in Form 990, Part VIII, line 1	2				
a Revenues included in Form 990, Part VIII, line 1					
b Assets included in Form 990, Part X	а		_		<b>&gt;</b> \$
	b	Assets included in Form 990, Part X			
	For P				

Pa	t III Organizations Maintaining (	Collections of Art, Hist	orical Treasures,	or Other Similar A	Assets (continued)
2	I lains the organization's econosism and	other records, about an	e of the fallowing the		
3	Using the organization's accession and	other records, check any	or the following that	it are a significant us	se of its collection
•	items (check all that apply):  Public exhibition	a [	I Loop or even	ango programa	
a b	Scholarly research	u	<del></del>	ange programs	
C	Preservation for future genera	L	Other	F.1	
1	Provide a description of the organization		n how they further th	no organization's ove	ampt purpose in
•	Part XIV.	15 collections and explain	ii iiow tii <del>e</del> y iuitiiei ti	ie organization s exe	ampt purpose in
5	During the year, did the organization so	licit or receive donations	of art historical tre	asures or other simil	ar
	assets to be sold to raise funds rather the				
Par	t IV Trust, Escrow and Custodia				
	Part IV, line 9, or reported a			manawered res	to 1 01111 330,
1 a	Is the organization an agent, trustee, cu	stodian or other intermed	diary for contribution	is or other assets no	t
	included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Par				
	W. C. T.			A	mount
С	Beginning balance		1	С	***************************************
d	Additions during the year		1	d	
e	Distributions during the year		1	e	
f	Ending balance		1	f	
2a	Did the organization include an amount	on Form 990, Part X, line	21?		Yes No
b	If "Yes," explain the arrangement in Par	XIV.			
Par	t V Endowment Funds. Comple	te if organization answ	ered "Yes" to Forr	n 990, Part IV, line	10.
	(a	Current Year (b) Prior y	ear (c) Two years	back (d) Three yea	rs back (e) Four years back
1 a	Beginning of year balance				(1) 19 12 20 12 12 12 12 12 12 12 12 12 12 12 12 12
b	Contributions				
C	Investment earnings or losses	The Manual Control			
d	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the		s:		
a	Board designated or quasi-endowment	· <del></del>			
þ	Permanent endowment ▶	_ %			
C	Term endowment ▶%				
3a	Are there endowment funds not in the p	ossession of the organiz	ation that are held a	and administered for t	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
<b>b</b>	(II) related organizations				3a(ii)
_	If "Yes" to 3a(ii), are the related organiza			• • • • • • • • • • • • • • • • • • • •	3b
4 Dor	Describe in Part XIV the intended uses of			V line 40	
Par				A, line To.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
	Land				
	Buildings		57,895,292	. 23,763,445.	34,131,847.
	Leasehold improvements		994,450	. 817,226.	177,224.
d	Equipment		122,057,620	. 88,983,114.	33,074,506.
	Other		35,536,758	26,488,098.	9,048,660.
	. Add lines 1a-1e. (Column (d) should eq				

Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         OTHER RECEIVABLES         1,491,539           INTEREST IN THOMAS O'NEILL         36,054,410           CATHOLIC HEALTH CARE FUND         36,054,410           Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)         ▶         43,316,719           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Amount           Federal income taxes         ADVANCES FROM 3RD PARTY PAYORS         6,718,297.         INTERCOMPANY PAYABLES         -57,987.           WORKERS COMP LIAB         1,903,372.         DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.         REFUNDS	Part VII Investments - Other Securities.	See Form 990, Part X, line	12.
Closely-held equal from 900, Part X, col. (8) Inte 12.)	(a) Description of security or category (including name of security)	(b) Book value	
Closely-field equity interests   College   C	Financial derivatives and other financial products		
Total. (Column (p) should aqual from 990, Part X, col. (8) line 12.   Part VIII   Investments - Program Related. See Form 990, Part X, line 13.			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value Cost or end-o			
Total. (Column (b) should equal Form 990, Part X. col. (B) line 12.)	~~~~		
Total. (Column (b) should equal Form 990, Part X. col. (B) line 12.)			
Investments - Program Related. See Form 990, Part X, line 13.			
Investments - Program Related. See Form 990, Part X, line 13.			TOTAL TOTAL CONTROL CO
Investments - Program Related. See Form 990, Part X, line 13.			
Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation:			THE CONTRACT OF STREET
Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation:			
Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation:			TOTAL CONTRACTOR OF THE CONTRA
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  OTHER ASSETS (a) Description (b) Book value  Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)  INTEREST IN THOMAS O'NEILL  CATHOLIC HEALTH CARE FUND  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  T	Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	<b>.</b>	
Cost or end-of-year market value	Part VIII Investments - Program Related.	See Form 990, Part X, line	13.
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         OTHER RECEIVABLES         1,491,539           INTEREST IN THOMAS O'NEILL         36,054,410           CATHOLIC HEALTH CARE FUND         36,054,410           Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)         ▶         43,316,719           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Amount           Federal income taxes         ADVANCES FROM 3RD PARTY PAYORS         6,718,297.         INTERCOMPANY PAYABLES         -57,987.           WORKERS COMP LIAB         1,903,372.         DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.         REFUNDS	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         770,770         770,770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         7		9-31	
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         1,491,539           INTEREST IN THOMAS O'NEILL         36,054,410           CATHOLIC HEALTH CARE FUND         36,054,410           Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)         ▶         43,316,719           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Amount           Federal income taxes         ADVANCES FROM 3RD PARTY PAYORS         6,718,297.           INTERCOMPANY PAYABLES         -57,987.           WORKERS COMP LIAB         1,903,372.           DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.			3773777
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         1,491,539           INTEREST IN THOMAS O'NEILL         36,054,410           CATHOLIC HEALTH CARE FUND         36,054,410           Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15.)         ▶         43,316,719           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Amount           Federal income taxes         ADVANCES FROM 3RD PARTY PAYORS         6,718,297.           INTERCOMPANY PAYABLES         -57,987.           WORKERS COMP LIAB         1,903,372.           DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.			
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770	***		
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770			
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770			
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         770,770         770,770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         7			
Part IX         Other Assets. See Form 990, Part X, line 15.         (a) Description         (b) Book value           OTHER ASSETS         5,770,770         770,770         770,770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         770         7	Total (Column (h) should equal Form 990, Part Y col. (R) line 13.)		Stationard Committee and Co
(a) Description (b) Book value  OTHER ASSETS 5,770,770  OTHER RECEIVABLES 1,491,539  INTEREST IN THOMAS O'NEILL  CATHOLIC HEALTH CARE FUND 36,054,410  Total (Column (b) should equal Form 990, Part X, col. (B) line 15.)		t X line 15	
OTHER ASSETS       5,770,770         OTHER RECEIVABLES       1,491,539         INTEREST IN THOMAS O'NEILL       36,054,410         CATHOLIC HEALTH CARE FUND       36,054,410         Part X       Other Liabilities. See Form 990, Part X, col. (B) line 15.)       ▶ 43,316,719         Federal income taxes       (a) Description of liability       (b) Amount         Federal income taxes       6,718,297.         INTERCOMPANY PAYABLES       -57,987.         WORKERS COMP LIAB       1,903,372.         DEFERRED COMP 457E       1,029,267.         STOCK OPTION PLAN       2,131,952.         REFUNDS       2,074,805.	dit ix		(h) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	OTHER ASSETS	(4) 5 5 5 6 1 5 1 5 1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)   A3, 316, 719			
CATHOLIC HEALTH CARE FUND   36,054,410			1,431,555
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount  Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			36,054,410
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			30,001,1120
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.			
Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Amount Federal income taxes  ADVANCES FROM 3RD PARTY PAYORS 6,718,297.  INTERCOMPANY PAYABLES -57,987.  WORKERS COMP LIAB 1,903,372.  DEFERRED COMP 457E 1,029,267.  STOCK OPTION PLAN 2,131,952.  REFUNDS 2,074,805.	Table (Column (h) should asset 5 000 Bad V and (D) line 45)		
(a) Description of liability       (b) Amount         Federal income taxes       ADVANCES FROM 3RD PARTY PAYORS       6,718,297.         INTERCOMPANY PAYABLES       -57,987.         WORKERS COMP LIAB       1,903,372.         DEFERRED COMP 457E       1,029,267.         STOCK OPTION PLAN       2,131,952.         REFUNDS       2,074,805.			43,316,719.
### Rederal income taxes  ### ADVANCES FROM 3RD PARTY PAYORS		The state of the s	
ADVANCES FROM 3RD PARTY PAYORS  INTERCOMPANY PAYABLES  WORKERS COMP LIAB  DEFERRED COMP 457E  STOCK OPTION PLAN  REFUNDS  6,718,297.  1,903,372.  1,029,267.  2,131,952.  2,074,805.	The state of the s	(b) Amount	
INTERCOMPANY PAYABLES         -57,987.           WORKERS COMP LIAB         1,903,372.           DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.		6 718 297	
WORKERS COMP LIAB         1,903,372.           DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.			
DEFERRED COMP 457E         1,029,267.           STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.		629.65	
STOCK OPTION PLAN         2,131,952.           REFUNDS         2,074,805.	******	1907	
REFUNDS 2,074,805.			
在产生中全国的联系中央企业的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企			
OTHER LIABILITIES 8,016,106.	OTHER LIABILITIES	16032	
ASBESTOS ABATEMENT LIABILITY 2,285,920.	ASBESTOS ABATEMENT LIABILITY	2,285,920.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶ 24,101,732.	Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	<b>24,101,732.</b>	

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

Sched	ule D (Form 990) 2008 52-0591607	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment evaposes	6
7	Investment expenses	7
8	Prior period adjustments	8
9	Other (Describe in Part XIV)	
	Total adjustments (net). Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
1	Total revenue, gains, and other support per audited financial statements	. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV)2d	ille Sing
е	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
Part		
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities 2a	
b		
c	Prior year adjustments  Losses reported on Form 990, Part IX, line 25  2b  2c	
d	Other (Describe in Part XIV)	<del></del> 66 -
	`	
e	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
_	Add lines 4a and 4b	. 4c
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	. 5
Part	XIV Supplemental Information	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	
FIN	48 FOOTNOTE	
<u>SCHE</u>	DULE D, PART XIV	<u> </u>
THE	CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH	
THE_	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO	D
18,	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN	
		<b></b>
NTE	RPRETATION OF FASB STATEMENT 109 (FIN 48).	

Schedule D (Fo	rm 990) 2008 Supplemental Information (continued)	52-0591607	Page 5
Dart VIV	Supplemental Information (continued)		
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Schedule D (Form 990) 2008

#### **SCHEDULE H**

Department of the Treasury

Internal Revenue Service

(Form 990)

#### Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 52-0591607 INC Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) No Yes 1a Does the organization have a charity care policy? If "No," skip to question 6a ..... 1a 1 b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. 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: 200% Other . 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: 3 b 350% 400% **⊿** 300% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . . . . . . . . . . . 5b If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . . . . . . . . . . . . . . . 6a Does the organization prepare an annual community benefit report? ..... 6a **b** If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Charity Care and Certain Other Community Benefits at Cost **Charity Care and** (a) Number of activities or (b) Persons (c) Total community (d) Direct offsetting (e) Net community **Means-Tested Government** served benefit expense revenue benefit expense of total expense **Programs** Charity care at cost (from Worksheets 1 and 2) . . . . . Unreimbursed Medicaid (from Worksheet 3, column a) . . . Unreimbursed costs - other means tested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs • • • • • Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) . . . . . Subsidized health services (from Worksheet 6) . . . . . Research (from Worksheet 7) . . Cash and in-kind contributions to mmunity groups (from Worksheet 8) Total Other Benefits . . . . Total (line 7d and 7i) . .

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

Schedule H (Form 990) 2008

ction A. Bad Debt Expense  Does the organization re Association Statement No. Enter the amount of the organization Enter the estimated amount attributable to patients eligy Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp		with Healthcare Finan			
Environmental improvements Leadership development and training for community members Coalition building Community health improvement advocacy Workforce development Other Total art III Bad Debt, Medication A. Bad Debt Expense Does the organization reasociation Statement No. Enter the amount of the organization attributable to patients eliging Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			
Environmental improvements Leadership development and training for community members Coalition building Community health improvement advocacy Workforce development Other Total art III Bad Debt, Medi ction A. Bad Debt Expense Does the organization re Association Statement No. Enter the amount of the organization return the estimated amount attributable to patients eligically provide in Part VI the text expense. In addition, descriptions	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			
training for community members Coalition building Community health improvement advocacy Workforce development Other Total art III Bad Debt, Medication A. Bad Debt Expense Does the organization real Association Statement No. Enter the amount of the organization attributable to patients eligible Provide in Part VI the text expense. In addition, descriptions	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			· · · · · · · · · · · · · · · · · · ·
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Other  Total  art III Bad Debt, Medi  ction A. Bad Debt Expense  Does the organization re Association Statement No. Enter the amount of the organizer the estimated amount attributable to patients eligible Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			6
Total  art III Bad Debt, Medi  ction A. Bad Debt Expense  Does the organization re Association Statement No. Enter the amount of the ore Enter the estimated amount attributable to patients elig Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			₹
ction A. Bad Debt, Mediction A. Bad Debt Expense  Does the organization real Association Statement No.  Enter the amount of the organizer the estimated amount attributable to patients eligible Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			€
ction A. Bad Debt Expense  Does the organization re Association Statement No. Enter the amount of the organization Enter the estimated amount attributable to patients eligy Provide in Part VI the text expense. In addition, description	eport bac 15? ganization	d debt exp	pense in accordance	with Healthcare Finan			<u> </u>
Does the organization re Association Statement No. Enter the amount of the or Enter the estimated amo attributable to patients elig Provide in Part VI the text expense. In addition, descri	15? ganization				-:-! <b>*</b> 4	Г	
Association Statement No. Enter the amount of the ore Enter the estimated amount attributable to patients elig Provide in Part VI the text expense. In addition, description	15? ganization				-:	- 1	Yes No
Enter the amount of the or Enter the estimated amo attributable to patients elig Provide in Part VI the text expense. In addition, descri	ganization ount of the				ciai Management		
Enter the estimated amo attributable to patients elig Provide in Part VI the text expense. In addition, descri	ount of the					1	
attributable to patients elig Provide in Part VI the text expense. In addition, desci							
Provide in Part VI the text expense. In addition, description	أملم مبيما طأن						
expense. In addition, descr							
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		_			orted on lines		
2 and 3, or rationale for inc	cluding of	her bad deb	ot amounts in commun	ity benefit.			
ction B. Medicare			=	11			
Enter total revenue receive							
Enter Medicare allowable of							
Enter line 5 less line 6 - su							
Describe in Part VI the ext						8	
and the costing methodolo		urce used t	o determine the amo	unt reported on line 6, a	nd indicate which		
of the following methods w	/as used <u>:</u>	_			2		
Cost accounting syste	em L	☐ Cost to  ☐ Cos	charge ratio	Other			
ction C. Collection Practices							
Does the organization have						9a	
o If "Yes," does the organiza							
for patients who are known						9b	
art IV Management Co	ompanie	s and Join	t Ventures (Optiona	al for 2008)	· · · · · · · · · · · · · · · · · · ·		
(a) Name of entity			escription of primary	(c) Organization's	(d) Officers, directors		Physicians'
		a	activity of entity	profit % or stock ownership %	trustees, or key employees' profit %		t % or stoc nership %
					or stock ownership %		70.0.mp 70
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Part V Facility Information (Required for 2008)		<del></del>			52	2-05	9160	17			Page 3
Part V Facility information (Required for 2008)	т—	_	F			· · · ·		Γ	Γ		
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	P	Other (Describe)	
MAIN HOSPITAL BUILDING											
5601 LOCH RAVEN BLVD BALTIMORE MD 21239	X	х		х							· · · · · · · · · · · · · · · · · · ·
O'NEILL BUILDING											
5601 LOCH RAVEN BLVD	١.,						١.,		1.0		
BALTIMORE MD 21239 RUSSELL MORGAN BUILDING	X	Х		X			Х	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· · · · · ·
5601 LOCH RAVEN BLVD	1										
BALTIMORE MD 21239	1	х				25					
SMYTH BUILDING											
5601 LOCH RAVEN BLVD	_										
BALTIMORE MD 21239	<del> </del>	Х					ļ		<del></del>	<del></del>	
WALKER BUILDING	-										
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#### Part VI Supplemental Information (Optional for 2008)

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 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.

If applicable	, identify all st	ates with which	the organizati	on, or a relate	d organization,	files a commun	nity benefit report.	
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								If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer identification number** THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. 52-0591607 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part !!! to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part !!!. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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: The organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 !!! 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

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

Schedule J (Form 990) 2008

52-0591607

Page 2

Schedule J (Form 990) 2008

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.

		(B) Breakdown of M	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)X(j)X(a)	reported in prior Form 990 or Form 990-EZ
	ε	432,310.	284,209.	148,603.	67,025.	20,292.	952,439.	364,758.
LAWRENCE BECK	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	ε	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KENNETH A SAMET	€	1,083,187.	1,157,977.	17,163.	376,568.	12,332.	2,647,227.	541,594.
	€	231,500.	189, 647.	NONE	24,003.	15,597.	460,747.	115,750.
JEFFREY MATTON	€	NONE		NONE	NONE	NONE	NONE	NONE
	€	304,114	115,005.	NONE	25,678.	21,022.	465,819.	152,057.
MARTIN BINSTOCK MD	€	NONE		NONE	NONE	NONE	NONE	NONE
	€	304,156.	NONE	NONE	NONE	9,643.	313,799.	NONE
ROBERT SPENCE MD	€	NONE		NONE	NONE	NONE	NONE	NONE
	ε	198, 691.	84,841.	NONE	27,007.	15,270.	325,809.	99,346.
DEANA STOUT	€	NONE		NONE	NONE	NONE	NONE	NONE
	ε	263,310.	500.	NONE	24,080.	12,313.	300,203.	131,905.
BRYAN NOLAN MD	€	NONE	NONE	NONE	NONE	NONE	NONE	
	ε	253, 583.	NONE	NONE	NONE	4, 689.	258,272.	NONE
DALE BUCHBINDER MD	≣	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	8	234,800.	17,100.	NONE	45,294.	13,826.	311,020.	125,950.
HERBERT FRIEDMAN MD	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	8	220,249.	NONE	NONE	21,974.	583.	242,806.	110,125.
JUAN GAN MD	₿	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVIS M HAHN MD	₿	262, 904.	NONE	NONE	NONE	13,819.	276,723.	NONE
	€	-000076	NONE	NONE	NONE	NONE	4,000.	NONE
HOWARD S FREELAND MD	₿	225, 658.	38,553.	NONE	13,331.	12,254.	289,796.	NONE
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.

Employer Identification number 52-0591607

Part I	Continuation of Officers	, Directors, Trustees	s, Key Employees	, and Highest Compensated
-	Employees			

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	<del>'''</del>	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LAWRENCE BECK										
PRESIDENT	40.	X		Х	_	ļ .	_	865,122.	NONE	87,317
KENNETH A SAMET										
DIRECTOR	1.	X	_		ļ		<del> </del>	NONE	2,258,327.	388,900
WILMOT C BALL JR MD										
BOARD MEMBER	1.	X					_	NONE	NONE	NON
CHARLES L. BAUERMANN										
BOARD MEMBER	1	Х	1				<u> </u>	NONE	NONE	NON
KAY G BEE									-	
BOARD MEMBER	1.	X					$\vdash$	NONE	NONE	NON
DELEGATE ANN MARIE DOORY										
BOARD MEMBER	1.	X	$\vdash$	-			$\vdash$	NONE	NONE	NON
KENNETH L THOMPSON										
BOARD MEMBER	1.	X		-				NONE	NONE	NON
SHELDON M GLUSMAN MD										
BOARD MEMBER	1.	X					Н	NONE	NONE	NON
W_KENNETH_GUE										
BOARD MEMBER	1	Х						NONE	NONE	NON
DAVIS M HAHN MD										
BOARD MEMBER	1.	X		-				NONE	262,904.	13,819
REV_LARWRENCE_M_JOHNSON										
BOARD MEMBER	1.	Х	$\dashv$	$\dashv$			-	NONE	NONE	NON:
JAYNE J MCGEEHAN		.,		- [						
BOARD MEMBER	1.	Х		$\dashv$	$\dashv$		$\vdash$	NONE	NONE	NON
ALLAN NOONAN				ŀ						
BOARD MEMBER	1.	X	$\dashv$	$\dashv$				NONE	NONE	NON
ANTHONY READ										
BOARD MEMBER	1.	Х	-	$\dashv$				NONE	NONE	NON
T_EDGIE_RUSSELLBOARD MEMBER	 1.	$\mathbf{x}^{\perp}$						27027	*****	
	<u> </u>						$\dashv$	NONE	NONE	NONI
JAMES K SMOLEV MD BOARD MEMBER	1.	х						NONE	NONE	
JOHN_C_SMYTH	T.	^		-	-		-	NONE	NONE	NONI
BOARD MEMBER	<sub>1.</sub>	х			- 1			MONTE	NON	17/17
HOWARD S FREELAND MD	<u>+•</u>	^	$\dashv$		$\dashv$		$\vdash$	NONE	NONE	NON
BOARD MEMBER	 1.	x				1		4 000	264 211	2F F0F
JEREMY P WIENER MD		^	$\dashv$	$\dashv$	-		$\dashv$	4,000.	264,211.	25,585
BOARD MEMBER	1.	х						79,167.	NONE	31//211
JEFFREY MATTON		^	$\dashv$	$\dashv$	$\dashv$		$\dashv$	13,101.	NUNE	NONI
COO	40.			x				421,147.	NONE	20 600
MARTIN_BINSTOCK_MD	30.	-		4		$\overline{}$	+	461,147.	NONE	39,600.
VICE PRESIDENT	40.		$\dashv$	٠Į				410 110	MONTE	16 700
For Privacy Act and Paperwork Reductio					ᆣ			419,119.	NONE	46,700.

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

Schedule J-2 (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection Employer Identification number

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. 52-0591607 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A) (B) (C) (D) (E) (F) Position (check all that apply) Name and Title Average hours Reportable Reportable Estimated per week compensation compensation Officer amount of Highest compensated employee Individual trustee or director Institutional trustee ě from from related other employee the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations DEANA STOUT VICE PRESIDENT 40 283,532 NONE 42,277. ROBERT\_SPENCE\_MD\_ 40. MEDICAL DIRECTOR 304,156. NONE 9,643. X BRYAN NOLAN MD COVERAGE OFFICER 40. Х 263,810 NONE <u>36,393.</u> DALE BUCHBINDER MD CHIEF 40. Х 253,583 NONE 4,689. HERBERT FRIEDMAN MD MEDICAL DIRECTOR 40. 251,900. NONE 59,120. JUAN GAN MD COVERAGE OFFICER 40. Х 220,249 NONE 22,557.

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

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Schedule J-2 (Form 990) 2008

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.
➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Inspection Name of the organization Employer identification number

<u> THE GOOD SAMARITAN HOSPITAL</u>								<u>-059</u>	<u> 1607</u>	7			
Part I Excess Benefit Transacations To be completed by organizations								orm O	00 57	' Dori	\/ lin	- 40	
To be completed by organization	S mar a	nswered	Tes on re	S 258 OF 250	, or F	om 9	90-E2	., Pan	(c) Co				
1 (a) Name of disqualified person				(b) Description of transaction					nsaction				
											<u> </u>	ļ	
		· ·										├	
												$\vdash$	
2 Enter the amount of tax imposed on under section 4958					· • • • • •				<b></b>		<u> </u>	<u> </u>	
3 Enter the amount of tax, if any, on li	ne 2, at	ove, rei	mbursed by	the organiz	zation	• • • • • •		1	▶ \$ _				
Part II Loans to and/or From Interest To be completed by organization				Form 990,	Part IV, line	e 26, or Forr	n 990	-EZ. P	art V.	line 3	88a.		
(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount		(d) Balance due		(e) In default?		F		T ·		
	То	From					Yes	No	Yes	No	Yes	No	
94.4. P.													
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				<del></del>		020		_				$\vdash$	
							0.4477.207		TO LICEN WHILE HAVE	2.5.2.000.00000		VMANACH SQ	
otal	fitting lı	ntereste	ed Persons	i			_						
To be completed by organization	ns that	answere	ed "Yes" on F	Form 990,	Part IV, line	27.							
(a) Name of interested person (b) Relationshi				between interested person and the organization				(c) Amount of grant or type of ass					
	-												
	-			<del>"</del>									
	<del> </del>												
Part IV Business Transactions Invo To be completed by organization	<b>lving In</b> ns that a	i <b>tereste</b> answere	ed Persons. ed "Yes" on f	Form 990,	Part IV, line	es 28a, 28b,	or 28	c.					
(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of transaction		(d) Description of transaction				on	(e) Sharing o		
											organiz		
O CUEL DON CLUCKAN	077 66	III DITTO II			500 CCC						Yes	No	
R. SHELDON GLUSMAN R. JEREMY WEINER		HEDULE C						IONAL SERVICES L CARE SERVICES			-	X	
R. DAVIS HAHN	T	HEDULE C			918,000.	HEALTHCARE			0			X	
							1						

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

Schedule L (Form 990 or 990-EZ) 2008

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607					
DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS						
PART VI, SECTION B LINE 15: DESCRIPTION OF EXECUTIVE COMPENSATION	N PROCESS					
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF	MEDSTAR					
HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OVER THE EXECUTIVE						
COMPENSATION PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS						
AFFILIATES. TOTAL COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS,						
OFFICERS AND KEY EMPLOYEES OF MEDSTAR HEALTH, INC. AND ITS AFFILI	ATES ARE					
REVIEWED AND APPROVED BY THE COMMITTEE WITH ASSISTANCE AND GUIDAN	CE FROM					
AN INDEPENDENT THIRD PARTY ADVISOR. THE MEMBERS OF THE COMMITTEE	ARE					
INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM.						
THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIV						
COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG	(34)					
PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYS	TEM,					
OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENS	ATION					
PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE M	ARKET					
FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE						
ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS	F: H					
CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELEC	TED					
POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE						
INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).						
**						
THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS A	<u>N</u>					
ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM.	<u>IN</u>					
DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKE	<u> </u>					

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990

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

OMB No. 1545-0047

2008
Open to Public Inspection
Employer identification number

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

Schedule O (Form 990) 2008		Page ∠
Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number	
THE GOOD SAMARITAN HOSPITAL OF MARILAND, INC.	52-0591607	
COMPENSATION FOOTNOTES		
PART VII, SECTION A		
LAWRENCE BECK (GOOD SAMARITAN HOSPITAL)		
LAWRENCE BECK'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN	(B) (TTT)	
INCLUDES THE PAYMENT OF A BENEFIT IN THE AMOUNT OF \$148,224 RELAT	ING_TO	
PRIOR YEARS OF SERVICE, AND HIS DEFERRED COMPENSATION IN PART II,	COLUMN	
(C) INCLUDES A BENEFIT ACCRUAL OF \$25,000 IN THE CURRENT PERIOD.		
	• • • • • • • • • • • • • • • • • • •	
KENNETH SAMET		
VENNERU CAMERIC DEEDDED COMPENSARION IN DARK IT CONTRA (C) THE		
KENNETH SAMET'S DEFERRED COMPENSATION IN PART II, COLUMN (C) INCL		
\$330,414 REPRESENTING THE AMOUNT TO WHICH MR. SAMET BECAME VESTED	<u>IN_A</u>	
SUPPLEMENTAL RETIREMENT BENEFIT. THIS SUPPLEMENTAL RETIREMENT BEI	NEFIT	
WAS EARNED DURING THE PAST 20 YEARS OF SERVICE.		

Schedule O (Form 990) 2008	Page	2
Name of the organization	Employer Identification number	_
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607	
FINANCIAL STATEMENTS AND REPORTING		
PART_XI, QUESTION_2C		
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. IS AN AFILLIATE OF	THE	
MEDSTAR HEALTH, INC. AUDIT AND SUBJECT TO OVERSIGHT BY THE AUDIT		
COMMITTEE OF THE MEDSTAR BOARD.		
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Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization  THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer Identification number 52-0591607
FINANCIAL STATEMENT AVAILABILITY	N. C.
DADE UT GROWTON O OVERSETON 10	
IN PRIOR YEARS, MEDSTAR HEALTH HAS POSTED ITS ANNUAL FINANCIA	AL AUDIT AND
QUARTERLY FINANCIAL REPORTS TO THE NATIONALLY RECOGNIZED MUNI	CIPAL
SECURITIES INFORMATION REPOSITORY (NRMSIRS) AND THIS YEAR THE	<u> </u>
ORGANIZATION BEGAN POSTING ITS FINANCIALS TO THE ELECTRONIC N	UNICIPAL
MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO MAILS ITS	S ANNUAL AND
QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TR	ADED DEBT.
THE COMPANY'S GOVERNANCE DOCUMENTS AND CONFLICTS OF INTEREST	POLICIES ARE
AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABI	E_ENTITY)
PUBLIC INFORMATION OFFICES.	
	***************************************
	<u> </u>
*	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607
NONQUALIFIED RETIREMENT PLAN	
SCHEDULE J. QUESTION 4B	
THE FOLLOWING OFFICERS PARTICIPATED IN, OR RECEIVED PAYMENT FROM,	_A
CURRY FLORING A VONCOUNT THE REPORT OF THE RESIDENCE OF T	ñ
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:	
	·
I AMBENCE BECK	
LAWRENCE BECK	
I AMDENCE DECKIG OWIED DEDODERDIE GOVERNOAMION IN DADE IT COLUMN	(D) (TT)
LAWRENCE BECK'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN	7BJ 7TTT)
INCLUDES THE PAYMENT OF A BENEFIT IN THE AMOUNT OF \$148,224 RELAT	ING TO
DRIOD VENDS OF SERVICE AND HIS DESERVED COMPENSATION IN DARK IT	COLUMN
PRIOR YEARS OF SERVICE, AND HIS DEFERRED COMPENSATION IN PART II,	COLUMN
(C) INCLUDES A BENEFIT ACCRUAL OF \$25,000 IN THE CURRENT PERIOD.	
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607
CONFLICT OF INTEREST POLICY	
PART VI, SECTION B, QUESTION 12C	
APPOINTMENT OF BOARDS OF DIRECTORS	
MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DI	RECTORS,
PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTE	NCE_OF_(OR
POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOUL	D RESULT IN
A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWE	D_BY_THE
GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS 1	WHICH
DETERMINES HOW THE MATTER SHOULD BE RESOLVED.	
ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGE	ERS
ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT	LESS_THAN
ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRAN	NSACTIONS
OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF	INTEREST.
SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMIT	TTEE_OF_THE
MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATT	rer_should
BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND H	HOSPITALS
AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONA	AL
INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUC	
DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST F	
COMMISSION (HSCRC).	

Schedule O (Form 990) 2008		Page Z
Name of the organization THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	Employer identification number 52-0591607	
PART_VI, LINE 10		
THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND		
TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPEND	ENT	
OUTSIDE EXPERTS, THOROUGHLY REVIEWED THE REVISED FORM 990 AND		
ACCOMPANYING INSTRUCTIONS AND PROVIDED EDUCATION SESSIONS ON THE	REVISED	
FORM TO THE ORGANIZATION'S GOVERNING BODY AND ITS SENIOR OFFICERS	IN	
ADDITION, SEPARATE EDUCATION SESSIONS WERE PROVIDED TO THE FOLLOW	ING	
COMMITTEES OF ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVE	RNANCE,	
STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. THIS EDUCATION P	ROCESS	
TOOK PLACE OVER SEVERAL MONTHS. FOLLOWING THESE EDUCATION SESSIO	NS, THE	
GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL F	ORM AND	
WAS ENCOURAGED TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE F	ORM 990	. <b></b> _
PRIOR TO ITS FILING.		0
	*	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC.	52-0591607
COCCUS OF THE COMP	
SOCIAL CLUB DUES	
SCHEDULE J, PART I, QUESTION 1A	
SCHEDULE J, PART I, QUESTION IA	
THE ORGANIZATION PAID SOCIAL CLUB DUES FOR ONE OF ITS OFFICERS DU	RING
THIS YEAR. PARTICIPATION IN THESE ACTIVITIES BY THE OFFICER WAS F	<u>'OR</u>
BUSINESS PURPOSES, AND HELPED THE ORGANIZATION FURTHER ITS EXEMPT	
_ DODINGOO TONE OUDDY THE MARKED THE ONORMINATION FUNCTION AND I	
PURPOSES.	
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### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

> Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

(F)
Direct controlling
entity (F)
Direct controlling
entity Employer identification number N/A 52-0591607 (F)
Public charity status
(if section 501(c)(3)) 813,447. (E) End-of-year assets (D) Exempt Code section 8,054,069. (D) Total income (C)
Legal domicile (state
or foreign country) (C)
Legal domicile (state
or foreign country) MD Primary activity Primary activity HEALTHCARE <u>@</u> <u>@</u> 20-5909017 BALTIMORE, MD 21239 Identification of Related Tax-Exempt Organizations THE GOOD SAMARITAN HOSPITAL OF MARYLAND, INC. (A)Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Identification of Disregarded Entities ANESTHESIA SERVICES A, LLC 5601 LOCH RAVEN BLVD SEE SCHEDULE R-1 Name of the organization

Part II

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

Schedule R (Form 990) 2008

52-0591607

Page 2

Identification of Related Organizations Taxable as a Partnership Schedule R (Form 990) 2008

Part III

Yes No × (J) General or managing partner? (I)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) (H) Disproportorete allocatore? Yes No × × (G) Share of end-of-year assets (F) Share of total income (E)
Predominant
income (related,
investment,
unrelated) RELATED RELATED RELATED (D)
Direct controlling )
entity N/A (C)
Legal
domicile
(state or
foreign 9 Ð Ð RADIATION THERAPY MEDICAL SERVICES (B) Primary activity LAB SERVICES SURGICENTER/PASADEN 52-2009504 75-3160895 PHYSICIAN IMAGING 56-2616090 (A)
Name, address, and EIN of related organization HYATTSVILLE MD 20782 SUNC-RAL LLC COLUMBIA MD 21044 COLUMBIA MD 21044

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

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							
			-				
						·	

## Transactions With Related Organizations Part V

Receipt of (I) interest (II) annuities (III) royalties (Iv) rent from a Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s)	
Giff, grant, or capital contribution to other organization(s).  Giff, grant, or capital contribution from other organization(s).  Loans or loan guarantees to or for other organization(s).  Loans or loan guarantees by other organization(s).  Sale of assets to other organization(s).  Exchange of assets from other organization(s).  Exchange of assets.  Lease of facilities, equipment, or other assets from other organization or fundraising solicic Performance of services or membership or fundraising solicic Performance of services or membership or fundraising solicic Sharing of facilities, equipment, mailing lists, or other assets.	
Giff, grant, or capital contribution from other organization(s).  Loans or loan guarantees to or for other organization(s).  Loans or loan guarantees by other organization(s)  Sale of assets to other organization(s)  Exchange of assets from other organization(s)  Exchange of assets  Lease of facilities, equipment, or other assets from other organization of services or membership or fundraising solicity Performance of services or membership or fundraising solicity Performance of services or membership or fundraising solicity Sharing of facilities, equipment, mailing lists, or other assets.	
Loans or loan guarantees to or for other organization(s)  Loans or loan guarantees by other organization(s)  Sale of assets to other organization(s)  Exchange of assets from other organization(s)  Exchange of assets  Lease of facilities, equipment, or other assets from other organization of facilities, equipment, or other assets from other organization of services or membership or fundraising solicity Performance of services or membership or fundraising solicity Performance of services or membership or fundraising solicity Sharing of facilities, equipment, mailing lists, or other assets.	
Loans or loan guarantees by other organization(s)	
Sale of assets to other organization(s)	
Sale of assets to other organization(s)	日本
Purchase of assets from other organization(s)	
Exchange of assets	
Lease of facilities, equipment, or other assets to other organizaese of facilities, equipment, or other assets from other organizaese of services or membership or fundraising solicit Performance of services or membership or fundraising solicit Sharing of facilities, equipment, mailing lists, or other assets.	
Lease of facilities, equipment, or other assets from other orga Performance of services or membership or fundraising solici Performance of services or membership or fundraising solici Sharing of facilities, equipment, mailing lists, or other assets.	<b>監視</b> は は は は は は は は は は は は は は は は は は は
Lease of facilities, equipment, or other assets from other orga Performance of services or membership or fundraising solici Performance of services or membership or fundraising solici Sharing of facilities, equipment, mailing lists, or other assets.	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
Performance of services or membership or fundraising solici Performance of services or membership or fundraising solici Sharing of facilities, equipment, mailing lists, or other assets.	# - E c 0 c
	u - u - u
	- C C C
	- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
n Sharing of paid employees	10 q
	100
	1 d d
p reminduisement paid by other organization for expenses	
q Other transfer of cash or property to other organization(s)	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ships and transaction thresholds.
Name of other organization(s)	(B) (C) Transaction Amount involved
	e (a-r)
(1) HH MEDSTAR HEALTH, INC.	57,257
(2) GS PROPERTIES, INC.	589, 891
	J
(3)	
(4)	
(9)	
(6)	

## Unrelated Organizations Taxable as a Partnership Part VI

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

Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	rate Code V-UBI 7 amount in box 20 7 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	_	Yes No
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						21	
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# Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(b) (E) (E) Exempt Code section Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CHURCH HOME CORPORATION					
H FLOOR COLUMBIA, MD	MEDICAL FUNDAD	QW QW	501(C)(3)	PF	N/A
FRANKLIN SQUARE HOSPITAL CENTER, INC. 52-0608007					
ORE,	HOSPITAL	QW QW	501(C)(3)	m	N/A
HARBOR HOSPITAL, INC.					
BALTIMORE,	HOSPITAL	ΩΩ	501(C)(3)	e	N/A
MEDSTAR HEALTH, INC.					
TH FLOOR COLUMBIA, M	MEDICAL SVCSMD	ΨΩ QV	501(C)(3)	11B II	N/A
MONTGOMERY GENERAL HOSPITAL	7				
OLNEY, MD 20	HOSPITAL	QI <sub>V</sub>	501(C)(3)	ო	N/A
THE UNION MEMORIAL HOSPITAL					
201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	Q.	501(C)(3)	m	N/A
MEDSTAR RESEARCH INSTITUTE 52-6056274					
WASHINGTON,	HOSPITAL	DC	501 (C) (3)	ო	N/A
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I 52-2218584					
	HOSPITAL	DC	501 (C) (3)	n	N/A
WASHINGTON HOSPITAL CENTER CORPORATION 52-1272129					
TON,	HOSPITAL	DC	501 (C) (3)	m	N/A
HH MEDSTAR HEALTH, INC.					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS MD	ΨD	501(C)(3)	11B II	N/A
BAY DEVELOPMENT CORP					
FLOOR COLUMBIA, M	FOUNDATION	MD	501(C)(3)	11A I	N/A
BAY LIFE SERVICES, INC.					
5565 STERREIT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MENTAL HEALT MD	ν	501 (C) (3)	<b>6</b>	N/A
MEDSTAR SURGERY CENTER, INC. 52-1061679		22	.1		
CALVERTON,	MEDICAL SVCS MD	MD	501(C)(3)	6	N/A
CHURCH HOME AND HOSPITAL OF THE CITY OF 52-0591600					
	MEDICAL FUNDAD	MD	501(C) (3)	m	N/A
FOUNDATION FOR GEORGETOWN UNIVERSITY HOS 52-2339873					
Z	FOUNDATION	DC	501(C)(3)	11A I	N/A
				Schedule R-1	Schedule R-1 (Form 990) 2008

Schedule R-1 (Form 990) 2008

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) (E) (F) Exempt Code section Public charity status Direct controlling (if section 501(cl(3))) entity	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ENTER FOUNDATI					
9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	FOUNDATION	MD	501 (C) (3)	11A I	N/A
TAL FOUNDATION, INC.					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501(C)(3)	11A I	N/A
GOOD SAMARITAN NURSING CENTER, INC. 52-1672866					
	MEDICAL SVCSMD	Æ	501(C)(3)	6	N/A
GS HOUSING, INC.					
SLVD BALTIMORE, M	ELDER HOUSINMD	MD	501 (C) (3)	6	N/A
GS PROPERTIES, INC.		-			
BALTIMORE,	ADMIN SVCS	Q <u>v</u>	501(C)(3)	11A I	N/A
HARBOR HOSPITAL FOUNDATION, INC. 52-1284532					
LTIMORE, M	FOUNDATION	MD	501(C)(3)	11A I	N/A
MEDSTAR HEALTH INFUSION, INC. 52-1980510					
CALVERTON,	MEDICAL SVCS MD	MD MD	501(C)(3)	6	N/A
MEDSTAR HEALTH VISITING NURSES ASSOCIATI 53-0196597					
Σ.	MEDICAL SVCS MD	MD	501(C) (3)	6	N/A
MEDSTAR LONG TERM CARE CORPORATION 52-1489097					1
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	HOSPITAL	MD	501(C)(3)	, en	N/A
MEDSTAR VNA HEALTHCARE					
21 CALVERTON, M	MEDICAL SVCSMD	<u>A</u>	501(C)(3)	6	N/A
MGH COMMUNITY HEALTH, INC.					
OLNEY, MD 2	MEDICAL SVCS MD	MD	501(C)(3)	6	N/A
MGH HEALTH FOUNDATION, INC.					
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	7	N/A
MGH HEALTH SERVICES, INC. 52-1366812					
OLNEY, MD 24	FOUNDATION	MD	501(C)(3)	11A I	N/A
MGH WOMEN'S BOARD					
RIVE	FOUNDATION	MD	501 (C) (3)	11A I	N/A
NATIONAL REHABILITATION HOSPITAL 52-1369749					
102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501 (C) (3)	3	N/A
				Schedule R-	Schedule R-1 (Form 990) 2008

# Schedule R-1 (Form 990) 2008 Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(D) (F) (F)  Exempt Code section Public charity status Direct controlling (if section 501(c/3)) entity	(F) Direct controlling
REGIONAL REHAB AT OLNEY, INC. 52-2310902					
HABILITATION, I	MEDICAL SVCSMD	0	501 (C) (3)	2	N/A
Z	MEDICAL SVCSDC	,	501 (C) (3)	er.	N/A
Σ	FOUNDATION MD	A	501(C)(3)	11A I	N/A
UNION MEMORIAL HOSPITAL FOUNDATION, INC. 52-1446828					
_	FOUNDATION MD	Q	501(C)(3)	11A I	N/A
VNA FOUNDATION	360				
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	FOUNDATION MD	D	501(C)(3)	11A I	N/A
VNA, INC.					
ILL ROAD, SUITE 21 CALVERTON, 1	ADMIN SVCS MD	Д	501(C)(3)	11A I	N/A
WHC FOUNDATION, INC.					
110 IRVING STREET NW WASHINGTON, DC 20010	FOUNDATION DC	Ü	501(C)(3)	11A I	N/A
WOODBOURNE WOODS, INC.	K				à
BALTIMORE, 1	ELDER HOUSINMD	0	501(C)(3)	6	N/A
SELF INSURANCE TRUST OF WASHINGTON HOSPI 52-1128332					
N,	SELF INSURANDC	S	501(C)(3)	11A I	N/A
					,
				Schodula D.	Schodulo D.4 (Corre 000) 2000

Schedule R-1 (Form 990) 2008

Part III Continuation of Identification of Related Organizations Taxable as a Partnership	lentification of Re	elated Or	ganizations Tax	xable as a Partners	hip		l		2 and
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportorate albositore?	Code V-UBI amount on box 20 of K-1	(J) General or managing partner?
				20			Yes No	0	Yes No
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						Fi.		<b>*</b>	
5	7.		87						
								Sottodiilo D 4 /Form	1000

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Page 4 Percentage ownership € (G)
Share of end-of-year assets Share of total income 52-0591607 Type of entity (C corp, S corp, or trust) Œ CORP CORP CORP C CORP CCORP CCORP CORP CCORP CORP CORP CORP CCORP CORP CCORP CORP CORP CCORP C CORP Continuation of Identification of Related Organizations Taxable as a Corporation or Trust (D) Direct controlling | N/A N/A N/N N/A N/A ď/A N/A (C)
Legal domicile
state or
foreign country) 욧 욧 욧 욧 욧 £ 물 욧 Ð 夂 县 욧 ₽ 욧 £ 욧 9 3 CONDO OWNER ASSOC Primary activity EDICAL SERVICES EDICAL SERVICES EDICAL SERVICES ILLING SERVICES EDICAL SERVICES EDICAL SERVICES BILLING SERVICES MEDICAL SERVICES EDICAL SERVICES EDICAL SERVICES **JOLDING COMPANY** ADMIN SERVICES DMIN SERVICES EHAB SERVICES MANAGED CARE RUG SALES 23 LIME TREE BAY AVENUE PO BOX 1051 KY1 GRANY CAYMAN, CJ INSURANCE \_52-1913070\_ \_\_52-1966695 52-2139841\_ 52-1693808 52-1556228 52-1955580 52-1702572\_ 52-1850113\_ 52-1931000\_ 52-2030809 52-1943602 <u>52-1513056</u> 23-7042074 52-1930165 76-0756352 52-1995521 52-2132677 98-0188617 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705 5565 STERRETT PLACE, STH FLOOR COLUMBIA, MD 21044 5565 STERRETT PLACE, STH FLOOR COLUMBIA, MD 21044 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 5565 STERRETT PLACE, STH FLOOR COLUMBIA, MD 21044 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 Name, address, and EIN of related organization 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 100 IRVING STREET NW WASHINGTON, DC 20010 102 IRVING STREET NW WASHINGTON, DC 20010 GREENSPRING FINANCIAL INSURA HELIXCARE MEDICAL GROUP, LLC HELIXCARE PROPERTIES, LLC\_\_\_\_ MEDSTAR FAMILY CHOICE, INC. HELIX RESOURCES MANAGEMENT PHYSICIANS ADMINISTRATIVE SE WASHINGTON HOSPITAL CENTER P FRANKLIN SQUARE DRIVE LAND C NRH AMBULATORY SERVICES, INC. MGH\_DIVERSIFIED\_SERVICES,\_IN\_ WASHINGTON RISK NETWORK MANA STAR BILLING, INC. MEDSTAR PHYSICIAN PARTNERS. PARKWAY VENTURES, INC. MEDSTAR\_ENTERPRISES, INC. MEDSTAR PHARMACIES, INC. Schedule R-1 (Form 990) 2008 EXTENCARE, INC. NASCOTT LINC. Part IV

Schedule R-1 (Form 990) 2008

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

(A) Name of other organization	(B) Transaction	(C)
	type (a-r)	
(2)		
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
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(19)		
(20)		
(21)		
(22)		
(23)		
(24)		,
	Sch	Schedule R-1 (Form 990) 2008

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

AS A PROUD MEMBER OF MEDSTAR HEALTH, GOOD SAMARITAN HOSPITAL'S MISSION IS TO BE GOOD SAMARITANS, GUIDED BY CATHOLIC TRADITION AND TRUSTED TO DELIVER IDEAL HEALTH EXPERIENCES. GOOD SAMARITAN HOSPITAL IS BOTH A SPECIALTY FACILITY AND COMPREHENSIVE CARE COMMUNITY HOSPITAL, KNOWN FOR EXCELLENCE IN ORTHOPEDICS, RHEUMATOLOGY, NEPHROLOGY, PHYSICAL AND REHABILITATION MEDICINE AND BURN RECONSTRUCTION. GOOD SAMARITAN OPENED A FULL SERVICE EMERGENCY DEPARTMENT IN 1990, AND SINCE THEN IT HAS CONSISTENTLY BEEN ONE OF THE FASTEST GROWING HOSPITALS IN MARYLAND. IT WAS RECENTLY NAMED AS A TOP 50 HOSPITAL IN ORTHOPEDICS AND DIABETES/ENDOCRINE DISORDERS BY US NEWS AND WORLD REPORT. IN 2009, THE HOSPITAL WON THE DELMARVA FOUNDATION'S QUALITY EXCELLENCE AWARD. IN FISCAL YEAR 2009, GOOD SAMARITAN HOSPITAL HAD 17,381 INPATIENT ADMISSIONS, 229,900 OUTPATIENT VISITS, AND 56,616 EMERGENCY VISITS.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICE	S COMPENSATION
		П
HUNT VALLEY ANES ASSOCIATION PO BOX 20284 TOWSON, MD 21204	MEDICAL SERVICES	8,443,160.
CHESAPEAKE MEDICAL STAFFING 1122 KENILWORTH DR SUITE 107 TOWSON, MD 21204	MEDICAL STAFFING	1,260,152.
DRS HAHN AND PADGETT 5601 LOCH RAVEN BLVD., RUSSEL MORGAN BLDG BALTIMORE, MD 21204	MEDICAL SERVICES	917,880.
BALTIMORE IMAGING SERVICES PO BOX 5847 BALTIMORE, MD 21228	MEDICAL SERVICES	610,384.
STATE MECHANICAL CONTRACTORS 1501 SULGRAVE AVENUE BALTIMORE, MD	MAIN. AND REPAIRS	582,236.
TOTAL COMPENSATION		11,813,812.