# Form **990**

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

OMB No. 1545-0047

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

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

Open to Public

A	or th	e 2009	caler	ndar year, or ta	x year beg	ginning		0	7/01	, 2009, a	nd er	nding		0.6	/30 <b>,20</b>	10	
В	heck if ap	plicable	Please		ization HAF	RBOR HO	SPITA	AL, IN	ic.				D Employ	er identif	ication numi	эег	
	Addre		use IRS iabel or		s As								52-0	49166	0		
	7	e change	print or		reet (or P.O. I	box if mail is r	not deliv	ered to stre	et add	ress)		Room/suite	E Telepho	ne numbe	r		
	Initial	return	type. See	3001 SOUT	ONAH H	VER STR	EET						(410)	772-6	5719		
	-	inated	Specific	City or town str									1 /				
$\vdash$	Amer		instruc- tions.	BALTIMORE	•								G Gross re	aceints S	204,2	216	197
$\vdash$	return	n cation	L	ame and address				C DIIT T	TNI				H(a) Is this			Yes	X No
L	pendi		l .	SOUTH HAN						21225			affiliate	s?	$\vdash$	Yes	H No
_	Taylo	xempt st					1						H(b) Are all		t. (see instruction		L NC
÷		-		<del></del>		ert no.)	4947(	(a)(1) or	1	527			-1		•	nis)	
7			-	HARBORHOSE			4'	011			7. 7		H(c) Group				MD
-	CO COLOR	of organ		X Corporation	Trust	Associa	ation	Other		4	J L Y	ear of forma	tion: 1903	W State	of legal don	nicile:	MD
a Pa	irt I		mmary							67						-	
	1	Briefly	descri	be the organization	on's mission	or most sig	nifican	t activities	: C3	7,							
ø				OSPITAL IS			QUA	TITY	537	ING, A	ND S	SERVICE	FOR OU	JR 			
and		PATI	LENTS	S AND OUR C	COMMONT	TIES.		47	<u> </u>								<del>-</del>
E								63									
& Governance	2			x 🕨 🔙 if the					s or di	sposed of r	more t	than 25% o	f its net ass	ets.	×		
	3			ting members of	_		-							3			15
Activities	4	Numbe	er of ind	dependent voting	members o	of the gover	ning bo	dy (Part \	/I, line	1b)				. 4	3		9
<u> </u>	5	Total r	number	of employees (P	art V, line 2	a)	)							. 5		1,4	.11
Act	6	Total r	number	of volunteers (es	timate if ne	cessary								. 6			80
	7 a	Total g	gross ui	nrelated business	revenue fr	on Part VIII	l, colum	nn (C), line	e 12					7a	1,	504	,969.
	b	Net un	related	business taxable	e income fro	m Form 99	0-T, line	e 34 .						7b	-	308	,716.
													Prior Ye	ar	Curre	nt Ye	ar
ds	8	Contril	butions	and grants (Part	VIII, line 1h	1)							709	,492.		659	,912.
Š	9	Progra	am serv	ice revenue (Par	t VIII, line 2	\				 			203,669	,506.	193,8	359,	189.
Revenue	10			come (Part VIII, o			nd 7d)				• • •		126	,827.			,055.
œ	11	Other	revenu	e (Part VIII, colun	nn (A), lines	5, 6d, 8c, 9	9c, 10c,	and 11e	)	• • • • •			9,181	·	9,0		,002.
	12			e - add lines 8 thre									213,687	$\overline{}$	204,2		
5	13			milar amounts pa				- 01					•	0.			0.
	14			to or for member	•			• •						0.			0.
th	15			er compensation,						 5-10)			100,955	315.	97.4	64.	946.
Expenses	1			fundraising fees (								•••		0.	200	,	0.
ğ				ing expenses, Pa						0.		1918	THE REST	in salisate	Contract S	Na.	NEFA-81
ŭ	17			es (Part IX, colur									105,715	140	99.4	23.	113.
	18		•	es. Add lines 13-1			-						206,670		196,8		
	19			expenses. Subtr									7,016			<u> </u>	,099.
2 8		TTEVEN	uc 1633	expenses. oubti	actine to	nomine 12	• • • •				• • •		Beginning o		End		
anc	20	Total	ecate (	Part X, line 16)								<u> </u>	60,014				808.
Net Assets Fund Baland	21		•	(Part X, line 26)			• • • •	• • • •	• • •	• • • • • •	• • •	· · · ├	35,005				180.
# P	22			fund balances. S	ubtract line	21 from line							25,008				628.
	rt II			e Block	ubliact line	Z I HOITI III	20 .	<del></del>			• • •	••••	23,000,	, /21.	19,0	21,	020.
Га	It II	T -			n 0												
		Under and b	penaltic elief. it	es of perjury, de is true correct, a	chare Anat I nti complete	have examin . Declaration	ed this of pre	retum, ind	cluding er thar	accompany officer) is	ying so based	chedules and on all info	d statements, rmation of v	and to ti which prev	he best of n parer has ar	ny kn Iv kno	owledge owledge.
	!			16 1h. 1	0/2					,			E	-/1	11.	,	
	ign	1	Signatur	e of officer	Juy-								Date	3//	///	_	
п	ere		Jigiratur		den	100			1	ID TO	1	171	Date		·:		
			_//,	IHICC K	BER	<i>b</i> GC			7	IP, IA	+X/-	FION					
			ype or	print name and title						lata		Charle if		Oronorori-	identifica -	unale c	
Pald		Prepa		0 -		1 .4 .				ate		Check if self-		(seė instru	identifying n		i
	arer's	signa			17 M	XV				5/10/11		employed			004515		
•	Only	if self-	name (d employe	d),	LLP								EIN	<b>▶</b> 1	3-5565	207	
		addres	ss, and Z	IP+4 440 MOI		VE, SUITE				510-3310			Phone no.	<b>▶</b> 7	57-616	-70	00
May	the IF	RS disc	uss this	return with the p	reparer sho	wn above?	(see in	structions	3)						X Vos	.	No

Form 88	358 (Rev.	4-2009)			Page 2
• Hy	ou are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			<b>▶</b> X
Note.	Only	complete Part II if you have already been granted an automatic 3-month extension on a previously filed For	rm 8	868.	
		filing for an Automatic 3-Month Extension, complete only Part I ( on page 1).			
Part		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no cop	ies	needed	).
Туре		Name of Exempt Organization Employer identific			
print	۱ ۳	HARBOR HOSPITAL, INC. 52-049166	0		
File by	ma I	Number, street, and room or suite no. If a P.O. box, see instructions.			
expend	ed	3001 SOUTH HANOVER STREET			
dise dai	e	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	1000		S 1830
return, instruct		BALTIMORE, MD 21225			100
Chec	k type	of return to be filed (File a separate application for each return):		60.	- STORY S
X	Form		Г	Form	8069
П		990-B L Form 990-T (sec. 401(a) or 408(a) tr ust) Form 4720	r	Form	
П	Form	990-EZ Form 990-T (trust other than above) Form 5227			
STOP	'I Do i	not complete Part 8 If you were not already granted an automatic 3-month extension on a previous	ustv	filed For	n 886B.
		are in the care of MARC BERGER			
		e No. ▶ 410 772-6719 FAX No. ▶			
		anization does not have an office or place of business in the United States, check this box		<del></del>	
			nds is		- —
		e group, check this box If it is for part of the group, check this box and attac	ha		
		names and EINs of all members the extension is for.			
4	l requ	est an additional 3-month extension of time until 05/15/2011			
5	For ca	endar year, or other tax year beginning 07/01/2009 and ending 06/30/2	ōio	)	
6 :	If this	tax year is for less than 12 months, check reason: Initial return Final return Change	in a	accounting	period
7	State i	in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE		_	
1	ACCUI	RATE RETURN IS NOT YET AVAILABLE.			
8a .	lf this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	П		
		fundable credits. See instructions.	8a	\$	0.
b	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	1		
1	tax pa	syments made. Include any prior year overpayment allowed as a credit and any amount paid			
		usly with Form 8868.	8b	\$	0.
		ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	П		
1	with F	TD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions.	8c	\$	0.
		Signature and Verification			
		s of perjury, I declare that I have examined this form, including accompanying achedules and statements, and to the heat of	ту	knowledge (	and belief,
II is true	, carrec	x, and complete, and that I am authorized to presere this form.			
		Anthenia: March ()		alal.	
Signatu	re 📐	Nathuri Medicel THO Off Date &	<u> </u>	<u>क्राष्ट्रा</u>	
		•	Eas	9969 /0-	. 4 20001

KPMG LLP Suite 1900 **440 Monticello Avenue** Norfolk, Virginia 23510

# 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

If you are fi	ing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>&gt;</b> X
	ling for an  Additional (Not Automatic) 3-Month Extension, complete only Part II    (on page ete <i>Part II unles</i> gou have already been granted an automatic 3-month extension on a previou	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	equired to file Form 990-T and requesting an automatic 6-month extension - check this box ar	nd complete
Part I only		
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	04 to request an extension of
	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month auto	
	urns noted below (6 months for a corporation required to file Form 990-T). Howeve f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms	
	omposite or consolidated From 990-T. Instead, you must submit the fully completed and	
	e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Ci	
Type or	Name of Exempt Organization	Employer identification number
print	HARBOR HOSPITAL, INC.	52-049166 <b>0</b>
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	3001 SOUTH HANOVER STREET	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	BALTIMORE, MD 21225	
	return to be filed (file a separate application for each return):	
X Form 990		n 4720
Form 990		n 5227
Form 990		n 6069
Form 990	-PF Form 1041-A Form	n 8870
<ul><li>If the organ</li><li>If this is for for the whole g</li></ul>	No. ► 410 772-6719  FAX No. ►  ization 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)  roup, check this box  If it is for part of the group, check this box s of all members the extension will cover.	
	t an automatic 3-month (6 months for a corporation required to file Form	990-T) extension of time
until	$\frac{02/15}{1}$ , $\frac{2011}{1}$ , to file the exempt organization return for the organization	named above. The extension is
for the org	anization's return for:	
	calendar year or	06/20 0010
<b>▶</b> X	tax year beginning 07/01, 2009, and ending	<u>06/30, 2010</u> .
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If this ap	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any
nonrefund	able credits. See instructions.	3a \$ 0.
b If this app	olication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	ayments
	lude any prior year overpayment allowed as a credit.	3b \$ 0.
	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		
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	Form 8879-EO
for payment ins		
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-2009)

Form **990** (2009)

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		Х
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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1000	Rb and	he had
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		115	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		## E	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		13 33	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		255	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	08 7		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
-	complete Schedule D, Parts XI, XII, and XIII	12	Sec. of Contrast	Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	Part of	CHO.	HARRIST ST
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	P. San		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		- 25
	organization or entity located outside the United States? If "Yes, "complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	10	$\overline{}$	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	.	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		
• • •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		y
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	46		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
		4		v
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one of more hospitals? If res, complete scriedule IT	20	Х	

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Pari	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? 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,			
-	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	U/10/2		Bally.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1177	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 11
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34	III, IV, and V, line 1	34	х	
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	^	
35		25		v
00	Schedule R, Part V, line 2	35	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
.=	organization? If "Yes,"complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
	Part VI	37	$\dashv$	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2009)

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter-0-in fort applicable 1.5 Enter the number of Forms W2G included in lie 1s. Enter-0-if not applicable 1.5 Enter the number of Forms W2G included in lie 1s. Enter-0-if not applicable 1.5 Enter the number of Forms W2G included in lie 1s. Enter-0-if not applicable 1.5 Enter the number of Forms W2G included in lie 1s. Enter-0-if not applicable 1.5 Enter the number of engine with W2G included in lie 1s. Enter the number of engine with the organization for the catendar year anding with or within the year covered by this return 2.2 1.411.  28 Enter the number of engine on line 2s. did the organization file all required decral employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return. (see instructions)  39 Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  30 If Yes, has it flied a Form 990-T for this year? If YNo, "provide an explanation in Schedulio O	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Einter -0- intot applicable				Yes	No
U.S. Information Returns. Einter -0- intot applicable	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of I			
b Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable					25.0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year-ending with or within the year covered by this return.  2b If at lieast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  3b X 4  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the foreign country:  b If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax shelter transaction and Financial accounts are provided to the organization file Form 888e-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in	b				
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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  Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross income from members or shareholders  b Gross income from therns.)  10a					
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management			1	T
		ا امه	E 175	Yes	No
1a	Enter the number of voting members of the governing body	1a 1	9		
b	Enter the number of voting members that are independent		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		I LEAD		v
	any other officer, director, trustee, or key employee?		2	<del>                                     </del>	X
3	Did the organization delegate control over management duties customarily performed by or under the				Ų.
	supervision of officers, directors or trustees, or key employees to a management company or other p		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was f		4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asset		5		X
6	Does the organization have members or stockholders?		6		Α
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	1_	v	
	of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers		7b	A	
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	uring			
	the year by the following:		38.196.3	v	
а	The governing body?		8a	X	-
b	Each committee with authority to act on behalf of the governing body?		8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ched at	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by				
	enue Code.)				
		,	,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such c	hapters.			
			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill				
	form?		11	Х	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12</b> a	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				
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an	•			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
-	If "Yes" to line 15a or 15b, 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	ent			
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe				
	the organization's exempt status with respect to such arrangements?	-	16b		
Sect	ion 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 onl	/)		
	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, co	onflict of interes			
	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 organization: ▶MARC BERGER 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD	records of the 21044			
	410-772-6719				

JSA 9E1042 5.000

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

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

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

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

	J Check this	box if	the organi	zation did	not	compensate	any	current	officer,	director,	or trustee.	
--	--------------	--------	------------	------------	-----	------------	-----	---------	----------	-----------	-------------	--

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated	Former	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
CARLOS ZIGEL MD			П							
DIRECTOR	40.00	Х						120,657.	0.	8,897.
FERIDUN EREN MD										
DIRECTOR/PHYSICIAN	40.00	Х						86,686.	0.	1,321.
KENNETH A SAMET										
DIRECTOR	1.00	Х						0.	3,637,403.	66,085.
KAISER J. ROBERTSON										
DIRECTOR	1.00	Х						750.	0.	0.
DENNIS W. PULLIN										
DIRECTOR/PRESIDENT	1.00	Х		Х				296,591.	212,721.	27,419.
EDWARD P CAREY										
VICE CHAIRMAN	1.00	Х						0.	0.	0.
GREGORY GURFINCHEL MD										
DIRECTOR	1.00	Х						0.	0.	0.
GREGORY H BARNHILL										
DIRECTOR	1.00	Х						0.	0:	0.
TIMOTHY E. STANSBURY										
CHAIRMAN	1.00	Х						0.	0.	0.
PETER MCNAB										
DIRECTOR	1.00	Х						0.	0.	0.
CHARLES F OBRECHT										
DIRECTOR	1.00	X						0.	0	0.
DAVID PITMAN .										_
ASSISTANT TREASURER	40.00			Х				264,844.	0	22,336.
DELLA GLODEK								-		_
ASSISTANT SECRETARY	40.00			Х				107,154.	0.	28,969.
ALLAN BIRENBERG				$\neg \top$						
FORMER OFFICER	40.00				Х			318,845.	0	29,942.
LENORA ADDISON								W		
VICE PRESIDENT	40.00				Х			227,337.	0	66,591.
NANCY BUTLER										
VICE PRESIDENT	40.00				Х			207,863.	0.	54,633.
										= 000 (*****

Form **990** (2009)

Form 990 (2009)								52-0491660		Page 8
Part VII Section A. Officers, Directors, Tr	ustees, K	ey En	npl	оуе	es,	and	Hig	hest Compensa	ted Employees	(continued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	$\overline{}$	<del>-</del>	checl		hat app		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related
			8			sated				organizations
JOHN CARBONE, MD			-	-	-		+-			
PHYSICIAN	40.00					X		644,197.	0	34,269
HOWARD POPKIN, MD	]									
PHYSICIAN	40.00					Х		551,625.	0	. 44,175
LEIGH-ANN CURL, MD										
PHYSICIAN	40.00	-			ļ	X	_	550,935.	0	. 18,542
JAMES WOOD, MD	10 00							E 4 6 00E		36 702
PHYSICIAN DENNIS STERN, MD	40.00	-		-	├	X	-	546,095.	0	36,702
PHYSICIAN	40.00					x		538,823.	0	39,894
JOSEPH M ODDIS	10.00	<del>                                     </del>		$\vdash$		<del></del>	<del>                                     </del>	030,0231		33,031
PRESIDENT	40.00						Х	586,732.	0	27,334
	-									
							<u> </u>			
	1			_						
	]							(0		
1b Total		<u> </u>	L	li	L			5,049,134.	3,850,124	507,109.
Total number of individuals (including but not lim							ceiv	· · · · · · · · · · · · · · · · · · ·	<del></del>	., 307,103.
reportable compensation from the organization	<b>&gt;</b>	13			-,				,	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet	er, directoule J for suc	r or ch indi	tru ividu	stee ıal	e, l •••	кеу е 	emp	loyee, or highest	compensated	3 X
4 For any individual listed on line 1a, is the the organization and related organizations										
individual										4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accru	ue co Sched	mp	ens:	atio	n fro	om rson	any unrelated o	rganization for	5 X
Section B. Independent Contractors	complete c	2011001	210 0	101	Sui	on poi	3011			9 1 1
1 Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	more than \$1	00,000 of
(A)								(B)		(C)
Name and business addr ATTACHMENT 3	ress						+	Description of sen	/ices	Compensation
ATTACHMENT										
							F			
							+			
2 Total number of independent contractors (in	cluding bu	t not	lim	ited	l to	thos	e li	sted above) who	received	
more than \$100,000 in compensation from the								•		

rt VII	Statement of Revenue			52-0491660		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a	Federated campaigns	1a				
b	Membership dues	1b				
C	Fundraising events	1c				
d	Related organizations	1d				
е	Government grants (contributions)	<b>1e</b> 544,891.				
f	, , , , , , , , , , , , , , , , , , , ,	46				
		1f 115,021.				
g	Noncash contributions included in lines 1a-1f: <b>Total.</b> Add lines 1a-1f		659,912.			
<del></del>	Today Nod miles to 71 Title 1	Business Code			THE YEAR	
2a	NET PATIENT SERVICE REVENUE	900099	193,859,189.	193,859,189.		
b		4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
c						
d						
6		_			ellion in a	
f	All other program service revenue					
g	Total. Add lines 2a-2f		193,859,189.	Bearing Telegraph		
3	Investment income (including dividends, in		70.004			70.00
	other similar amounts)		79,084.			79,08
5	Royalties · · · · · · · · · · · · · · · · · · ·		0.		***************************************	1
"	(i) Rea					
6a	Gross Rents	,095.				
ь	Less: rental expenses					
С	Rental income or (loss)	,095.				
d	Net rental income or (loss)		2,923,095.			2,923,09
7a	Gross amount from sales of (i) Securit	ties (ii) Other				
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses	2,029.				
C d	Gain or (loss)		2 020			2 02
8a			-2,029.	A STATE OF THE PARTY OF THE PAR		-2,02
0a	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18	. a				
b	Less: direct expenses	. b				
С	Net income or (loss) from fundraising ever	nts	0.			
9a	Gross income from gaming activities.					No.
	See Part IV, line 19					
b	Less: direct expenses					
C	Net income or (loss) from gaming activities		0.	Section of the section		SEV D
10a	Gross sales of inventory, less returns and allowances	-				
b	Less: cost of goods sold					
C	Net income or (loss) from sales of inventor		0.			
	Miscellaneous Revenue	Business Code	ska opoda sebasa i			
11a	PHARMACY	900099	2,385,754.			2,385,754
b	OPERATNG RECOVERY	900099	655,634.	400000000000000000000000000000000000000		655,634
С	REBATE INCOME	900099	460,805.			460,805
d	All other revenue		3,192,714.	1,562,897.	1,504,969.	124,848
	Total. Add lines 11a-11d		6,694,907.	SHE TO USE MAN		A PARTY OF THE

## Part IX Statement of Functional Expenses

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

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

_	All other organizations must complet				
	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	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,543,961.	1,370,654.	173,307.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	78,940,663.	70,079,728.	8,860,935.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,049,370.	1,819,332.	230,038.	
9	Other employee benefits	9,299,062.	8,255,261.	1,043,801.	
0	Payroll taxes	5,631,890.	4,862,687.	769,203.	
1	Fees for services (non-employees):				
	Management	13,481,438.	12,597.	13,468,841.	
	Legal	72,158.	······································	72,158.	
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.		200	
	Other	17,292,442.	17,213,882.	78,560.	
2	Advertising and promotion	779,016.		779,016.	
3	Office expenses	1,928,377.	1,474,465.	453,912.	
4	Information technology	30,707.	17,267.	13,440.	
5	Royalties	0.			
6	Occupancy	591,311.	662,454.	-71,143.	
7	Travel	194,454.	120,770.	73,684.	
, B	Payments of travel or entertainment expenses			10,000	
	for any federal, state, or local public officials	0.1			
9	Conferences, conventions, and meetings	8,894.	4,762.	4,132.	
		2,372,520.	2,372,520.	1,102.	
0	Interest	0.	2,012,020.		
1 2	Payments to affiliates	7,860,066.	7,860,066.		
2		3,982,065.	169,645.	3,812,420.	-
3 4	Other expenses Itemize expenses not	3,302,000.	100,010.	3,012,420.	
4	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.)				
_	MEDCIAL/SURGICAL SUPPLIES	12,947,877.	12,885,432.	62,445.	
	BAD DEBT	8,639,543.	8,639,543.	02,443.	
	TWDT TWMC / DD COMUTICIDO	7,471,260.	7,471,260.		
	DRUGS/PHARMACEUTICALS	6,454,697.	6,444,767.	9,930.	
		4,838,484.	4,355,342.	483,142.	
	UTILITIES				
	All other expenses	10,477,804.	9,026,021.	1,451,783.	
	Total functional expenses. Add lines 1 through 24f	196,888,059.	165,118,455.	31,769,604.	<del> </del>
6	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** Beginning of year End of year Cash - non-interest-bearing 2,845. 2,995. 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net ........... 3 3 Accounts receivable, net 17,052,033. 4 18,043,337. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 2,523,039. 2,547,413. 8 Prepaid expenses and deferred charges ...... 726,198. 278,957. 9 10 a Land, buildings, and equipment: cost or 10a 178,160,503. other basis. Complete Part VI of Schedule D 35,534,498. 10c 35,085,758. 11 11 12 104,266. 92,376. 12 Investments - program-related. See Part IV, line 11 ......... 13 14 14 4,071,131. 2,683,972. 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 60,014,010. 58,734,808. 16 16 18,648,586. 20,566,919. 17 17 Accounts payable and accrued expenses 18 18 19 57,704. 19 110,521. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . . . . . . . 24 Other liabilities. Complete Part X of Schedule D 16,298,999. 18,235,740. 25 25 26 Total liabilities. Add lines 17 through 25 35,005,289. 26 38,913,180. Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. 24,904,455. 27 19,729,252. 104,266. 92,376. 28 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds ..... 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 25,008,721. 19,821,628. 33 Total liabilities and net assets/fund balances 60,014,010. 58,734,808. 34

Form **990** (2009)

05468X E014

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			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	х	
d	issued on a consolidated basis, separate basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009

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

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HARBOR	HOSPITA	L, INC.							52-04	91660
Part I	Reason f	or Public Char	rity Status (All organ	izations m	iust compl	lete this	part.) Se	e instruc	ctions.	
The organ	nization is no	t a private found	ation because it is: (For	lines 1 thro	ough 11, ch	eck only	one box.)			
1	A church, co	onvention of chur	ches, or association of	churches of	lescribed in	sectio	n 170(b)(	1)(A)(i).		
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3 X	A hospital o	r a cooperative h	ospital service organiza	ation descri	bed in se	ection 170	)(b)(1)(A)	(iii).		
4	A medical	research organia	zation operated in co	njunction	with a hos	spital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's n	ame, city, and st	ate:							
5	An organiza	ation operated for	or the benefit of a co	llege or un	iversity ow	ned or o	perated	by a gov	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II.)							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 An organization that normally receives a substantial part of its support from a governmental unit or from the gener						the general public				
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)						
8	A communit	y trust described	in section 170(b)(1)(	A)(vi). (Co	mplete Par	t II.)				
9 🗌	An organiza	ation that norma	lly receives: (1) more	than 33 1/3	% of its su	pport fro	m contrib	outions, r	nembershi	ip fees, and gross
	receipts fro	m activities rela	ited to its exempt fun	ictions - su	bject to ce	ertain exc	ceptions,	and (2)	no more t	han 33 1/3% of its
	support fro	m gross investr	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975.	See section	n 509(a)(2)	. (Comp	lete Part	III.)		
10	An organiza	tion organized ar	nd operated exclusively	to test for	public safet	y. See	section 5	09(a)(4).		
11	An organiza	ation organized	and operated exclusi	ively for th	ne benefit	of, to pe	erform th	e functio	ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations	described	in section	509(a)(	1) or sec	tion 509(a	a)(2). See section
	509(a)(3).	Check the box th	at describes the type of	of supportin	g organiza	tion and	complete	lines 11e	through	11h.
	а Тур	el b[	Type iI d	: 🔲 Тур	e III - Func	tionally in	tegrated		d Ty	/pe III - Other
e	By checking	g this box, I ce	ertify that the organiz	ation is no	ot controlle	ed direct	ly or ind	irectly by	y one or	more disqualified
	persons oth	er than foundati	ion managers and oth	er than on	e or more	publicly	supported	d organiz	ations de	scribed in section
	509(a)(1) or	section 509(a)(	2).							
f	If the organ	nization received	l a written determinat	tion from	the IRS tha	atitis a	Type I,	Type II, o	r Type III	supporting
	organization	, check this box								
g	Since Augus	st 17, 2006, has t	the organization accept	ed any gift	or contribut	ion from a	any of the			
	following pe	rsons?							•	
	(i) A pers	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h persor	s describ	oed in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(i)
			erson described in (i) at							11g(ii)
	(iii) A 35%	controlled entity	of a person described in	n (i) or (ii) a	bove?					11g(iii)
h	Provide the	following informa	tion about the supporte	ed organiza	tion(s).					
	of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) Amount of
orga	inization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. zed in the	support
			(see instructions))	governing	document?		port?		S.?	
				Yes	No	Yes	No	Yes	No	
				_						
								İ		
_	-									
									İ	
									<u> </u>	
				5287					34	
Total										

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

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Or (Complete only if you chec	<b>ganizations D</b> ked the box o	Described in S n line 5, 7, or 8	ections 170( of Part I.)	(b)(1)(A)(iv) a	ınd 170(b)(1)(	A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	#8 		_ = = :			
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 through 3		THE RESERVE AND DESCRIPTION OF THE PARTY OF			Maria Cara de	
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)				THE PARTY OF THE P		
_6_	Public support. Subtract line 5 from line 4.	是 都 在 在 是 是	E THE LAND				
	tion B. Total Support					<b>"</b>	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	( <b>c</b> ) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008 Sc	chedule A, Part	II, line 14	. <b></b> .		15	%
16a	33 1/3 % support test - 2009. If the o						re, check
	this box and stop here. The organization	n qualifies as a	publicly suppor	ted organizatio	n		▶∐
b	33 1/3 % support test - 2008. If the c	rganization did	not check a bo	ox on line 13	or 16a, and line	e 15 is 33 1/3 %	or more,
	check this box and stop here. The orga	anization qualific	es as a publicly	supported orga	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 2	009. If the orga	nization did not	check a box or	n line 13, 16a o	r 16b, and line 1	4 is 10%
	or more, and if the organization me	ets the "facts-	and-circumstand	es" test, chec	ck this box an	d stop here. E	xplain in
	Part IV how the organization meets t						
	organization				· • • • • • • •		▶□
b	10%-facts-and-circumstances test - 2	2008. If the org	ganization did n	ot check a box	on line 13, 16	sa, 16b, or 17a,	
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization supported organization				•	•	
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						
						Schedule A (Form 99	U OF 990-EZ1 2009

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) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						<del> </del>
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			•			
6	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3					1	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year			1			
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources					1	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets		İ				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					ľ	
14	First five years. If the Form 990 is for t	he organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(c	:)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2009 (line 8, cole	umn (f) divided t	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Schedule	A, Part III, line	15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2009 (line			, column (f))		17	%
18	Investment income percentage from 2008 So		•			18	%
	33 1/3 % support tests - 2009. If the org					e than 331/3 %, a	nd line
	17 is not more than 33 1/3 %, check this						
b	33 1/3 % support tests - 2008. If the organ						
	line 18 is not more than 331/3 %, check t				,		·
20	Private foundation If the organization di	d not shook	a hay an line :	14 100 or 10b	abook this he	w and and instru	otions -

20 F JSA 9E1221 1.000 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HARBOR HOSPITAL, INC. 52-0491660 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year ...... 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) . . . . . Aggregate value at end of year ...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ...... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Number of conservation easements on a certified historic structure included in (a) ..... C 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 Number of states where property subject to conservation easement is located 

\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. 1a 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: 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 SFAS116 relating to these items:

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

Schedule D (Form 990) 2009

Sched	lule D (Form 990) 2009			52-04	91660			Page 2
Par	t III Organizations Maintaini	ng Collections	of Art, Historica	al Treasures, or	Other Similar Assets	(contin	ued)	
3	Using the organization's acquisition collection items (check all that apply		other records, che	ck any of the follow	ing that are a significant	use of it	s	
а	Public exhibition	<i>'</i>	d 🗀	Loan or exchange	nrograms			
b	Scholarly research		e —	Other	programo			
c	Preservation for future ger	nerations	•					
4	Provide a description of the organization		and explain how	they further the ora	anization's exempt purno	se in		
•	Part XIV.		and explain new	arey rarater are erg	anization o exempt purpe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	During the year, did the organization	solici tor receive	e donations of art	historical treasures	or other similar			
•	assets to be sold to raise funds rath					Ye		No
Par	t IV Escrow and Custodial A							1110
· ai	IV, line 9, or reported an					50, i ai	•	
1a	Is the organization an agent, trustee	, custo dian or oth	ner intermediary fo	r contributions or of	ther assets not			
	included on Form 990, Part X?					Ye	s	No
b	If "Yes," explain the arrangement in						<u></u>	_
					Amount			
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an amo	unt on Form 990	, Part X, line 21?			Ye	s	No
b	If "Yes," explain the arrangement in	Part XI V.						
Par	t V Endowment Funds. Com	plete if organiza	ation answered '	'Yes" to Form 99	0, Part IV, line 10.			
		(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains,							
	and losses							Series.
	Grants or scholarships			<b>美工程是过程</b>				
е	Other expenditures for facilities .							
	and programs							
f	Administrative expenses							
g	End of year balance					\$102.300		
2	Provide the estimated percentage of	•						
<b>a</b>	Board designated or quasi-endowme		%					
b	Permanent endowment >	%						
		%						
3a	Are there endowment funds not in the	e pos session of	the organization t	hat are held and ad	ministered for the			
	organization by:						Yes	No
	(i) unrelated organizations					3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	ļ	<u></u>
b	If "Yes" to 3a(ii), are the related orga		-			3b	L	<u> </u>
4	Describe in Part XIV the intended us							
Par	VI Investments - Land, Bui	ldings, and Equ	i <b>pment</b> See For	m 990, Part X, lir	ie 10.			

Part VI Investments - Land, Buildings, and EquipmentSee Form 990, Part X, line 10.						
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		3,415,538.		3,415,538.		
<b>b</b> Buildings		30,250,297.	23,341,018.	6,909,279.		
c Leasehold improvements		26,939,779.	26,901,439.	38,340.		
d Equipment		114,688,673.	91,199,346.	23,489,327.		
e Other		2,866,216.	1,632,942.	1,233,274.		
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part 2	X, column (B), line 10	(c).)	35,085,758.		

Part VII	Investments - Other Securities. See	e Form 990, Part X, line	e 12.
<del>-</del>	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
	erivatives		
	d equity interests		
Other			
			Course trade par decomposes mentores account of the property of the party of the pa
	(b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>•</b>	
Part IX	Other Assets. See Form 990, Part X	, line 15.	
		(a) Description	(b) Book value
		·	
	*****		
	(b) must equal Form 990, Part X, col. (B) line 15.)		▶
Part X	Other Liabilities. See Form 990, Par	t X, line 25.	
1.	(a) Description of liability	(b) Amount	
Federal inco			
	ABILITIES	6,978,290.	
	S ABATEMENT LIABILITY	4,798,174.	
	FROM 3RD PARTY PAYORS	4,513,042.	
CREDIT E	BALANCE REFUNDS	937,449.	
	COMPENSATION LIABILITY	586,243.	
PATIENT	SERVICE REFUNDS	242,049.	
STOCK OF	TION PLAN	171,244.	
SECURITY	DEPOSIT	9,249.	
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 18,235,740.	

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

| Sche | Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization financial statements that reports the organization financial statements that reports the organization financial statements that reports the organization financial statements that reports the organization financial statements fi

52-0491660 Schedule D (Form 990) 2009 Page 4

Scriedui	ED (Form 990) 2009		Page •
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	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:		
- a	Net unrealized gains on investments	3	
b	Donated services and use of facilities		
	Recoveries of prior year grants 2c		
c			
d	Other (Describe in Part XIV.)		1972
e	Add lines 2a through 2d	··⊦'	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV.)	12	950
_	Add lines 4a and 4b	<u> </u> '	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
1	Total expenses and losses per audited financial statements		1 escar
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
þ	Prior year adjustments 2b		A STATE OF THE STA
С	Other losses 2c	100	
d	Other (Describe in Part XIV.)	93	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIV.)	差	Marie Marie
С	Add lines 4a and 4b	🗠	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part 2	Supplemental Information		
Comple	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. line	es 1b
	; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also		
this pa	rt to provide any additional information.		
SCHE	DULE D, PART XIV, FIN 48 AUDIT REPORT FOOTNOTE		
SCHE	DULE D, PART XIV		
THE	CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH		
THE	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO.		
48,	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF		
FASB	STATEMENT 109 (FIN 48).		

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

### **SCHEDULE H** (Form 990)

HARBOR HÖSPITAL, INC.

## **Hospitals**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

Attach to Form 990.

See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

52-0491660

Charity Care and Certain Other Community Benefits at Cost Part I Yes No Х 1a 1a Does the organization have a charity care policy? If "No," skip to question 6a Х 1b b If "Yes," is it a written policy? 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 X individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: 3a X 200% 150% Other \_ b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," Х indicate which of the following is the family income limit for eligibility for discounted care: 3ь X 200% 250% 300% 350% 400% Other 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. X Does the organization's policy provide free or discounted care to the "medically indigent"? X 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? Х 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? ...... c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted Χ 5c Х 6a Does the organization prepare an annual community benefit report? . . . . . . . . . . . . . . . . . Х 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 (f) Percent Means-Tested Government benefit expense revenue benefit expense of total (optional) expense **Programs** a Charity care at cost (from 4,194,918 0 4,194,918 2.13 Worksheets 1 and 2) . . . . . Unreimbursed Medicaid (from 0. 0 0. 0.00 Worksheet 3, column a) . . . Unreimbursed costs - other meanstested government programs (from Worksheet 3, column b) 0. 0 0. 0.00 Total Charity Care and Means-Tested Government 4,194,918. 0 4,194,918. 2.13 Programs - - - - -Other Benefits Community health improvement services and community benefit 557191 2,200. 68 1,774,850. 1,772,650. .90 operations (from Worksheet 4) Health professions education 2 264 6,893,884. 0 6,893,884. 3.50 (from Worksheet 5) . . . . . Subsidized health services (from 38278 9,054,992. 6 5,762,114 3,292,878. 1.67 Worksheet 6) . . . . . . . . 0. 0 0. 0.00 Research (from Worksheet 7) . . Cash and in-kind contributions to ommunity groups (from 17 1410 62,161. 0 62,161. .03 Worksheet 8) . . . . 93 597143 17,785,887. 5,764,314. 12,021,573. 6.10 Total, Other Benefits . . . . . 5,764,314.

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

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Schedule H (Form 990) 2009

8.23

16,216,491.

Total. Add lines 7d and 7j

21,980,805.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing		q	0.	0.	0.	0.00
2 Economic development		q	0.	0.	0.	0.00
3 Community support	2	58	142,417.	0.	142,417.	.07
4 Environmental improvements		d	0.	0.	0.	0.00
5 Leadership development and						_
training for community members		d	0.	0.	0.	0.00
6 Coalition building		d	0.	0.	0.	0.00
7 Community health improvement						
advocacy	2	25	40,483.	0.	40,483.	.02
8 Workforce development	1	q	6,075.	0.	6,075.	-
9 Other		q	0.	0.	0.	0.00
10 Total	5	83	188,975.	0.	188,975.	.09

Part III Bad Debt, Medicare, & Collection Practices

Sec	tion A. Bad Debt Expense						Yes	No	
1		rt bad debt expense in accordance with		Financia	al Management	1	Х	1.10	
2	Enter the amount of the organic	zation's bad debt expense (at cost)	· · · · · · · · · · · · · · · · · · ·	2	5,780,353.		in FA	File	
		f the organization's bad debt expense (at cost)		-	0,100,0001				
		organization's charity care policy		3	0.1				
4		f the footnote to the organization's financial							
7		e the costing methodology used in determin							
	· ·	uding other bad debt amounts in community be	•	ounts re	ported on lines				
C		duling other bad debt amounts in community be	enent.						
	tion B. Medicare								
5				5	0.				
6		s of care relating to payments on line 5		6	0.				
7		s is the surplus or (shortfall)		7	<u> </u>				
8		to which any shortfall reported in line 7 shou							
		costing methodology or source used to determ	nine the amo	ount rep	orted on line 6.				
	Check the box that describes t								
	Cost accounting system	Cost to charge ratio Other							
Sec	tion C. Collection Practices								
	Does the organization have a v					9a	X		
b		n's collection policy contain provisions on the							
		qualify for charity care or financial assistance?	Describe in	Part VI.		9b	X		
Pa	rt IV Management Comp	panies and Joint Ventures	-						
	(a) Name of entity	(b) Description of primary	(c) Organiza	ation's	(d) Officers, directors	(e)	) Physic	cians'	
		activity of entity	profit % or s ownership		trustees, or key employees' profit % or stock ownership %		fit % or wnersh		
						_			
_1_						_			
_2						<del> </del>			
_3									
4									
_5			w).						
6									
7									
8									
9									
10									
11									
12									
13									
14						T			

JSA 9E1285 1.000

Part V Facility Information								,	
Name and address	Licensed hospital	General medical & surgical	Chitdren's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
HARBOR HOSPITAL, INC. 3001 SOUTH HANOVER STREET BALTIMORE MD 21225	Х	Х		Х			Х		
					:				
									=
									· · · · · · · · · · · · · · · · · · ·

### Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 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.

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

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

Schedule H (Form 990) 2009

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S

#### **Supplemental Information** Part VI

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

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

UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITAL TO
BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY
BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE
NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL
OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF
MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING
HOSPITALS THROUGH THE RATE-SETTING SYSTEM.
HEALTH PROFESSIONS EDUCATION
PART I, LINE 7F
MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
PAYMENT THAT DIFFERS FROM THE REST OF THE NATIONAL. THE HEALTH SERVICES
COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING
PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME
AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

### Part VI Supplemental Information

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

PART III, LINE 4:
MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT
EXPENSE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES
(GAAP) AND HFMA 15. AMOUNTS THAT ARE NOT EXPECTED TO BE COLLECTED,
FOR PATIENTS QUALIFYING UNDER MEDSTAR HEALTH'S FINANCIAL ASSISTANCE
POLICY, ARE WRITTEN OFF TO CHARITY CARE AND REPORTED AS A REDUCTION
TO REVENUE. BAD DEBT EXPENSE RESULTS FROM MANAGEMENT'S INABILITY TO
COLLECT REVENUES THAT MEET THE GAAP CRITERIA FOR REVENUE RECOGNITION.
BAD DEBT REPRESENTS AN OPERATING EXPENSE AND IS REFLECTED AS A
SEPARATE LINE ITEM ON THE ORGANIZATION'S STATEMENT OF OPERATIONS.
HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A
DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN
DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN
DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE
ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE
USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING
SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT
EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.
·
PART III, LINE 8:

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MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH
SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A
RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,
PAY THE SAME AMOUNT FOR THE SAME SERVICES DEIVERED AT THE SAME
HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR
REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT
ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED
TO UNCOMPENSATED CARE. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES
AND REVENUES IN MARYLAND IN ZERO.
NEEDS ASSESSMENT:
HARBOR HOSPITAL'S KEY PRIORITIES ARE DETERMINED BY THE NEEDS OF THE
COMMUNITY IT SERVES. AN ASSORTMENT OF MECHANISMS ARE ROUTINELY
IMPLEMENTED TO ASSESS AND ENSURE THE HOSPITAL IS SERVING AS THE
TRUSTED LEADER IN CARING FOR PEOPLE AND ADVANCING HEALTH. STRATEGIC
PLANNING SESSIONS, WHICH INCLUDE THE EXECUTIVE TEAM AND MANAGEMENT
TEAM, ARE DESIGNED TO IDENTIFY SHORT- AND LONG- TERM GOALS.
THROUGHOUT THIS PROCESS, CLINICAL AND OPERATIONAL GOALS ARE ADDRESSED

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W	AT VARIOUS LEVELS. COMMUNITY NEEDS, BOTH CURRENT AND PROJECTED, ARE
	INCORPORATED INTO EACH ASPECT OF THE PLANNING PHASE.
	THE COMMUNITY RELATIONS TEAM, PHYSICIANS AND NURSES UNDERGO A
	SEMI-ANNUAL PLANNING PROCESS. ONE OF THE PURPOSES OF THE PLANNING
	PROCESS IS TO EXPLORE COMMUNITY HEALTH NEEDS, INTERESTS AND TRENDS.
	THE ASSISTANT VICE PRESIDENT OF COMMUNITY RELATIONS, A MEMBER OF THE
	EXECUTIVE TEAM, IS INSTRUMENTAL IN ENSURING COMMUNITY ISSUES REMAIN
	ON THE HOSPITAL'S GOAL-SETTING AGENDA.
	THE COMMUNITY RELATIONS TEAM ALSO WORKS CLOSELY WITH: THE HOSPITAL'S
	PLANNING TEAM, CLINICAL SPECIALISTS WHO FOCUS ON THE COMMUNITY, AND A
	PARISH NURSE. THE TEAM ALSO COLLABORATES WITH AND OBTAINS FEEDBACK
	FROM LOCAL HEALTH DEPARTMENTS: BALTIMORE CITY, ANNE ARUNDEL COUNTY
	AND BALTIMORE COUNTY. WORKING IN CONJUNCTION WITH LOCAL HEALTH
	DEPARTMENTS HELPS THE HOSPITAL WITH THE COLLECTION OF AN ASSORTMENT
	OF SECONDARY DATA, WHICH ARE CRITICAL IN EFFECTIVELY AND EFFICIENTLY
	ASSESSING COMMUNITY HEALTH NEEDS AND IDENTIFYING POTENTIAL
	OPPORTUNITIES TO ADDRESS THOSE NEEDS.

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DURING THE COURSE OF THE YEAR, THE COMMUNITY RELATION'S TEAM
COLLECTED PRIMARY DATA BY ISSUING AND COLLECTING SURVEYS TO BETTER
EXPLORE THE SOCIO-ECOLOGICAL BARRIERS THAT IMPEDE HEALTH BEHAVIOR.
FINDINGS FROM THE SURVEYS ALLOWED THE HOSPITAL TO IMPLEMENT MORE
STRATEGIC AND TARGETED COMMUNITY HEALTH PROGRAMMING.
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:
HARBOR HOSPITAL'S CHARITY CARE POLICY IS POSTED IN THE ADMISSIONS AND
EMERGENCY DEPARTMENT AREAS. DURING THE ADMISSIONS PROCESS, IF A
PATIENT IS LISTED AS "SELF-PAY," PATIENT ADVOCATES ADVISE THEM OF THE
AVAILABILITY OF VARIOUS PAYMENT OPTIONS. PATIENTS ARE SCREENED FOR
MEDICAL ASSISTANCE AND CHARITY CARE ELIGIBILITY, AND THE PATIENT
ADVOCATES WORK WITH THEM TO COMPLETE THE APPROPRIATE FINANCIAL
ASSISTANCE APPLICATION(S). IN ADDITION, BECAUSE HARBOR HOSPITAL HAS
PHYSICIAN PARTNERS AND PRACTICES LOCATED THROUGHOUT THE BALTIMORE
AREA, PHYSICIANS' OFFICES OFTEN REFER PATIENTS TO THE PATIENT
ADVOCATES FOR THEIR ASSISTANCE WITH THIS PROCESS.

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COMMUNITY INFORMATION:
HARBOR HOSPITAL SERVES A DIVERSE POPULATION WHICH IS PREDOMINATELY
COMPRISED OF FOUR DISTINCT COMMUNITIES: CHERRY HILL, SOUTH
BALTIMORE/FEDERAL HILL, BROOKLYN/CURTIS BAY/HAWKINS POINT, AND ANNE
ARUNDEL COUNTY.
CHERRY HILL
CHERRY HILL IS AN HISTORICALLY AFRICAN-AMERICAN NEIGHBORHOOD, WITH
ROOTS GOING BACK TO THE 17TH CENTURY. AFTER WORLD WAR II, MORE THAN
600 HOUSING UNITS WERE BUILT THERE BY THE UNITED STATES WAR HOUSING
ADMINISTRATION, SPECIFICALLY FOR AFRICAN-AMERICAN WAR WORKERS.
SHORTLY AFTER THE WAR, THESE UNITS WERE MADE INTO LOW-INCOME HOUSING.
ADDITIONAL LOW-INCOME HOUSING UNITS HAVE BEEN ADDED THROUGHOUT THE
YEARS, MAKING CHERRY HILL ONE OF THE LARGEST HOUSING PROJECTS EAST OF
CHICAGO.
THIRTY-FIVE PERCENT OF CHERRY HILL RESIDENTS AGES 25 TO 64 DO NOT
HAVE A HIGH SCHOOL EDUCATION, WHILE 24 PERCENT HAVE HAD SOME COLLEGE
EDUCATION. THE MEDIAN HOUSEHOLD INCOME FOR CHERRY HILL IN 2000 WAS

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 \$17,464, AMONG THE LOWEST OF BALTIMORE NEIGHBORHOODS. IN FACT,
 NEARLY 92 PERCENT OF FAMILIES IN THE NEIGHBORHOOD, EXCLUDING MARRIED
COUPLE FAMILIES, EARN BELOW THE MARYLAND SELF SUFFICIENCY WAGE
 STANDARD.
 THE LIFE EXPECTANCY OF A CHERRY HILL RESIDENT IS 65.0, AS COMPARED TO
 70.9 IN BALTIMORE CITY AS A WHOLE AND 78.1 IN THE UNITED STATES.
 HEART DISEASE ACCOUNTS FOR 23 PERCENT OF ALL DEATHS, AND CANCER
 ACCOUNTS FOR 20 PERCENT. STROKE, HIV/AIDS AND HOMICIDE ARE LESS
 COMMON BUT-WHEN COMBINED-CAUSE 18 PERCENT OF DEATHS IN THIS AREA.
 SOUTH BALTIMORE
 SOUTH BALTIMORE'S MEDIAN HOUSEHOLD INCOME IS \$39,354, HIGHER THAN THE
 OVERALL BALTIMORE CITY HOUSEHOLD INCOME OF \$30,078. MORE THAN 30
 PERCENT OF FAMILIES IN SOUTH BALTIMORE EARN LESS THAN \$25,000 PER
YEAR. THE MEDIAN HOUSEHOLD INCOME IN SOUTH BALTIMORE IS \$51,615.
 HEART DISEASE AND CANCER ARE THE TWO MOST COMMON CAUSES OF DEATH.
 BROOKLYN/CURTIS BAY/HAWKINS POINT

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THIS RACIALLY DIVERSE COMMUNITY IS COMPRISED OF A 24 PERCENT	
AFRICAN-AMERICAN POPULATION AND A 69 PERCENT WHITE POPULATION. THE	
AREA CONTAINS A LARGE NUMBER OF CHEMICAL PLANTS AND OTHER INDUSTRIAL	
SITES, INCLUDING SEVERAL SUPERFUND-QUALIFIED LOCATIONS.	
THE POVERTY LEVEL IN THIS COMMUNITY IS SLIGHTLY HIGHER THAN THAT OF	
BALTIMORE CITY, WITH 48 PERCENT OF FAMILIES EARNING LESS THAN \$25,000	
ANNUALLY, AS COMPARED TO 43 PERCENT OF ALL BALTIMORE FAMILIES. THE	
LIFE EXPECTANCY HERE IS 69.3 YEARS. HEART DISEASE AND CANCER, ONCE	
AGAIN, RATE HIGHEST IN TERMS OF CAUSES OF DEATH AND YEARS OF	
POTENTIAL LIFE LOST, CAUSING 28 AND 22 PERCENT OF DEATHS	
RESPECTIVELY.	
ANNE ARUNDEL COUNTY	
ONE OF HARBOR HOSPITAL'S LARGEST COMMUNITIES IS ANNE ARUNDEL COUNTY.	
ACCORDING TO THE 2000 U.S. CENSUS, OF THE POPULATION AGES 16 YEARS	
AND OLDER IN THE COUNTY, MORE THAN 71 PERCENT ARE EMPLOYED. THE	
MEDIAN INCOME FOR THE COUNTY IN 2004 WAS \$66,087, WITH 13.9 PERCENT	
OF HOUSEHOLDS EARNING LESS THAN \$25,000 PER YEAR. HOWEVER, THE	

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- PERCENTAGE OF PEOPLE LIVING BELOW THE POVERTY LINE IN THE COUNTY WAS 6.5, VERSUS 9.2 FOR THE STATE OF MARYLAND. ACCORDING TO ESTIMATES BY THE COUNTY'S DEPARTMENT OF HEALTH, THERE ARE MORE THAN 3,000 HOMELESS PERSONS CURRENTLY LIVING IN ANNE ARUNDEL COUNTY. THE LEADING CAUSES OF DEATH FOR ALL RACES IN ANNE ARUNDEL COUNTY INCLUDE CANCER AND HEART DISEASE FOLLOWED BY STROKE, CHRONIC LOWER RESPIRATORY DISEASE AND DIABETES. COMMUNITY BUILDING ACTIVITIES: AS A COMMUNITY PARTNER, THE HOSPITAL ENGAGES IN A NUMBER OF COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITY. FOR EXAMPLE, THE HOSPITAL PROVIDES HEALTH NAVIGATION SERVICES AND BLOOD PRESSURE SCREENINGS AT THE ANNE ARUNDEL COUNTY HOMELESS RESOURCE FAIR. A PARTNERSHIP WITH A LOCAL ENVIRONMENTAL ORGANIZATION HAS BEEN ESTABLISHED TO HELP CLEAN UP LITTER IN A HIGHLY POLLUTED

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AREA. IN ADDITION, THE HOSPITAL'S WORK WITH A TEEN PREGNANCY

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PREVENTION WORKGROUP OFFERS JOB SHADOWING AND MENTORING OPPORTUNITIES
FOR LOCAL AT-RISK YOUTH.
AN EXAMPLE OF HOW THE COMMUNITY AT LARGE BENEFITS FROM ITS SERVICES,
INCLUDES THE 757 UNINSURED AND UNDERINSURED WOMEN, PRIMARILY FROM
BALTIMORE CITY, WHO RECEIVED FREE MAMMOGRAMS, BREAST EXAMS, AND PAP
TESTS LAST YEAR THROUGH THE BREAST AND CERVICAL CANCER PROGRAM.
WITHOUT PROGRAMS LIKE THIS, THESE WOMEN WOULD NOT HAVE ACCESS TO THIS
POTENTIALLY LIFE-SAVING SCREENING. OTHER FREE AND LOW-COST
SCREENINGS PROVIDED INCLUDE THOSE FOR PROSTATE CANCER (20 MEN
SCREENED), LOW-COST LUNG CT SCANS, CHOLESTEROL (31 SCREENED), BONE
DENSITY (15 SCREENED) AND HEARING (13 SCREENED).
OTHER INFORMATION:
HARBOR FAMILY CARE:
HARBOR FAMILY CARE IS A CLINIC-BASED PHYSICIAN PRACTICE THAT PROVIDES
PRIMARY HEALTH CARE SERVICES. MOST OF THE PATIENTS ARE FROM THE
LOCAL COMMUNITY AND ARE LOW-INCOME FAMILIES. THIS SERVICE GENERATES
A NEGATIVE MARGIN. HOWEVER, THE PRACTICE ADDRESSES A COMMUNITY NEED

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AND SUPPORTS THE HOSPITAL'S MISSION OF COMMITMENT TO PATIENTS,
COMMUNITIES, PHYSICIANS AND EMPLOYEES. PROVIDING THIS SERVICE ALLOWS
THE LOCAL COMMUNITY ACCESS TO HEALTH CARE SERVICES, AND THEREFORE
MORE PREVENTIVE MEASURES AND AN IMPROVEMENT OF THE PATIENTS' HEALTH
STATUS ARE ACHIEVED.
WOMEN'S AND CHILDREN'S SERVICES:
PHYSICIAN PRACTICES PROVIDE HEALTH CARE SERVICES FOR OBSTETRICS AND
GYNECOLOGY. A NEGATIVE MARGIN IS GENERATED. A LARGE NUMBER OF
PATIENTS RECEIVING THESE SERVICES ARE FROM MINORITY AND LOW-INCOME
FAMILIES. PRENATAL CARE IS PROVIDED. OB/GYN COVERAGE IS PROVIDED 24
HOURS. PREVENTIVE MEASURES AND IMPROVEMENT OF THE PATIENT'S HEALTH
STATUS ARE ACHIEVED. THE SERVICES ADDRESS A COMMUNITY NEED FOR
WOMEN'S HEALTH AND CHILDREN'S SERVICES FOR LOWER INCOME AND MINORITY
FAMILIES.
DEDIAMBIA GERMIANA
PEDIATRIC SERVICES:
PHYSICIAN PRACTICES PROVIDE 24-HOUR HEALTH CARE SERVICES FOR
PEDIATRICS. A NEGATIVE MARGIN IS GENERATED. A LARGE NUMBER OF THE

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FAMILIES. PREVENTIVE MEASURES AND IMPROVEMENT OF THE PATIENT'S
HEALTH STATUS ARE ACHIEVED. THE SERVICES ADDRESS A COMMUNITY NEED
FOR CHILDREN'S SERVICES FOR LOWER INCOME AND MINORITY FAMILIES.
PSYCHIATRIC SERVICES:
HARBOR HOSPITAL ABSORBS THE COSTS OF PROVIDING PSYCHIATRIC
SUPERVISION FOR THE EMERGENCY DEPARTMENT ON A 24-7 BASIS. IF THESE
SERVICES WERE NOT PROVIDED, THE PATIENT WOULD BE TRANSPORTED TO
ANOTHER FACILITY TO RECEIVE THESE SERVICES.
AFFILIATED HEALTH CARE SYSTEM ROLES:
AS A PROUD MEMBER OF MEDSTAR HEALTH, HARBOR HOSPITAL IS ABLE TO
EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING
WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. FOR EXAMPLE,
MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN STRATEGIC PLANNING TO
MEET THE NEEDS OF THE UNDER/UNINSURED. THROUGH ITS COMMUNITY HEALTH
FUNCTION, MEDSTAR HEALTH PROVIDES THE HOSPITAL WITH TECHNICAL SUPPORT
TO ENHANCE COMMUNITY HEALTH PROGRAMMING. MEDSTAR'S CORPORATE

Schedule H (Form 990) 2009 52-0491660 Page 4

### Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

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

PHILANTHROPY DIVISION OFFERS RESOURCES AND TECHNICAL SUPPORT IN
SECURING PHILANTHROPIC INVESTORS TO ENSURE HEALTH SERVICES ARE
AVAILABLE TO ALL PATIENTS, REGARDLESS OF ABILITY TO PAY.
ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:
MD,
*

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

Compensation Information

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

▶ Complete if the organization are red "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

HARBOR HOSPITAL, INC.

Department of the Treasury

Employer identification number 52-0491660

<u>Part</u>	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any or	• ,			
	990, Part VII, Section A, line 1a. Complete Part III to provide any	relevant information regarding these items.			
	First-class or charter travel Hou	sing allowance or residence for personal use			
	Travel for companions Pay	ments for business use of personal residence			
	Tax indemnification and gross-up payments Hea	alth or social club dues or initiation fees			
	Discretionary spending account Per	sonal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization for reimbursement or provision of all of the expenses described a explain	bove? If "No," complete Part III to	1b		
2	Did the organization require substantiation prior to reimbursing of	r allowing expenses incurred by all	1		
	officers, directors, trustees, and the CEO/Executive Director, reg		2	х	
3	Indicate which, if any, of the following the organization uses to e	stablish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.				
	X Compensation committee X Writ	ten employment contract			
	X Independent compensation consultant X Con	npensation survey or study	TALES OF		
	X Form 990 of other organizations X App	roval by the board or compensation committee			
4	During the year did any namen listed in Form 000 Part VII. See	tion A line do with respect to the filing			
4	During the year, did any person listed in Form 990, Part VII, Sec organization or a related organization:	tion A, line 1a, with respect to the hing			
а			4a	Х	
b			4b	Х	
C	Participate in, or receive payment from, an equity-based comper	nsation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.		6.11	
	Only section 501(c)(3) and 501(c)(4) organizations must comp	lete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did to	ne organization pay or accrue any			
	compensation contingent on the revenues of:				
а	The organization?		5a		Х
b			5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did tl	ne organization pay or accrue any			
	compensation contingent on the net earnings of:				
а	The organization?		6a		X
b	Any related organization?		6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did tl	ne organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Pa	ırt III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrue				
	subject to the initial contract exception described in Regs. sectio	n 53.4958-4(a)(3)? If "Yes," describe			
	in Part III		8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable p				
	Regulations section 53.4958-6(c)?		9		

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

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated EmployeesUse 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 W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	205,798.	136,500.	244,434.	18,964.	8,370.	614,066.	0	
JOSEPH M ODDIS	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	0.	0.	0.	0.	0.	0.	0	
KENNETH A SAMET	(ii)	1,163,764.	1,175,787.	1,297,852.	47,263.	18,822.	3,703,488.	1,743,040	
	(i)	196,955.	67 <b>,</b> 889.	0.	9,219.	13,117.	287,180.	0	
DAVID PITMAN	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	175,510.	121,081.	0.	5,300.	8,410.	310,301.	0	
DENNIS W. PULLIN	(ii)	173,528.	39,193.	0.	5,300.	8,409.	226,430.	0	
	(i)	268,845.	50,000.	0.	16,163.	13,779.	348,787.	0	
ALLAN BIRENBERG	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	173,501.	53,836.	0.	60,306.	6,285.	293,928.	0	
LENORA ADDISON	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	164,084.	43,779.	0.	37,154.	17,479.	262,496.	0	
NANCY BUTLER	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	619,197.	25,000.	0.	20,106.	14,163.	678,466.	0	
JOHN CARBONE, MD	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	325,041.	226,584.	0.	29,381.	14,794.	595,800.	0	
HOWARD POPKIN, MD	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	550,935.	0.	0.	11,500.	7,042.	569,477.	0	
LEIGH-ANN CURL, MD	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)	546,095.	0.	0.	22,580.	14,122.	582,797.	0	
JAMES WOOD, MD	(ii)	0.	0.	0.	0.	0.	0.	0	
	(1)	324,572.	214,251.	0.	26,075.	13,819.	578,717.	0	
DENNIS STERN, MD	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(0)								
	(ii)								

Schedule J (Form 990) 2009

JSA 9E1291 1.000 05468X E014

V 09-9.3

Schedule J (Form 990) 2009		52-0491660		Page 3
Part III Supplemental Information		Ball Ball	5- 5- 0- 0- 7 0 Al	*
Complete this part to provide the information, for any additional information.	explanation, or descriptions re	quired for Part I, lines 1a, 1b, 4c,	5a, 5b, 6a, 6b, 7, and 8. Also complete th	is part
				<del></del>
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
******				
* · · · · · · · · · · · · · · · · · · ·				
				<del>-</del>
			Schedule J (Form 98	10) 2009

9E1292 1.000 05468X E014

V 09-9.3 1793309

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

**Transactions With Interested Persons** 

2009

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

Name of the organization HARBOR HOSPITAL, INC.						E	mploye 52		tificati 1660		nber	
Part I Excess Benefit Transacations Complete if the organization answer												
			T	,			,	, ,			(c) Co	rrected?
1 (a) Name of disqualified person		(b) Description of transaction								Yes	No	
											165	140
					*1							
<ul> <li>Enter the amount of tax imposed on the under section 4958</li> <li>Enter the amount of tax, if any, on line</li> </ul>									<b>&gt;</b> \$_ <b>&gt;</b> \$			
Part II Loans to and/or From Intere			-									
Complete if the organization answ				art IV, line	26, or Form	990-EZ, Pa	ırt V, li	ne 38	a.		<b>,</b>	
(a) Name of interested person and purpose		to or from anization?	(c) Original a		(d) Bala	ance due	(e) in (	default?		proved ard or nittee?		vritten ment?
8	То	From					Yes	No	Yes	No	Yes	No
	ļ											
Part III Grants or Assistance Benef Complete if the organization answ	itting l	nterest	ed Persons	<b>S.</b>	 27.							
(a) Name of interested person			p between inte organizat	erested person		(c) /	Amount	and ty	pe of a	assista	ince	
								••				
	<u> </u>											
Part IV Business Transactions Invo Complete if the organization answ					28a, 28b, or	28c.						
(a) Name of interested person			ip between son and the ation		nount of saction	(d) Des	cription	of tran	sactio	n	(e) Sha organiz reven	ation's
											Yes	No
ALLAN BIRENBERG	SEE SC	HEDULE (		5,	,233,679.	ANESTHESIA	SERVI	CES				Х
	l .			546		1					l	

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

Schedule L (Form 990 or 990-EZ) 2009

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Inspection
Employer Identification number

52-0491660

ATTACHMENT 1

DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS
PART VI, SECTION B, QUESTION 15

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

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

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

Name of the organization

HARBOR HOSPITAL, INC.

Employer Identification number 52-0491660

ATTACHMENT 1 (CONT'D)

DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET

PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM.

E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION

SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS

FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS

TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE

COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE

COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.

COMPENSATION FOOTNOTES

FORM 990, PART VII, LINE 4

JOSEPH ODDIS

JOSEPH ODDIS' OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$182,847 REPRESENTING THE AMOUNT OF SEVERANCE PAYMENTS RECEIVED BY MR. ODDIS.

KENNETH SAMET

KENNETH SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)

(III) INCLUDES \$1,278,236 REPRESENTING MR. SAMET'S ACCUMULATED ENTIRE

ACCRUED BENEFIT IN A SUPPLEMENTAL RETIREMENT PLAN, WHICH WAS EARNED

DURING THE PAST 21 YEARS OF SERVICE. THIS AMOUNT WAS NOT ACTUALLY PAID

TO MR. SAMET, BUT WAS REPORTED AS COMPENSATION UNDER FICA TAX-REPORTING

RULES, AND THIS ENTIRE AMOUNT WAS ALSO REPORTED ON FORM 990 IN PRIOR

YEARS.

Schedule O (Form 990) 2009

Page 2

Name of the organization

HARBOR HOSPITAL, INC.

Employer Identification number

52-0491660

ATTACHMENT 1 (CONT'D)

FINANCIAL STATEMENT AVAILABILITY

PART VI, SECTION C, QUESTION 19

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

CONFLICT OF INTEREST POLICY ENFORCEMENT

FORM 990, PART VI, SECTION B, QUESTION 12C

APPOINTMENT OF BOARDS OF DIRECTORS

MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS,

PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR

POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN

A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE

GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH

DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS

ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST.

SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD

Name of the organization

HARBOR HOSPITAL, INC. 52-0491660

ATTACHMENT 1 (CONT'D)

**Employer Identification number** 

BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS

AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL

INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH

DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC).

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION B, QUESTION 11A

THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND

TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT

OUTSIDE EXPERTS, THOROUGHLY REVIEWED THE REVISED FORM 990 AND

ACCOMPANYING INSTRUCTIONS AND PROVIDED EDUCATION SESSIONS ON THE REVISED

FORM TO THE ORGANIZATION'S GOVERNING BODY AND ITS SENIOR OFFICERS. IN

ADDITION, SEPARATE EDUCATION SESSIONS WERE PROVIDED TO THE FOLLOWING

COMMITTEES OF ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE,

STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. THIS EDUCATION PROCESS

TOOK PLACE OVER SEVERAL MONTHS. FOLLOWING THESE EDUCATION SESSIONS, THE

GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND

WAS ENCOURAGED TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990

PRIOR TO ITS FILING.

BUSINESS TRANSACTION INVOLVING INTERESTED PERSON

SCHEDULE L, PART IV, QUESTION (B)

DR. ALLAN BIRENBERG OWNS MORE THAN 5% OF HARBORVIEW ANESTHESIA ASSOCIATES (HAA), WHICH PROVIDES SERVICES TO HARBOR HOSPITAL. HAA'S GROSS REVENUES RECEIVED FROM THE HOSPITAL FOR ANESTHESIA SERVICES FOR THE YEAR WERE \$5,233,679.

Name of the organization
HARBOR HOSPITAL, INC.

Employer identification number

52-0491660 ATTACHMENT 2

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

AS A PROUD MEMBER OF MEDSTAR HEALTH, HARBOR HOSPITAL IS COMMITTED TO QUALITY, CARING AND SERVICE FOR OUR PATIENTS AND OUR COMMUNITIES. NOW SERVING BALTIMORE CITY, AND ANNE ARUNDEL, BALTIMORE AND HOWARD COUNTIES, HARBOR HOSPITAL WAS FIRST ESTABLISHED IN 1903 TO SERVE THE WATERFRONT COMMUNITY IN BALTIMORE. IT HAS BEEN THE RECIPIENT OF THE DELMARVA FOUNDATION'S HIGHEST HONOR, THE QUALITY EXCELLENCE AWARD IN 2001, 2006, 2007, AND 2008. HARBOR HOSPITAL'S SPECIALTY AREAS INCLUDE ORTHOPEDICS, WOMEN'S SERVICES, CANCER CARE, DIABETES CARE, FETAL ASSESSMENT, CARDIO-PULMONARY REHABILITATION AND TREATMENT OF CHRONIC LUNG CONDITIONS. IN FISCAL YEAR 2010, HARBOR HOSPITAL HAD 14,509 INPATIENT ADMISSIONS, AN ESTIMATED 88,017 OUTPATIENT VISITS, AND 58,553 EMERGENCY VISITS.

	ATTACHMEN	NT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HARBORVIEW ANESTHESIA ASSOC 4419 SOUTH MEADOW COURT ELLICOTT CITY, MD 21042	MEDICAL SERVICES	5,233,679.
CROTHALL SVCS GROUP 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FACILITIES MGMT	2,200,168.
NIGHTINGALE HEALTHNET CORP PO BOX 55811 BOSTON, MA 02205-5811	MEDICAL BILLING SRVS	861,227.
KIME GIPSON & SUTULA MD 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	MEDICAL SERVICES	811,468.
MET ELECTRICAL TESTING CO INC PO BOX 75401	FACILITIES ELCT SRVS	556,023.

Schedule O (Form 990) 2009 Page **2** 

Name of the organization
HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

BALTIMORE, MD 21275

TOTAL COMPENSATION

9,662,565.

# SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization 52-0491660 HARBOR HOSPITAL, INC.

Part I Identification of Disregarded Entities (Complete if the organization	on answered "Yes" o	on Form 990, Part	IV, line 33.)		
(a) Name, address, and ElN of disregarded entity	(b) Primary activity	(c) Legal domicila (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MEDSTAR HEALTH ANESTHESIA SERVICES C LLC 20-5909818					
3001 SOUTH HANOVER STREET BALTIMORE, MD 21225-1233	HEALTH SVCS	MD	5,620,487.	786,572.	N/A
	-				
	-				
	-				
	-				
	-				

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

(a) Name, address, and EIN of	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHURCH HOME CORPORATION	23-7374724					
5565 STERRETT PLACE, 5TH FLOOR	COLUMBIA, MD 21044	MEDICAL FUND	MD	501(C)(3)	PF	N/A
FRANKLIN SQUARE HOSPITAL CENTER	, INC. 52-0608007					
9000 FRANKLIN SQUARE DRIVE	BALTIMORE, MD 21237	HOSPITAL	MD	501(C)(3)	3	N/A
MEDSTAR HEALTH, INC.	52-2087445					
5565 STERRETT PLACE, 5TH FLOOR	COLUMBIA, MD 21044	MEDICAL SVCS	MD	501(C)(3)	11B II	N/A
MONTGOMERY GENERAL HOSPITAL	52-0646893					
18101 PRINCE PHILIP DRIVE	OLNEY, MD 20832	HOSPITAL	MD	501(C)(3)	3	N/A
THE GOOD SAMARITAN HOSPITAL OF	MARYLAND, 52-0591607					
5601 LOCH RAVEN BLVD	BALTIMORE, MD 21239	HOSPITAL	MD	501 (C) (3)	3	N/A
THE UNION MEMORIAL HOSPITAL	52-0591685					
201 EAST UNIVERSITY PARKWAY	BALTIMORE, MD 21218	HOSPITAL	MD	501 (C) (3)	3	N/A
MEDSTAR RESEARCH INSTITUTE	52-6056274					<u> </u>
108 IRVING STREET NW	WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A

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

Schedule R (Form 990) 2009

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05468X E014

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(a) Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Deproportionate silocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionale		Disproportiones		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	Ger	(j) neral or naging riner?
		Godin, 197		512-514)			Yes	No	1	Yes	No																
SURGICENTER/PASADEN 52-2009504																											
COLUMBIA MD 21044	MEDICAL SERVICES	MD	H/A	RELATED				х			x																
SJMC-RA, LLC 75-3160895 COLUMBIA MD 21044	RADIATION THERAPY	MD	N/A	RELATED				x			x																
PHYSICIAN IMAGING 56-2616090 HYATTSVILLE MD 20782	LAB SERVICES	MD	n/a	RELATED				×			×																
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Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 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
MEDSTAR PHARMACIES, INC. 52-1513056							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP			<u> </u>
EXTENCARE, INC. 52-1556228							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIX RESOURCES MANAGEMENT, INC. 52-1913070	=						
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	ADMIN SERVICES	MD	N/A	C CORP			
HELIXCARE MEDICAL GROUP, LLC 52-1955580	Į						
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIXCARE PROPERTIES, LLC 52-1966695							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
PARKWAY VENTURES, IHC. 52-1702572							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOLDING COMPANY	MD	N/A	C CORP			
PHYSICIANS ADMINISTRATIVE SERVICES, INC. 23-7042074							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	BILLING SERVICES	MD	n/A	C CORP			

Schedule R (Form 990) 2009

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Sched	ule R (Form 990) 2009	52-0491660	Page 3
Pa	Transactions With Related Organizations (Comple	ete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	
Nor 1 a b c d	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s)	chedule.  wing transactions with one or more related organizations listed in Parts II–IV?  controlled entity 1a  1b  1c  1d	X X X
f g h i	Purchase of assets from other organization(s)	1f 1g 1h (s) 11i	X
j k l m	Performance of services or membership or fundraising solicitations Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, or other assets	ion(s)       1j         of or other organization(s)       1k         by other organization(s)       1l         1m       1m         1n       1m	X n X
o p q r	Reimbursement paid by other organization for expenses	10 1p 1q 1q 1q 1r	X
2		nformation on who must complete this line, including covered relationships and transaction thresholds.	
	(a) Name of other orga	(b) (c) Transaction Amount Invol- type (a-r)	ved
(1) (2)			
(3)			
(4)			
(5)			
<u>(6)</u>		Schedule R (For	m 990) 2009

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	Disprop	(f) (g) ontionate ations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) General or managing partner?	
			Yes	No		Yes	No	(Form 1003)	Yes	No
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# SCHEDULE R-1 (Form 990)

Part I

## Continuation Sheet for Schedule R (Form 990)

Attach to Form 990 to list additional Information for Schedule R (Form 990), Part I; Part II; Part IV; Part V, line 2; or Part VI.

► See Instructions for Schedule R (Form 990).

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of filing organization

HARBOR HOSPITAL, INC.

Employer identification number 52-0491660

Part I	Continuation of Identification of Disregarded Entities					
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Continuation of identification of Related Tax-Exempt Organizations					
(e) Name, address, end EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I 52-2218584					
HOPSITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	HOSPITAL	DC	501 (C) (3)	3	N/A
WASHINGTON HOSPITAL CENTER CORPORATION 52-1272129					
110 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A
HH MEDSTAR HEALTH, INC. 52-1542230					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS	MD	501(C)(3)	11B II	N/A
BAY DEVELOPMENT CORP 52-1132992					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	FOUNDATION	MD	501(C)(3)	11A I	N/A
BAY LIFE SERVICES, INC. 52-1496539					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MENTAL HEALT	MD	501 (C) (3)	9	N/A
MEDSTAR SURGERY CENTER, INC. 52-1061679					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501(C)(3)	9	N/A
CHURCH HOME AND HOSPITAL OF THE CITY OF 52-0591600					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOSPITAL	MD	501 (C) (3)	3	N/A
FOUNDATION FOR GEORGETOWN UNIVERSITY HOS 52-2339873					
HOPSITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	FOUNDATION	DC	501(C)(3)	11A I	N/A
FRANKLIN SQUARE HOSPITAL CENTER FOUNDATI 52-2329546					
9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	FOUNDATION	MD	501(C)(3)	11A I	N/A
GOOD SAMARITAN HOSPITAL FOUNDATION, INC. 52-2307122					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501 (C) (3)	11A I	N/A
GOOD SAMARITAN NURSING CENTER, INC. 52-1672866					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 GS HOUSING, INC. 52-1481656 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	MEDICAL SVCS	MD	501(C)(3)	9	N/A
GS HOUSING, INC. 52-1481656					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501(C)(3)	9	N/A
GS PROPERTIES, INC. 52-1429853 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MD	501(C)(3)	11A I	N/A
HARBOR HOSPITAL FOUNDATION, INC. 52-1284532 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225					
3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	FOUNDATION	MD	501(C)(3)	11A I	N/A
MEDSTAR HEALTH INFUSION, INC. 52-1980510					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501(C)(3)	9	N/A
MEDSTAR HEALTH VISITING NURSES ASSOCIATI 53-0196597					
4061 POWDERMILL ROAD CALVERTON, MD 20705	MEDICAL SVCS	MD	501(C)(3)	9	N/A
MEDSTAR LONG TERM CARE CORPORATION 52-1489097					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	HOSPITAL	MD	501(C)(3)	3	N/A
MEDSTAR VNA HEALTHCARE 52-1458516					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501(C)(3)	9	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
MGH COMMUNITY HEALTH, INC. 52-1372467				1	
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
MGH HEALTH FOUNDATION, INC. 52-1129959					
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	7	N/A
MGH HEALTH SERVICES, INC. 52-1366812					
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501 (C) (3)	11A I	N/A
MGH WOMEN'S BOARD 52-6039600					1
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11A I	N/A
NATIONAL REHABILITATION HOSPITAL 52-1369749				ĺ	
102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501 (C) (3)	3	N/A
REGIONAL REHAB AT OLNEY, INC. 52-2310902					
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	3	N/A
SUBURBAN / NRH MEDICAL REHABILITATION, I 52-1931151					
102 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SVCS	DC	501 (C) (3)	3	N/A
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 52-1104382					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501(C)(3)	11A I	N/A
UNION MEMORIAL HOSPITAL FOUNDATION, INC. 52-1446828					
201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA FOUNDATION 52-1331981					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA, INC. 52-1332411					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	MD	501 (C) (3)	11A I	N/A
WHC FOUNDATION, INC. 52-1791670					
WHC FOUNDATION, INC. 52-1791670 110 IRVING STREET NW WASHINGTON, DC 20010	FOUNDATION	DC	501 (C) (3)	11A I	N/A
WOODBOURNE WOODS, INC. 52-2299070					
WOODBOURNE WOODS, INC. 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501(C)(3)	9	N/A
SELF INSURANCE TRUST OF WASHINGTON HOSPI 52-1128332					
110 IRVING STREET NW WASHINGTON, DC 20010	SELF INSURAN	DC	501 (C) (3)	11A I	N/A
HOSPICE OF ST. MARY'S, INC. 52-2153926					
PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11B II	N/A
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006					
25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	MD	501(C)(3)	3	N/A
ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368					
PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501 (C) (3)	11D III	N/A
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### Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax undar sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportoriste allocations?		(i) Code V-UBI amount on box 20 of K-1	managing partner?	
				sections 512-514.)			Yes	No		Yes	No
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### Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
MEDSTAR FAMILY CHOICE, INC. 52-1995521							
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP			
MEDSTAR ENTERPRISES, INC. 52-2139841							1
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICES	MD	N/A	C CORP			
NASCOTT, INC. 52-1693808							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
STAR BILLING, INC. 52-1850113							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SERVICES	MD	N/A	C CORP			
WASHINGTON RISK NETWORK MANA 52-2132677	8						
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
WASHINGTON HOSPITAL CENTER P 52-1931000							
100 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SERVICES	MID	N/A	C CORP			
MEDSTAR PHYSICIAN PARTNERS, 52-2030809							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	MD	N/A	C CORP			
NRH AMBULATORY SERVICES, INC 52-1930165							
102 IRVING STREET NW WASHINGTON, DC 20010	REHAB SERVICES	MD	N/A	C CORP			
FRANKLIN SQUARE DRIVE LAND C 76-0756352							<
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	CONDO OWNER ASSOC	MD	N/A	C CORP			
MGH DIVERSIFIED SERVICES, IN 52-1943602							
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SERVICES	MD	N/A	C CORP			
ST. MARY'S HEALTH ALLIANCE, 52-1930331	1						ŀ
25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	MEDICAL SERVICES	MD	N/A	C CORP			
GREENSPRING FINANCIAL INSURA 98-0188617							
	INSURANCE		N/A	C CORP			
			(8)				
	1/						

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)									
	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved						
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)		15							
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# Part VI Continuation of Unrelated Organizations Taxable as a Partnership (f) (c) Legal domicite (state or foreign country) (h) General or managing partner? (e) Share of end-of-year assets (g) Code V-UBI amount on Box 20 of K-1 (a) Name, address, and ElN of entity (b) Primary activity Yes No Yes No Yes No

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