

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7503 SURRATTS ROAD City or town, state or province, country, and ZIP or foreign postal code CLINTON, MD 20735 F Name and address of principal officer: STEPHEN T. MICHAELS, M.D. SAME AS C ABOVE	D Employer identification number 46-0726303 E Telephone number 301-868-8000 G Gross receipts \$ 325,672,957. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527	J Website: MEDSTARSOUTHERNMARYLAND.ORG
	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 2012 M State of legal domicile: MD

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	1739	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	12,202,450.	6,069,869.
	9	Program service revenue (Part VIII, line 2g)	275,359,833.	318,559,047.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,624.	71,958.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,091,514.	972,083.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	288,784,421.	325,672,957.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149,274,175.	145,991,988.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170,892,907.	175,118,734.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	320,167,082.	321,110,722.
19	Revenue less expenses. Subtract line 18 from line 12	-31,382,661.	4,562,235.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	170,007,829.	182,699,965.
	21	Total liabilities (Part X, line 26)	35,214,531.	30,814,406.
22	Net assets or fund balances. Subtract line 21 from line 20	134,793,298.	151,885,559.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer	Date 5/5/2024		
	ROSS DARROW, VP, TREASURER & CIO	Type or print name and title		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	ISAAC IRBY	5/5/2026	202444754	
Preparer Use Only	Firm's name	Firm's EIN	Phone no.	
	KPMG LLP	13-5565207	703-286-8000	
Firm's address 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 193,194,295. including grants of \$) (Revenue \$ 284,783,943.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 49,489,947. including grants of \$) (Revenue \$ 33,775,104.)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$49.5M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2025. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EMERGENCY SERVICES, NEONATAL INTENSIVE CARE, WOMEN'S AND CHILDREN'S CARE, AND BEHAVIORAL HEALTH.

4c (Code:) (Expenses \$ 10,761,392. including grants of \$) (Revenue \$)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$10.8M IN CHARITY CARE SERVICES IN FISCAL YEAR 2025. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS MEDSTAR SOUTHERN MARYLAND'S CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT PAYMENTS FROM THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 253,445,634.Form **990** (2024)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	2a 1739		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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 as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	12	7	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?					X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MD

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ROSS DARROW - 410-772-6721
 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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.

- 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, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH A. SAMET DIRECTOR	1.00 39.00	X						0.	6,456,778.	105,996.
(2) STEPHEN T. MICHAELS, M.D. PRESIDENT/DIRECTOR	40.00 0.00	X		X				1,125,917.	0.	30,969.
(3) CLYDE PRAY, M.D. DIRECTOR	40.00 0.00	X						716,241.	0.	30,038.
(4) NAHID MAZAREI, M.D. DIRECTOR (AS OF 1/2025)	40.00 0.00	X						513,044.	0.	10,799.
(5) SEEMA PAI, M.D. DIRECTOR	40.00 0.00	X						492,781.	0.	23,002.
(6) MICHAEL MEISEL FORMER OFFICER	0.00 40.00						X	0.	453,930.	31,372.
(7) PURVI JANI CFO/TREASURER	20.00 20.00			X				191,185.	191,184.	21,212.
(8) ANNETTE BRONER SECRETARY	1.00 39.00			X				0.	318,408.	35,809.
(9) KAREN WYCHE VP, CNO	40.00 0.00				X			304,357.	0.	36,805.
(10) KELLY HAYNIE VP, OPERATIONS	40.00 0.00				X			315,207.	0.	20,062.
(11) FRANCISCA SARFO PHARMACY DIRECTOR	40.00 0.00				X			232,610.	0.	32,660.
(12) MIRANDA MUMA CLINICAL PHARMACIST	40.00 0.00				X			214,473.	0.	31,376.
(13) SUNITA WADDELL SR DIR, NURSING OPERATIONS	40.00 0.00				X			222,931.	0.	5,961.
(14) DAVID HAVRILLA FORMER OFFICER	0.00 40.00						X	0.	133,278.	3,433.
(15) ROSALIND E. BISHOP VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(16) THOMAS GRAHAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) KERRY R. WATSON, JR. CHAIR	1.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SONYA WILLIAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) DEBBORAH T. COLLINS DIRECTOR (UNTIL 9/2024)	1.00 0.00	X						0.	0.	0.
(20) DAVID H. MICHAEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) VENARD WRIGHT DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) GREGORY S. PROCTOR DIRECTOR (AS OF 4/2025)	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,328,746.	7,553,578.	419,494.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,328,746.	7,553,578.	419,494.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMN HEALTHCARE INC, 2735 COLLECTION CENTER DR, CHICAGO, IL 60693	STAFFING SERVICES	8,673,956.
AYA HEALTHCARE INC, PO BOX 123519 DEPT 3519, DALLAS, TX 75312-3519	STAFFING SERVICES	7,540,596.
DIAMOND HEALTHCARE CORPORATION PO BOX 670755, DALLAS, TX 75267-0755	HEALTHCARE MGMT SERVICES	6,895,884.
MEDICAL SOLUTIONS LLC PO BOX 850737, MINNEAPOLIS, MN 55485-0737	STAFFING SERVICES	4,941,907.
TOTAL RENAL CARE INC, PO BOX 8500-1607, PHILADELPHIA, PA 19178-1607	MEDICAL SERVICES	1,754,660.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	31	

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,018,488.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	51,381.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code	621300	318,559,047.	318,559,047.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			318,559,047.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			60,204.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 5,000.				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	5,000.				
d Net rental income or (loss)				5,000.			5,000.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 11,754.				
b Less: cost or other basis and sales expenses		7b	0.				
c Gain or (loss)		7c	11,754.				
d Net gain or (loss)				11,754.			11,754.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REBATE INCOME	Business Code	900099	523,644.			523,644.
	b GIFT SHOP SALES		900099	95,889.			95,889.
	c CAFETERIA AND VENDING		900099	34,634.			34,634.
	d All other revenue			312,916.			312,916.
	e Total. Add lines 11a-11d			967,083.			
	12 Total revenue. See instructions			325,672,957.	318,559,047.	0.	1,044,041.

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).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,144,582.	2,777,493.	367,089.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,928,910.	109,306,254.	10,622,656.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,440,637.		1,440,637.	
9 Other employee benefits	13,302,123.	948,645.	12,353,478.	
10 Payroll taxes	8,175,736.	7,494,099.	681,637.	
11 Fees for services (nonemployees):				
a Management	31,158,551.		31,158,551.	
b Legal	50,000.		50,000.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	57,577,634.	55,339,828.	2,237,806.	
12 Advertising and promotion	341,908.	10,670.	331,238.	
13 Office expenses	2,104,678.	1,704,405.	400,273.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	207,652.	196,020.	11,632.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	41,635.	33,905.	7,730.	
20 Interest	7,232,633.	6,658,063.	574,570.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,219,912.	14,010,822.	1,209,090.	
23 Insurance	3,049,599.	-61,048.	3,110,647.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MED/SURG SUPPLIES	29,768,622.	30,039,633.	-271,011.	
b IMPLANTS/PROSTHESES	8,652,942.	8,652,942.		
c MAINTENANCE	6,652,787.	6,492,203.	160,584.	
d UTILITIES	3,863,941.	3,425,267.	438,674.	
e All other expenses	9,196,240.	6,416,433.	2,779,807.	
25 Total functional expenses. Add lines 1 through 24e	321,110,722.	253,445,634.	67,665,088.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,243.	1	6,327.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,190.	3	9,433.
	4 Accounts receivable, net	34,275,956.	4	45,681,848.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,661,688.	8	5,866,675.
	9 Prepaid expenses and deferred charges	729,726.	9	793,820.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 250,701,337.		
	b Less: accumulated depreciation	10b 137,198,804.		
		113,634,171.	10c	113,502,533.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	786,044.	12	790,906.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	14,903,811.	14	13,133,811.
15 Other assets. See Part IV, line 11	0.	15	2,914,612.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	170,007,829.	16	182,699,965.	
Liabilities	17 Accounts payable and accrued expenses	19,221,352.	17	16,566,286.
	18 Grants payable		18	
	19 Deferred revenue	589,515.	19	140,259.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,403,664.	25	14,107,861.
	26 Total liabilities. Add lines 17 through 25	35,214,531.	26	30,814,406.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	133,997,873.	27	151,086,267.
	28 Net assets with donor restrictions	795,425.	28	799,292.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	134,793,298.	32	151,885,559.
	33 Total liabilities and net assets/fund balances	170,007,829.	33	182,699,965.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	325,672,957.
2	Total expenses (must equal Part IX, column (A), line 25)	2	321,110,722.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,562,235.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,793,298.
5	Net unrealized gains (losses) on investments	5	75,823.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,454,203.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,885,559.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC

Employer identification number	
--------------------------------	--

46-0726303

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 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						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 6,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 5,250.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

46-0726303

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number (EIN) 46-0726303
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures	\$	
3 Volunteer hours for political campaign activities		

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

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

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

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

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

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

Schedule C (Form 990) 2024

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		21,573.
j Total. Add lines 1c through 1i			21,573.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE EXPENSES INCURRED BY THE ORGANIZATION FOR LOBBYING ACTIVITIES

REFLECTS THE PORTION OF MEMBERSHIP DUES PAID TO THE MARYLAND HOSPITAL

ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) THAT WERE

USED FOR LOBBYING PURPOSES.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,140,000.		3,140,000.
b Buildings		108,809,116.	36,550,200.	72,258,916.
c Leasehold improvements		4,515,550.	2,922,387.	1,593,163.
d Equipment		126,933,734.	97,099,801.	29,833,933.
e Other		7,302,937.	626,416.	6,676,521.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				113,502,533.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES	10,480,805.
(3) CREDIT BALANCES PATIENT AR	1,407,068.
(4) PENDING PFS REFUNDS	29,733.
(5) LEASE LIABILITIES	1,951,280.
(6) OTHER LIABILITIES	238,975.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,107,861.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FIN 48 FOOTNOTE

INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD.

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX

CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT

CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE

TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX

ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO

APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES

ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX

ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE

PERIOD THAT INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION

ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE.

THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH

THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES.

THERE WAS NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2025.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			10,761,392.		10,761,392.	3.35%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			10,761,392.		10,761,392.	3.35%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,253,380.		2,253,380.	.70%
f Health professions education (from Worksheet 5)			979,258.		979,258.	.30%
g Subsidized health services (from Worksheet 6)			49,489,947.	33,775,104.	15,714,843.	4.89%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			69,536.		69,536.	.02%
j Total. Other benefits			52,792,121.	33,775,104.	19,017,017.	5.91%
k Total. Add lines 7d and 7j			63,553,513.	33,775,104.	29,778,409.	9.26%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: MEDSTAR SOUTHERN MD HOSPITAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MEDSTAR SOUTHERN MD HOSPITAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j ☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group: MEDSTAR SOUTHERN MD HOSPITAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?		
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)		
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)		
e ☐ Other (describe in Section C)		
f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?		
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: MEDSTAR SOUTHERN MD HOSPITAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☒ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2024

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEDSTAR SOUTHERN MD HOSPITAL CENTER:

PART V, SECTION B, LINE 5: CHNA INPUT

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS. HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: JESSICA GAMERO

EXECUTIVE SPONSOR

ROLE DESCRIPTION

THE EXECUTIVE SPONSOR SERVES AS THE CONDUIT BETWEEN THE ADVISORY TASK FORCE AND THE SENIOR MANAGEMENT TEAM. THE SPONSOR IS AN ACTIVE PARTICIPANT OF THE ADVISORY TASK FORCE AND HE/SHE COMMUNICATES THE HOSPITAL'S CLINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE AUDIENCES.

NAME OF EXECUTIVE SPONSOR: DR. CHILEDUM AHAGHOTU

ADVISORY TASK FORCE

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/SECONDARY DATA AND LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY.

AS AMBASSADORS FOR THE CHNA PROCESS, THE ATF MEMBERS SUPPORT EFFORTS TO OPTIMIZE COMMUNITY PARTICIPATION.

NOTE: THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND STAFF. COMMUNITY REPRESENTATIVES SHOULD MAKE UP AT LEAST 50% OF TOTAL PARTICIPANTS.

NAME : DR. CHILEDUM AHAGHOTU

TITLE : VP OF MEDICAL AFFAIRS

NAME OF ORGANIZATION : MSMHC

NAME : DR. STEPHEN MICHAELS

TITLE : PRESIDENT

NAME OF ORGANIZATION : MSMHC

NAME : RAQUEL LAMPTEY

TITLE : SR. DIR., COMMUNITY HEALTH

NAME OF ORGANIZATION : MEDSTAR HEALTH

NAME : DR. KAREN WYCHE

TITLE : VICE PRESIDENT & CHIEF NURSING OFFICER

NAME OF ORGANIZATION : MSMHC

NAME : CHERYL RICHARDSON

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TITLE : DIR. MARKETING

NAME OF ORGANIZATION : MSMHC

NAME : LORI WERRELL

TITLE : REGIONAL VICE PRESIDENT, POPULATION AND COMMUNITY HEALTH

NAME OF ORGANIZATION : MSMHC

NAME : JESSICA GAMERO

TITLE : PROGRAM MANAGER

NAME OF ORGANIZATION : MSMHC

NAME : DR. CHARMAINE IVEY

TITLE : COMMUNITY HEALTH DIRECTOR

NAME OF ORGANIZATION : MSMHC

NAME : KRISTIN QUADE

TITLE : SENIOR DIRECTOR OF NURSING OPERATIONS AND PATIENT CARE SERVICES

NAME OF ORGANIZATION : MSMHC

NAME : REV. DR. DARRELL GASKIN

TITLE : REVEREND/PASTOR

NAME OF ORGANIZATION : BETH SHALOM AME ZION CHURCH

NAME : DOROTHY CAROLYN LOWE

TITLE : FACILITATOR

NAME OF ORGANIZATION : DISTRICT V COFFEE CLUB

NAME : EURAINE BROOKS

TITLE : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : DAVINA RICHARDSON

TITLE : COMMUNITY HEALTH COORDINATOR

NAME OF ORGANIZATION : ELAINE ELLIS

NAME : PAULA HUGHES

TITLE : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : PASTOR COLIN PUGH

TITLE : PASTOR

NAME OF ORGANIZATION : CLINTON BAPTIST CHURCH

NAME : PASTOR SAM TARVER

TITLE : PASTOR

NAME OF ORGANIZATION : MAPLE SPRINGS BAPTIST CHURCH

NAME : ELDER GWENDOLYN GANTT

TITLE : COMMUNITY OUTREACH AND SPECIAL EVENTS DIR.

NAME OF ORGANIZATION : ST. STEVEN'S BAPTIST CHURCH

NAME : ROSALIND BISHOP

TITLE : STATESIDE RETAIL OPERATIONS MANAGER

NAME OF ORGANIZATION : ANDREWS FEDERAL CREDIT UNION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : JULIA DEMARAIS

TITLE : HEALTH & WELLNESS COORDINATOR, SPECIAL PROGRAMS DIVISION

NAME OF ORGANIZATION : THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING

COMMISSION

NAME : SILVIA PENATE

TITLE : HEALTHY START PROGRAM COORDINATOR

NAME OF ORGANIZATION : MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

NAME : NANA DONKOR

TITLE : HEALTH EDUCATION SUPERVISOR

NAME OF ORGANIZATION : PGCPS

NAME : BRITTANY ECHOLS, ED.D.

TITLE : INSTRUCTIONAL SPECIALIST, HEALTH EDUCATION

NAME OF ORGANIZATION : PGCPS

NAME : MELYNDA MAYNARD

TITLE : EDUCATIONAL LEADER

NAME OF ORGANIZATION : PGCPS CTE

NAME : JOHN BAILEY

TITLE : EXECUTIVE DIR.

NAME OF ORGANIZATION : FIRST CHOICE COMMUNITY COUNSELING

NAME : TITIANA BAILEY

TITLE : PRESIDENT

NAME OF ORGANIZATION : THE ARCH OF KNOWLEDGE

NAME : DENISE WOODS

TITLE : PARTNERSHIP MANAGER

NAME OF ORGANIZATION : FOOD JUSTICE DMV

NAME : LYDIA WOOD

TITLE : MINISTRY LEADER

NAME OF ORGANIZATION : FROM THE HEART CHURCH MINISTRIES OF WALDORF

NAME : ELENA GOMEZ REY

TITLE : SENIOR OPERATIONS MANAGER

NAME OF ORGANIZATION : HOPE CONNECTIONS

NAME : DEMITRICE G. BOOZER

TITLE : HEALTH AND WELLNESS MINISTRY CO-CHAIR

NAME OF ORGANIZATION : KETTERING BAPTIST CHURCH

NAME : LENA STEPP

TITLE : HEALTH AND WELLNESS MINISTRY CO-CHAIR

NAME OF ORGANIZATION : KETTERING BAPTIST CHURCH

NAME : ANGELA BROWN

TITLE : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : VANECIA DAVIS

TITLE : PROGRAM SPECIALIST

NAME OF ORGANIZATION : PRINCE GEORGE'S PARKS AND RECREATION

NAME : DENISE PEAK

TITLE : CANCER PROGRAM COORDINATOR

NAME OF ORGANIZATION : MSMHC

NAME : DEACON TILLMAN

TITLE : FAITH BASED LEADER

NAME OF ORGANIZATION : NEW HOPE BAPTIST CHURCH

NAME : WHITNEY ASHEAD

TITLE : DIRECTOR OF SOCIAL IMPACT

NAME OF ORGANIZATION : HUNGRY HARVEST

NAME : KIMBERLY ELLIOTT

TITLE : CENTER DIRECTOR

NAME OF ORGANIZATION : JOHN E. HOWARD SENIOR CENTER

NAME : RACHEL STAFFORD

TITLE : WELLNESS MINISTRY COORDINATOR

NAME OF ORGANIZATION : ZION BAPTIST CHURCH

(CONTINUED IN SECTION C)

MEDSTAR SOUTHERN MD HOSPITAL CENTER:

PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIES

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND VULNERABLE POPULATIONS IN THE REGIONS WE SERVE.

THREE-YEAR IMPLEMENTATION STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY QUANTITATIVE DATA AND COMMUNITY INPUT, AS WELL AS ON HOSPITAL EXPERTISE, RESOURCES, STRENGTHS OF EXISTING PROGRAMMING AND PARTNERSHIPS, AND ALIGNMENT WITH NATIONAL, STATE, AND LOCAL HEALTH GOALS. THE MEDSTAR HEALTH CORPORATE COMMUNITY HEALTH DEPARTMENT WILL PROVIDE SYSTEM-WIDE COORDINATION AND OVERSIGHT OF COMMUNITY BENEFIT PROGRAMMING.

HOSPITAL ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR PROGRESS OF STRATEGY EXECUTION AND TO PROVIDE ONGOING RECOMMENDATIONS RELATED TO OUTCOMES ACHIEVEMENT, PROGRAM DEVELOPMENT, PARTNERSHIP APPROACHES, AND OVERALL IMPLEMENTATION IMPROVEMENT.

FOR SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT THE HOSPITAL HAS NOT PRIORITIZED AS FOCUS AREAS THROUGH ITS IMPLEMENTATION STRATEGY, THESE NEEDS WILL BE ADDRESSED BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS, AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE SCOPE OF THE HOSPITAL'S STRENGTHS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5: CHNA INPUT (CONTINUED):

NAME : DR. TORRANCE BROWN

TITLE : THE MEN'S HEALTH FORUM COMMITTEE CHAIR

NAME OF ORGANIZATION : KAPPA ALPHA PSI

NAME : CINDY CONANT

TITLE : OUTREACH SPECIALIST

NAME OF ORGANIZATION : CARE FOR YOUR HEALTH

NAME : ANGELICA CARPENTER

TITLE : MINISTRY LEAD

NAME OF ORGANIZATION : MAPLE SPRINGS BAPTIST CHURCH

NAME : SHEENA LEWIS

TITLE : CHAIRPERSON

NAME OF ORGANIZATION : POWERFUL DIVAS WITH A PURPOSE

NAME : CARLA GIBSON

TITLE : CEO & PRESIDENT

NAME OF ORGANIZATION : POWERFUL DIVAS WITH A PURPOSE

NAME : SHERINA LINDSEY-STEWART

TITLE : CO-CHAIR AND CHIEF OPERATING OFFICER

NAME OF ORGANIZATION : POWERFUL DIVAS WITH A PURPOSE

NAME : STEPHANIE YOUNG

TITLE : ADMIN MANAGER FOR MEDICAL STAFF

NAME OF ORGANIZATION : MSMHC

NAME : BILL BARNES

TITLE : DISTRICT 5 CITIZEN ADVISORY COUNCIL

NAME OF ORGANIZATION : DISTRICT 5 CITIZEN ADVISORY COUNCIL

NAME : LATEEF CLEMENCIA

TITLE : EVENT PLANNER

NAME OF ORGANIZATION : KAPPA ALPHA PSI FRATERNITY

NAME : LARRY BURSEY

TITLE : EVENT PLANNER

NAME OF ORGANIZATION : KAPPA ALPHA PSI FRATERNITY

NAME : LASHAWN LANCASTER

TITLE : EVENT COORDINATOR

NAME OF ORGANIZATION : MT. ENNON BAPTIST CHURCH

NAME : LENA STEPP

TITLE : EVENT COORDINATOR

NAME OF ORGANIZATION : KETTERING BAPTIST CHURCH

NAME : JOANN TINNER

TITLE : POPULATION HEALTH EQUITY COORDINATOR

NAME OF ORGANIZATION : MEDSTAR FAMILY CHOICE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : OCTAVIA PETERSON

TITLE : DIR. OF POPULATION HEALTH EQUITY

NAME OF ORGANIZATION : MEDSTAR FAMILY CHOICE

NAME : JHOSELYN RODRIGUEZ

TITLE : CEO AND FOUNDER

NAME OF ORGANIZATION : COACHING SALUD HOLISTICA

NAME : MARGARET FOWLER

TITLE : EXECUTIVE DIR.

NAME OF ORGANIZATION : TLC MARYLAND

NAME : REBECCA CARTER

TITLE : HEALTH AND WELLNESS COORDINATOR

NAME OF ORGANIZATION : FORT FOOTE BAPTIST CHURCH

NAME : PRINCE MICHAEL RAWLING

TITLE : HEALTH AND WELLNESS COORDINATOR

NAME OF ORGANIZATION : FORT FOOTE BAPTIST CHURCH

NAME : JENIFER ALVAREZ

TITLE : HEALTH EDUCATOR PROGRAM COORDINATOR

NAME OF ORGANIZATION : COACHING SALUD HOLISTICA

NAME : SCARLETH CASTRO

TITLE : HEALTH PRACTITIONER & NUTRITIONIST

NAME OF ORGANIZATION : SPIN YOUR OWN AXIS

NAME : DEBRA COLLIER

TITLE : SENIOR EPIDEMIOLOGIST, OFFICE OF ASSESSMENT AND PLANNING

NAME OF ORGANIZATION : PRINCE GEORGE COUNTY HEALTH DEPARTMENT

NAME : CYNTHIA FIELDS

TITLE : ADMINISTRATIVE COORDINATOR

NAME OF ORGANIZATION : TLC MD

NAME : LATIA JONES

TITLE : VICE PRESIDENT

NAME OF ORGANIZATION : AMERICAN LEGION AUXILIARY CLINTON UNIT 259 &
NCNW PRINCE GEORGE'S COUNTY SECTION

NAME : CHYNAE VICKS, CCHW, MSPH

TITLE : MANAGER, PRINCE GEORGE'S HEALTH ACTION COALITION

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

NAME : JADE MCNEILL

TITLE : HOMELESS SOLUTIONS COORDINATOR

NAME OF ORGANIZATION : UNITED COMMUNITIES AGAINST POVERTY, INC.

NAME : TAYLOR PALMER

TITLE : HEALTH POLICY ANALYST, OFFICE OF ASSESSMENT AND PLANNING

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NAME : SHANNON EDWARDS

TITLE : SENIOR FACULTY SPECIALIST

NAME OF ORGANIZATION : UMD SCHOOL OF PUBLIC HEALTH

NAME : LISA POTILLO

TITLE : COMMUNITY RELATIONS SPECIALIST

NAME OF ORGANIZATION : MARYLAND WELLNESS (OMHC)

NAME : PAULA HUGHES

TITLE : MASS CARE COORDINATOR, SOUTHERN MARYLAND

NAME OF ORGANIZATION : AMERICAN RED CROSS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 FAP.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** 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.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AND CERTAIN OTHER BENEFITS AT COST

PART I, LINE 7:

MEDICARE COST REPORT DATA AS WELL AS COST-TO-CHARGE RATIO WERE USED TO CALCULATE FIGURES REPORTED (WHERE APPLICABLE). THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST-TO-CHARGES.

BAD DEBT

PART III, LINES 2 & 4:

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). 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.

MEDICARE

PART III, LINE 8:

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 BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES AND REVENUES IN MARYLAND IS ZERO.

PART III, LINE 9B:

432100 01-03-25

Part VI Supplemental Information (Continuation)

IF IT IS DETERMINED THAT A PATIENT MAY POTENTIALLY QUALIFY FOR A CHARITABLE/FINANCIAL PROGRAM, A HOLD IS PLACED ON THE ACCOUNT TO PREVENT IT FROM BEING REPORTED AS BAD DEBT UNTIL PROGRAM APPROVALS HAVE BEEN OBTAINED. IF IT IS APPROVED, THE ACCOUNT IS DOCUMENTED AND THE NECESSARY ADJUSTMENTS ARE MADE TO CLOSE THE ACCOUNT.

NEEDS ASSESSMENT

PART VI, LINE 2:

IN FY24, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER (MSMHC) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE GUIDELINES ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE INTERNAL REVENUE SERVICE. THE HOSPITAL'S CHNA AND THREE-YEAR IMPLEMENTATION STRATEGIES WERE ENDORSED BY MSMHC'S BOARD OF DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE DOCUMENT BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE ON JUNE 30, 2024, AND SERVED AS A GUIDE FOR PROGRAMMING PRIORITIES IN FISCAL YEARS 2025-2027.

THE CATEGORIES OF HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL DRIVERS OF HEALTH WERE USED TO DETERMINE WHAT PROGRAMMING TO PRIORITIZE FOR THE CHNA. A SMALL NUMBER OF STRATEGIES IN EACH CATEGORY WERE SELECTED AS PRIORITIES DUE TO THE SIZE AND SCALE OF IMPACT AND MEASURABLE OUTCOMES. HEALTH PRIORITIES INCLUDE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH, AND MATERNAL HEALTH), ACCESS TO HEALTH CARE SERVICES (ACCESS TO HEALTH INSURANCE AND PROVIDERS AND TRANSPORTATION) AND SOCIAL DRIVERS OF HEALTH (FOOD INSECURITY). ALL OTHER PROGRAMMING WAS INTEGRATED AS PART OF THE HOSPITAL'S OVERALL COMMUNITY HEALTH PORTFOLIO. THESE ADDITIONAL PROGRAMS WERE CAPTURED IN THE INVENTORY FOR THE WHOLE PICTURE OF CONTRIBUTING TO THE HEALTH OF THE COMMUNITIES SERVED AS WELL AS SORTED FOR WHAT COUNTS AS COMMUNITY BENEFIT FOR REGULATORY REPORTING.

THE HOSPITAL IDENTIFIED SOUTHERN PRINCE GEORGES COUNTY AS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA), WHICH INCLUDES ALL RESIDENTS LIVING IN ZIP CODES 20748, 20735, AND 20772. THE HOSPITAL SELECTED THIS GEOGRAPHIC AREA BASED ON HOSPITAL UTILIZATION DATA AND SECONDARY PUBLIC HEALTH DATA AS WELL AS ITS PROXIMITY TO THE HOSPITAL. THE ADVISORY TASK FORCE (ATF) INCLUDED A DIVERSE GROUP OF INDIVIDUALS, INCLUDING HOSPITAL LEADERS, GRASSROOTS ACTIVISTS, COMMUNITY RESIDENTS, FAITH-BASED LEADERS, HOSPITAL REPRESENTATIVES, PUBLIC HEALTH LEADERS AND OTHER STAKEHOLDER ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS.

REPRESENTATIVES FROM THE HOSPITAL ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY HEALTH WORKGROUP. THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH PROFESSIONALS WHO REPRESENT ALL TEN MEDSTAR HEALTH HOSPITALS. THE TEAM ANALYZES LOCAL AND REGIONAL COMMUNITY HEALTH DATA, ESTABLISHES SYSTEM-WIDE COMMUNITY HEALTH PROGRAMMING PERFORMANCE AND EVALUATION MEASURES, AND SHARES BEST PRACTICES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3:

AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS, MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED AND UNDERINSURED PATIENTS MEETING ELIGIBILITY CRITERIA, AND PATIENTS DETERMINED ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY WITHIN MARYLAND, THE DISTRICT OF COLUMBIA,

Part VI Supplemental Information (Continuation)

OR NORTHERN VIRGINIA WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO
MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR HEALTH HOSPITALS AND
HOSPITAL BASED-PHYSICIAN PRACTICES WILL:

- . TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION.
- . SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR
MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES
REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.
- . ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSION PROCESS
FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR THE CARE
THEY RECEIVE.
- . BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER
FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR
ALL WHO MAY NEED CARE IN THE COMMUNITY.

MEDSTAR HEALTH WILL NOT WITHHOLD FINANCIAL ASSISTANCE OR DENY A
PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE BASED ON RACE, COLOR,
RELIGION, ANCESTRY OR NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, SEXUAL
ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, OR BASED ON
DISABILITY. IN ADDITION, MEDSTAR HEALTH WILL NOT USE A PATIENT'S
CITIZENSHIP OR IMMIGRATION STATUS AS AN ELIGIBILITY REQUIREMENT FOR
FINANCIAL ASSISTANCE.

IN MEETING ITS COMMITMENTS, MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED
PHYSICIAN PRACTICES WILL WORK WITH THEIR PATIENTS SEEKING EMERGENCY AND
MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH PATIENT'S
FINANCIAL RESOURCES. BASED ON THIS INFORMATION, MEDSTAR HEALTH
HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL MAKE ELIGIBILITY
DETERMINATIONS FOR FINANCIAL ASSISTANCE FOR PATIENTS WHO RESIDE WITHIN
MARYLAND, THE DISTRICT OF COLUMBIA, OR NORTHERN VIRGINIA. IN
DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE, MEDSTAR HEALTH
HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL:

- . DETERMINE WHETHER THE PATIENT HAS HEALTH INSURANCE.
- . DETERMINE WHETHER THE PATIENT IS PRESUMPTIVELY ELIGIBLE FOR FREE OR
REDUCED-COST CARE.
- . DETERMINE WHETHER UNINSURED PATIENTS ARE ELIGIBLE FOR PUBLIC OR
PRIVATE HEALTH INSURANCE.
- . TO THE EXTENT POSSIBLE, OFFER ASSISTANCE TO UNINSURED PATIENTS IF THE
PATIENT CHOOSES TO APPLY FOR PUBLIC OR PRIVATE HEALTH INSURANCE.
- . TO THE EXTENT PRACTICABLE, DETERMINE WHETHER THE PATIENT IS ELIGIBLE
FOR OTHER PUBLIC PROGRAMS THAT MAY ASSIST WITH HEALTH CARE COSTS.
- . USE INFORMATION IN THE POSSESSION OF THE HOSPITAL, IF AVAILABLE, TO
DETERMINE WHETHER THE PATIENT IS QUALIFIED FOR FREE OR REDUCED-COST
CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE
POLICY BY:

- . PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY,
FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION
SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS.
- . PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,
MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT
INFORMATION SHEET TO PATIENTS UPON REQUEST.
- . PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,
MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT

Part VI Supplemental Information (Continuation)

INFORMATION SHEET TO PATIENTS UPON REQUEST BY MAIL AND WITHOUT CHARGE.

. PROVIDING NOTIFICATION AND INFORMATION ABOUT THE MEDSTAR FINANCIAL ASSISTANCE POLICY BY:

- OFFERING COPIES AS PART OF ALL REGISTRATION OR DISCHARGES PROCESSES AND ANSWERING QUESTIONS ON HOW TO APPLY FOR ASSISTANCE.

- PROVIDING WRITTEN NOTICES ON BILLING STATEMENTS.

- DISPLAYING MEDSTAR HEALTH FINANCIAL ASSISTANCE POLICY INFORMATION AT ALL HOSPITAL REGISTRATION POINTS, INCLUDING THE BUSINESS OFFICE, INFORMING PATIENTS OF THEIR RIGHTS TO APPLY FOR FINANCIAL ASSISTANCE AND WHO TO CONTACT AT THE HOSPITAL FOR ADDITIONAL INFORMATION.

- TRANSLATING THE MEDSTAR HEALTH FINANCIAL ASSISTANCE POLICY, MEDSTAR HEALTH UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR HEALTH PATIENT INFORMATION SHEET INTO PRIMARY LANGUAGES THAT CONSTITUTE THE LESSER OF 1000 INDIVIDUALS OR 5% OF THE OVERALL POPULATION WITHIN THE CITY OR COUNTY IN WHICH THE HOSPITAL IS LOCATED AS MEASURED BY THE MOST RECENT CENSUS.

. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS SERVING ALL HOSPITAL TARGET POPULATIONS.

. THE MEDSTAR HEALTH PATIENT INFORMATION SHEET SHALL BE PROVIDED TO THE PATIENT, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED REPRESENTATIVE:

- BEFORE DISCHARGE;

- WITH THE HOSPITAL BILL;

- ON REQUEST; AND

- IN EACH WRITTEN COMMUNICATION TO THE PATIENT REGARDING COLLECTION OF THE HOSPITAL BILL.

MEDSTAR HEALTH WILL PROVIDE FINANCIAL ASSISTANCE PROBABLE AND LIKELY ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM RECEIPT OF THE INITIAL MEDSTAR HEALTH UNIFORM FINANCIAL ASSISTANCE APPLICATION.

. THE FINAL ELIGIBILITY DETERMINATION WILL BE MADE AND COMMUNICATED TO THE PATIENT BASED ON RECEIPT AND REVIEW OF A COMPLETED APPLICATION.

MEDSTAR HEALTH BELIEVES THAT ITS PATIENTS HAVE PERSONAL RESPONSIBILITIES RELATED TO THE FINANCIAL ASPECTS OF THEIR HEALTHCARE NEEDS. FINANCIAL ASSISTANCE AND PAYMENT PLAN AVAILABLE UNDER THIS POLICY WILL NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL THEIR RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT RESPONSIBILITIES INCLUDE:

. COMPLY WITH PROVIDING THE NECESSARY FINANCIAL DISCLOSURE FORMS TO EVALUATE THEIR ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS, CHARITY CARE PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE DISCLOSURE FORMS MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY TO ALLOW MEDSTAR HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS CONCERNING THE AVAILABILITY OF FINANCIAL ASSISTANCE.

. WORKING WITH MEDSTAR HOSPITAL PATIENT ADVOCATES AND PATIENT FINANCIAL SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.

. MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION, INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT SCHEDULES.

. PROVIDING UPDATED FINANCIAL INFORMATION TO MEDSTAR HEALTH HOSPITAL PATIENT ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES ON A TIMELY BASIS AS THE PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.

. IT IS A PATIENT'S RESPONSIBILITY, DURING THEIR 12-MONTH ELIGIBILITY

Part VI Supplemental Information (Continuation)

PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER FINANCIAL HARDSHIP PROVISIONS FOR MEDICALLY NECESSARY CARE RECEIVED DURING THE 12-MONTH ELIGIBILITY PERIOD.

. IN THE EVENT A PATIENT FAILS TO MEET THESE RESPONSIBILITIES, MEDSTAR RESERVES THE RIGHT TO PURSUE ADDITIONAL BILLING AND COLLECTION EFFORTS. IN THE EVENT OF NON-PAYMENT, BILLING AND COLLECTION EFFORTS ARE DEFINED IN THE MEDSTAR BILLING AND COLLECTION POLICY. A FREE COPY IS AVAILABLE ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS VIA THE FOLLOWING URL: WWW.MEDSTARHEALTH.ORG/FINANCIALASSISTANCE, OR BY CALLING CUSTOMER SERVICE ON 1-800-280-9006.

PATIENTS OF MEDSTAR HEALTH'S HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE AS SET FORTH UNDER THIS POLICY. THE PATIENT ADVOCATE AND PATIENT FINANCIAL SERVICES STAFF WILL DETERMINE ELIGIBILITY FOR FULL FINANCIAL ASSISTANCE AND PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO BE INCURRED BY THE PATIENT.

COMMUNITY INFORMATION

PART VI, LINE 4:

PRINCE GEORGE'S COUNTY OVERVIEW

PRINCE GEORGE'S COUNTY IS A DIVERSE AND RAPIDLY EVOLVING COMMUNITY WITHIN THE WASHINGTON, D.C. METROPOLITAN REGION. HOME TO APPROXIMATELY 955,000 RESIDENTS, THE COUNTY HAS A MEDIAN AGE OF 38.5 YEARS AND FEATURES A DYNAMIC BLEND OF URBAN, SUBURBAN, AND SEMI-RURAL NEIGHBORHOODS. THE COUNTY IS A MAJORITY AFRICAN AMERICAN COMMUNITY (59%), WITH INCREASING DIVERSITY REFLECTED IN ITS HISPANIC/LATINO (21%), WHITE (11%), ASIAN (4%), AND MULTIRACIAL OR OTHER RACIAL GROUPS (3%). APPROXIMATELY 24% OF RESIDENTS ARE FOREIGN-BORN, UNDERSCORING THE COUNTY'S RICH MULTICULTURAL CHARACTER.

THE MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$100,700, THOUGH SIGNIFICANT VARIATION EXISTS ACROSS ZIP CODES AND DEMOGRAPHIC GROUPS. ABOUT 10.2% OF RESIDENTS LIVE BELOW THE FEDERAL POVERTY GUIDELINE, INDICATING ONGOING ECONOMIC DISPARITIES THAT INFLUENCE HEALTH AND ACCESS TO CARE. EDUCATIONAL ATTAINMENT IS RELATIVELY HIGH - 86% OF ADULTS HAVE AT LEAST A HIGH SCHOOL DIPLOMA, AND NEARLY 30% HOLD A BACHELOR'S DEGREE OR HIGHER. HOWEVER, SPECIFIC AREAS OF THE COUNTY CONTINUE TO EXPERIENCE UNEMPLOYMENT, LIMITED HEALTH LITERACY, AND INEQUITABLE ACCESS TO HEALTHCARE SERVICES.

COUNTYWIDE, THE UNINSURED RATE IS 11.2%, WHILE PUBLIC INSURANCE COVERAGE (MEDICAID AND MEDICARE) RANGES FROM 21-24%. THE UNINSURED RATE INCREASED FROM 10.5% IN 2022 TO 11.2% IN 2023, AND PROJECTIONS SUGGEST IT MAY CONTINUE TO RISE THROUGH 2025. FOUR ACUTE-CARE HOSPITALS PRIMARILY SERVE COUNTY RESIDENTS: MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER (CLINTON), ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER (FORT WASHINGTON), LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER (LANHAM), AND UM CAPITAL REGION MEDICAL CENTER (LARGO). PRINCE GEORGE'S COUNTY ALSO CONTAINS MULTIPLE FEDERALLY DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND MEDICALLY UNDERSERVED AREAS/POPULATIONS (MUA/P), PARTICULARLY FOR PRIMARY CARE AND MENTAL HEALTH IN THE

Part VI Supplemental Information (Continuation)

SOUTHERN AND INNER-BELTWAY REGIONS.

CHRONIC DISEASES CONTINUE TO BE THE LEADING CAUSES OF MORBIDITY AND MORTALITY IN PRINCE GEORGE'S COUNTY. HEART DISEASE, CANCER, DIABETES, AND STROKE ACCOUNT FOR THE MAJORITY OF PREMATURE DEATHS, REFLECTING BOTH LIFESTYLE AND STRUCTURAL HEALTH DISPARITIES. APPROXIMATELY 12% OF ADULTS LIVE WITH DIABETES, 36% ARE CLASSIFIED AS OBESE, AND ONE IN FOUR ADULTS' REPORTS HAVING HIGH BLOOD PRESSURE. THESE RATES EXCEED BOTH THE MARYLAND STATE AND NATIONAL AVERAGES, EMPHASIZING THE NEED FOR CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS. CANCER AND CARDIOVASCULAR DISEASE REMAIN AMONG THE TOP CAUSES OF DEATH IN THE COUNTY, WITH HIGHER RATES OBSERVED IN AFRICAN AMERICAN POPULATIONS. PREVENTIVE SCREENINGS AND COMMUNITY EDUCATION INITIATIVES SUCH AS BLOOD PRESSURE CHECKS, NUTRITION CLASSES, AND CHRONIC DISEASE AWARENESS WORKSHOPS ARE ESSENTIAL STRATEGIES FOR ADDRESSING THESE PERSISTENT DISPARITIES.

SOCIAL AND ECONOMIC FACTORS SIGNIFICANTLY SHAPE HEALTH OUTCOMES ACROSS THE COUNTY. THE UNEMPLOYMENT RATE AVERAGES 4.5%, BUT CERTAIN ZIP CODES EXPERIENCE RATES MORE THAN TWICE THAT. APPROXIMATELY 9.5% OF HOUSEHOLDS SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING, AND TRANSPORTATION BARRIERS REMAIN A LEADING FACTOR IN MISSED MEDICAL APPOINTMENTS. IN TEMPLE HILLS (20748), ONE IN FOUR RESIDENTS RELY ON PUBLIC TRANSPORTATION OR LIVE IN HOUSEHOLDS WITHOUT A PRIVATE VEHICLE. FOOD INSECURITY AND ACCESS TO HEALTHY FOOD CONTINUE TO CHALLENGE MANY RESIDENTS. SOUTHERN COMMUNITIES, INCLUDING CLINTON AND TEMPLE HILLS, HAVE FEWER FULL-SERVICE GROCERY STORES AND RELY HEAVILY ON SMALLER CONVENIENCE OR FAST-FOOD OUTLETS. THESE LIMITATIONS INCREASE THE RISK FOR OBESITY, DIABETES, AND CARDIOVASCULAR DISEASE. EDUCATION AND DIGITAL ACCESS ALSO CONTRIBUTE TO DISPARITIES. NEARLY 10% OF TEMPLE HILLS RESIDENTS HAVE NOT COMPLETED HIGH SCHOOL, AND GAPS IN INTERNET ACCESS IMPACT HEALTH LITERACY AND EMPLOYMENT OPPORTUNITIES.

MATERNAL AND INFANT HEALTH INDICATORS REFLECT BROADER HEALTH EQUITY CHALLENGES IN PRINCE GEORGE'S COUNTY. THE INFANT MORTALITY RATE STANDS AT 7.4 PER 1,000 LIVE BIRTHS, WHICH IS HIGHER THAN THE MARYLAND AVERAGE OF 5.7. ADDITIONALLY, 10.5% OF INFANTS ARE BORN AT A LOW BIRTH WEIGHT, AND NEARLY 15% OF MOTHERS RECEIVE LATE OR NO PRENATAL CARE, WITH THE HIGHEST RATES CONCENTRATED IN THE 20748 (TEMPLE HILLS) AND 20735 (CLINTON) ZIP CODES. PERSISTENT DISPARITIES IN MATERNAL OUTCOMES AMONG BLACK WOMEN INCLUDING PRETERM BIRTHS AND HYPERTENSIVE DISORDERS UNDERSCORE THE IMPORTANCE OF TARGETED PRENATAL EDUCATION, LACTATION SUPPORT, AND PERINATAL CARE COORDINATION EFFORTS ACROSS THESE COMMUNITIES.

BEHAVIORAL HEALTH IS A GROWING AREA OF CONCERN WITHIN PRINCE GEORGE'S COUNTY. APPROXIMATELY 24% OF ADULTS REPORT SYMPTOMS OF DEPRESSION OR ANXIETY, AND EMERGENCY DEPARTMENT VISITS RELATED TO MENTAL HEALTH OR SUBSTANCE USE HAVE RISEN OVER THE PAST FIVE YEARS. ACCESS TO MENTAL HEALTH PROFESSIONALS IS REPORTED TO BE LIMITED, PARTICULARLY IN SOUTHERN PRINCE GEORGE'S COUNTY, WHERE PROVIDER-TO-POPULATION RATIOS FALL BELOW STATE TARGETS.

COMMUNITY BENEFIT SERVICE AREAS

THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREAS INCLUDE ZIP CODES 20748 (TEMPLE HILLS), 20735 (CLINTON), AND 20772 (UPPER MARLBORO) EACH REFLECTING DISTINCT DEMOGRAPHIC AND SOCIOECONOMIC PROFILES WITHIN THE

Part VI Supplemental Information (Continuation)

COUNTY.

ZIP CODE 20748 - TEMPLE HILLS

TEMPLE HILLS IS A SUBURBAN SERVICE AREA WITH 40,094 RESIDENTS, A MEDIAN AGE OF 40, AND A MEDIAN HOUSEHOLD INCOME OF \$82,160. APPROXIMATELY 12.2% OF RESIDENTS LIVE BELOW THE FEDERAL POVERTY GUIDELINE. THE COMMUNITY IS PREDOMINANTLY BLACK OR AFRICAN AMERICAN (78%), WITH A GROWING HISPANIC/LATINO POPULATION (14.5%), HIGHLIGHTING A SHIFT TOWARD INCREASED CULTURAL DIVERSITY AND BILINGUAL NEEDS.

ZIP CODE 20735 - CLINTON

CLINTON IS A SUBURBAN COMMUNITY OF APPROXIMATELY 38,000 RESIDENTS, WITH A MEDIAN AGE OF 46 YEARS AND A MEDIAN HOUSEHOLD INCOME OF \$123,125. DESPITE OVERALL AFFLUENCE, ABOUT 9% OF RESIDENTS LIVE IN POVERTY, AND THE AREA EXPERIENCES TRANSPORTATION CHALLENGES THAT CAN HINDER ACCESS TO HEALTHCARE AND COMMUNITY RESOURCES.

ZIP CODE 20772 - UPPER MARLBORO

UPPER MARLBORO IS A LARGELY SUBURBAN SERVICE AREA WITH NEARLY 53,000 RESIDENTS, A MEDIAN AGE OF 42 YEARS, AND A MEDIAN HOUSEHOLD INCOME OF \$135,576. ALTHOUGH THE AREA IS RELATIVELY AFFLUENT, 2% OF FAMILIES LIVE BELOW THE POVERTY LEVEL, AND RESIDENTS MAY EXPERIENCE LIMITED ACCESS TO SERVICES DUE TO DISTANCE AND TRANSPORTATION BARRIERS. THE POPULATION MIRRORS BROADER COUNTY DEMOGRAPHICS: 78% BLACK OR AFRICAN AMERICAN, 10.4% WHITE, AND 6.7% HISPANIC/LATINO. ALTHOUGH UPPER MARLBORO IS A RELATIVELY AFFLUENT AREA, ITS INCLUSION IN THE COMMUNITY BENEFIT SERVICE AREA IS SUPPORTED BY SEVERAL KEY FACTORS; 20772 ENCOMPASSES A GEOGRAPHICALLY LARGE, SEMI-RURAL REGION WITH LIMITED ACCESS TO PUBLIC TRANSPORTATION, AND WELLNESS RESOURCES, RESULTING IN BARRIERS TO PREVENTIVE CARE AND CHRONIC DISEASE MANAGEMENT. THE AREA ALSO HAS A GROWING AGING POPULATION, POCKETS OF RESIDENTS FACING TRANSPORTATION AND SOCIAL ISOLATION CHALLENGES, AND PERSISTENT HEALTH DISPARITIES AMONG BLACK AND HISPANIC HOUSEHOLDS.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5:

MSMHC IS DEEPLY COMMITTED TO ADVANCING HEALTH EQUITY AND IMPROVING THE OVERALL HEALTH AND WELL-BEING OF RESIDENTS ACROSS PRINCE GEORGE'S COUNTY. GUIDED BY THE HOSPITAL'S CHNA, MSMHC'S COMMUNITY BENEFIT PRIORITIES FOCUS ON THREE KEY AREAS: HEALTH AND WELLNESS, ACCESS TO HEALTH CARE AND SERVICES, AND SOCIAL DRIVERS OF HEALTH. THROUGH A RANGE OF HIGH-IMPACT PROGRAMS, PARTNERSHIPS, AND OUTREACH EFFORTS, THE HOSPITAL WORKS TO ADDRESS BARRIERS TO CARE, PROMOTE PREVENTIVE HEALTH, AND MEET THE UNIQUE NEEDS OF THE COMMUNITIES IT SERVES.

HEALTH AND WELLNESS

MSMHC DELIVERS A ROBUST PORTFOLIO OF HEALTH EDUCATION, PREVENTION, AND WELLNESS PROGRAMS DESIGNED TO EMPOWER RESIDENTS WITH THE KNOWLEDGE AND TOOLS TO LEAD HEALTHIER LIVES. THE HOSPITAL PROVIDES ONGOING DIABETES EDUCATION AND SUPPORT THROUGH GROUP SESSIONS, AND A COMMUNITY-BASED DIABETES SUPPORT GROUP, WHICH OFFERS EDUCATION, ENCOURAGEMENT, AND PEER CONNECTION FOR INDIVIDUALS LIVING WITH TYPE 2 DIABETES. PARTICIPANTS LEARN STRATEGIES FOR EFFECTIVE SELF-MANAGEMENT, NUTRITION, PHYSICAL ACTIVITY, AND STRESS REDUCTION TO IMPROVE LONG-TERM OUTCOMES.

TO FURTHER STRENGTHEN COMMUNITY ENGAGEMENT, MSMHC REGULARLY HOSTS ASK

Part VI Supplemental Information (Continuation)

THE HEALTHCARE PROFESSIONAL, OR ASK THE DOC SPEAKER SERIES. THESE ARE EDUCATIONAL SESSIONS FEATURING HOSPITAL PROVIDERS AND SUBJECT MATTER EXPERTS WHO DISCUSS A RANGE OF TOPICS FROM CANCER PREVENTION AND CHRONIC DISEASE MANAGEMENT TO MATERNAL HEALTH, STROKE AND SEPSIS AWARENESS.

MSMHC'S OUTREACH TEAM REGULARLY PARTICIPATES IN COMMUNITY HEALTH FAIRS, SCHOOL WELLNESS DAYS, SENIOR CENTER EVENTS, AND FAITH-BASED PROGRAMS, OFFERING BLOOD PRESSURE SCREENINGS, HEALTH EDUCATION, AND BILINGUAL HEALTH MATERIALS TO ENSURE INFORMATION IS ACCESSIBLE TO ALL RESIDENTS. THESE ENGAGEMENTS ARE COMPLEMENTED BY VIDEOS, AND ONLINE CAMPAIGNS THAT EXTEND EDUCATIONAL REACH TO DIGITAL AUDIENCES.

IN ADDITION TO WELLNESS AND PREVENTION EFFORTS, MSMHC CONTINUES TO EXPAND ITS FOCUS ON IMPROVING MATERNAL AND CHILD HEALTH. THE PRINCE GEORGE'S HEALTHY START PROGRAM PLAYS A PIVOTAL ROLE IN IMPROVING HEALTH OUTCOMES FOR WOMEN, INFANTS, AND FAMILIES BEFORE, DURING, AND AFTER PREGNANCY. IN COLLABORATION WITH LOCAL CLINICS, HOSPITALS, AND COMMUNITY PARTNERS, HEALTHY START PROVIDES WRAPAROUND SERVICES AIMED AT PROMOTING HEALTHY PREGNANCY, SAFE DELIVERIES, AND THRIVING FAMILIES. THE PROGRAM CURRENTLY SERVES MORE THAN 500 PARTICIPANTS, INCLUDING 351 ADULTS AND 151 INFANTS, WHO RECEIVE PERSONALIZED SUPPORT FROM COMMUNITY HEALTH ADVOCATES, PUBLIC HEALTH NURSES, AND LACTATION CONSULTANTS. FAMILIES ENROLLED IN HEALTHY START BENEFIT FROM DEPRESSION SCREENINGS, SAFE SLEEP EDUCATION, DEVELOPMENTAL SCREENINGS, LACTATION COUNSELING, AND NEWLY LAUNCHED INFANT CPR CLASSES. PARTICIPANTS ALSO RECEIVE CONNECTIONS TO RESOURCES ADDRESSING FOOD INSECURITY AND TRANSPORTATION BARRIERS. THE PROGRAM'S FOCUS ON EQUITY AND ACCESS ENSURES THAT WOMEN ACROSS PRINCE GEORGE'S COUNTY PARTICULARLY THOSE IN UNDERSERVED AREAS RECEIVE COMPREHENSIVE, COMPASSIONATE CARE THAT EMPOWERS THEM TO MAKE INFORMED HEALTH DECISIONS AND FOSTERS HEALTHY BEGINNINGS FOR THEIR CHILDREN.

BEHAVIORAL HEALTH CONTINUES TO BE A GROWING PRIORITY FOR MSMHC, AS COMMUNITY FEEDBACK CONSISTENTLY IDENTIFIES MENTAL HEALTH ACCESS AND SUBSTANCE USE SUPPORT AS KEY NEEDS. THE HOSPITAL'S BEHAVIORAL HEALTH INITIATIVES FOCUS ON EARLY IDENTIFICATION, EDUCATION, AND CONNECTION TO SERVICES. THROUGH PUBLIC EDUCATION CAMPAIGNS AND RESOURCE DISSEMINATION, MSMHC WORKS TO REDUCE STIGMA AROUND MENTAL ILLNESS AND SUBSTANCE USE DISORDERS WHILE ENCOURAGING INDIVIDUALS TO SEEK HELP BEFORE A CRISIS OCCURS. THE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) PROGRAM PROVIDES EARLY IDENTIFICATION AND INTERVENTION FOR INDIVIDUALS AT RISK OF SUBSTANCE USE DISORDERS. THOSE IDENTIFIED AS HIGH-RISK ARE CONNECTED WITH PEER RECOVERY COACHES WHO PROVIDE BRIEF COUNSELING AND REFERRALS TO TREATMENT AND COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS. MSMHC'S OPIOID OVERDOSE SURVIVOR OUTREACH PROGRAM EXTENDS THIS APPROACH BY ENGAGING OVERDOSE SURVIVORS AND CONNECTING THEM TO LONG-TERM RECOVERY RESOURCES.

THE PEER RECOVERY COACH TEAM PLAYS AN INSTRUMENTAL ROLE IN BRIDGING GAPS BETWEEN EMERGENCY CARE AND LONG-TERM RECOVERY SERVICES, ENSURING ONGOING ENGAGEMENT FOR INDIVIDUALS NAVIGATING ADDICTION AND MENTAL HEALTH CHALLENGES. THROUGH THESE COLLECTIVE INITIATIVES, MSMHC DEMONSTRATES A HOLISTIC AND ENDURING COMMITMENT TO THE HEALTH OF PRINCE GEORGE'S COUNTY. BY INTEGRATING MEDICAL CARE WITH PREVENTION, EDUCATION, AND SOCIAL SUPPORT, MSMHC ADDRESSES THE FULL SPECTRUM OF

Part VI Supplemental Information (Continuation)

COMMUNITY NEEDS FROM MATERNAL HEALTH AND CHRONIC DISEASE MANAGEMENT TO BEHAVIORAL HEALTH AND SOCIAL EQUITY. EACH PROGRAM REFLECTS THE HOSPITAL'S MISSION TO PROVIDE COMPASSIONATE, ACCESSIBLE, AND EQUITABLE CARE, ENSURING THAT ALL RESIDENTS HAVE THE OPPORTUNITY TO ACHIEVE THEIR HIGHEST LEVEL OF HEALTH AND WELL-BEING.

ACCESS TO CARE

ACCESS TO CARE REMAINS ONE OF MSMHC'S FOREMOST COMMUNITY PRIORITIES. THE HOSPITAL'S PATIENT FINANCIAL SERVICES DEPARTMENT PROVIDES CRITICAL SUPPORT TO UNINSURED AND UNDERINSURED RESIDENTS BY ASSISTING WITH ENROLLMENT IN MEDICAID, MEDICARE, AND MARKETPLACE PLANS AND CONNECTING INDIVIDUALS TO AVAILABLE FINANCIAL AID OR CHARITABLE RESOURCES. MSMHC ALSO PROVIDES CHARITY CARE AND SUBSIDIZES HEALTH SERVICES TO ENSURE THAT ALL RESIDENTS, REGARDLESS OF FINANCIAL CIRCUMSTANCES, CAN ACCESS THE MEDICAL CARE THEY NEED.

TRANSPORTATION IS ANOTHER SIGNIFICANT BARRIER TO CARE THAT MSMHC HAS ACTIVELY ADDRESSED THROUGH INNOVATIVE PARTNERSHIPS. THROUGH UBER HEALTH AND LOCAL CAB VOUCHER PROGRAMS, THE HOSPITAL PROVIDES NO-COST RIDES TO PATIENTS WHO WOULD OTHERWISE FACE CHALLENGES ATTENDING APPOINTMENTS OR FOLLOWING UP ON CARE. THIS INITIATIVE HAS PROVEN ESPECIALLY BENEFICIAL FOR ELDERLY PATIENTS, NEW MOTHERS, AND INDIVIDUALS MANAGING CHRONIC CONDITIONS WHO REQUIRE FREQUENT MEDICAL VISITS.

TO STRENGTHEN REGIONAL HEALTHCARE CAPACITY AND ENHANCE PUBLIC HEALTH, MSMHC PARTNERED WITH THE AMERICAN RED CROSS TO HOST BI-MONTHLY BLOOD DRIVES ON THE HOSPITAL CAMPUS TO MEET THE INCREASING DEMAND AND HELP REMEDY THE CRUCIAL BLOOD SHORTAGE. THE RED CROSS PROVIDES ABOUT 40% OF THE NATION'S BLOOD AND BLOOD COMPONENTS, ALL FROM VOLUNTEER DONORS - SUCH AS THE ONES ATTENDING OUR BLOOD DRIVES. SUPPLY CANNOT ALWAYS MEET THE DEMAND BECAUSE ONLY ABOUT 3% OF AGE-ELIGIBLE PEOPLE DONATE BLOOD YEARLY. PROVIDING SPACE AND TIME FOR DONORS TO GIVE BACK CAN MAKE DONATIONS MORE ACCESSIBLE. ON AVERAGE, EACH BLOOD DRIVE WELCOMES ABOUT 25-30 DONORS AND COLLECTS ABOUT 25 UNITS OF BLOOD. EACH UNIT HAS THE POTENTIAL TO HELP THREE RECIPIENTS.

HEALTHY START PERINATAL AND LACTATION SUPPORT SERVICES ENSURE THAT NEW AND EXPECTING MOTHERS RECEIVE ESSENTIAL EDUCATION AND CARE THROUGH PRENATAL CLASSES, LACTATION CONSULTATIONS, AND POSTPARTUM EDUCATION ON SAFE INFANT PRACTICES IN A SUPPORTIVE, COMMUNITY-BASED ENVIRONMENT.

SOCIAL DRIVERS OF HEALTH

RECOGNIZING THAT HEALTH IS SHAPED BY MORE THAN CLINICAL CARE, MSMHC IS ACTIVELY ADDRESSING THE SOCIAL DRIVERS OF HEALTH (SDOH) THAT IMPACT COMMUNITY WELL-BEING. THE HOSPITAL'S COMMUNITY HEALTH ADVOCATES (CHAS) TRAINED COMMUNITY HEALTH WORKERS SERVE AS TRUSTED LIAISONS WITHIN THE COMMUNITY. THEY CONDUCT SOCIAL NEEDS SCREENINGS TO ASSESS CHALLENGES SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, TRANSPORTATION ACCESS, AND UTILITY ASSISTANCE. CHAS PULL RESOURCES FROM A VARIETY OF LOCAL PLATFORMS AND COMMUNITY-BASED ORGANIZATIONS TO CONNECT RESIDENTS TO NEEDED SERVICES. THEY OFTEN PROVIDE IN-PERSON MEET-AND-GREETS, IN-HOME VISITS, AND ONGOING TOUCHPOINTS TO ENSURE INDIVIDUALS RECEIVE SUPPORT THAT IS BOTH PERSONAL AND EFFECTIVE. CHAS ALSO CONDUCT OUTREACH AND DELIVER HEALTH EDUCATION AT COMMUNITY EVENTS THROUGHOUT THE COUNTY.

TO COMBAT FOOD INSECURITY, MSMHC OPERATES AN IN-HOUSE HEALTHY HELPINGS

Part VI Supplemental Information (Continuation)

FOOD AND DIAPER PANTRY, WHICH SERVES OVER 600 RESIDENTS ANNUALLY BY PROVIDING NUTRITIOUS FOOD AND ESSENTIAL ITEMS. FOR RESIDENTS WITH TRANSPORTATION BARRIERS, HOME DELIVERIES ARE AVAILABLE.

THE HOSPITAL'S COMMITMENT TO HEALTH EQUITY EXTENDS THROUGH ITS EQUITY, INCLUSION & DIVERSITY (EI&D) INITIATIVES AND COMMUNITY INVOLVEMENT SUBCOMMITTEE, WHICH ENGAGES HOSPITAL ASSOCIATES AS VOLUNTEERS AND COMMUNITY AMBASSADORS. THESE TEAMS SPEARHEAD LOCAL DRIVES, OUTREACH PROJECTS, AND COLLABORATIONS WITH LOCAL SCHOOLS AND NONPROFITS, REINFORCING MSMHC'S MISSION OF SERVICE AND INCLUSION.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6:

MSMHC IS PROUDLY PART OF MEDSTAR HEALTH, AND AS A RESULT, IS ABLE TO EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER MEDSTAR HEALTH HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES SUPPORT THE HOSPITAL'S COMMUNITY HEALTH PLANNING EFFORTS TO ADDRESS THE NEEDS OF UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MSMHC WITH TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR HEALTH'S CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH-QUALITY HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, LINE 7:

THE COMMUNITY BENEFIT REPORT FOR MSMHC IS FILED IN THE STATE OF MARYLAND.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH A. SAMET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,415,571.	3,962,207.	79,000.	68,897.	37,099.	6,562,774.	0.
(2) STEPHEN T. MICHAELS, M.D. PRESIDENT/DIRECTOR	(i)	599,545.	526,372.	0.	9,900.	21,069.	1,156,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLYDE PRAY, M.D. DIRECTOR	(i)	676,241.	30,000.	10,000.	9,900.	20,138.	746,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NAHID MAZAREI, M.D. DIRECTOR (AS OF 1/2025)	(i)	396,044.	57,000.	60,000.	0.	10,799.	523,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SEEMA PAI, M.D. DIRECTOR	(i)	398,151.	54,448.	40,182.	9,900.	13,102.	515,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL MEISEL FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	335,252.	118,678.	0.	9,900.	21,472.	485,302.	0.
(7) PURVI JANI CFO/TREASURER	(i)	148,648.	42,537.	0.	4,877.	5,729.	201,791.	0.
	(ii)	148,648.	42,536.	0.	4,877.	5,729.	201,790.	0.
(8) ANNETTE BRONER SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	254,006.	64,402.	0.	10,872.	24,937.	354,217.	0.
(9) KAREN WYCHE VP, CNO	(i)	243,809.	60,548.	0.	16,858.	19,947.	341,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KELLY HAYNIE VP, OPERATIONS	(i)	251,954.	63,253.	0.	8,834.	11,228.	335,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) FRANCISCA SARFO PHARMACY DIRECTOR	(i)	232,610.	0.	0.	7,715.	24,945.	265,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MIRANDA MUMA CLINICAL PHARMACIST	(i)	214,473.	0.	0.	6,520.	24,856.	245,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUNITA WADDELL SR DIR, NURSING OPERATIONS	(i)	56,548.	74,691.	91,692.	5,431.	530.	228,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID HAVRILLA FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	120,778.	0.	12,500.	0.	3,433.	136,711.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART III:

DETAILED BELOW ARE SEVERAL ONE-TIME PAYMENTS TO CERTAIN EXECUTIVES
RELATED TO VARIOUS RETIREMENT, RETENTION AND LONG-TERM INCENTIVE PLANS.
THESE PLANS AND PAYMENTS ARE NOT A ROUTINE PART OF THE TYPICAL MEDSTAR
EXECUTIVE COMPENSATION PROGRAM, AND SUPPORTED IMPORTANT OBJECTIVES OF
OUR ORGANIZATION.

MR. SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III)
INCLUDES A PAYMENT OF \$79,000, WHICH REPRESENTS THE PREMIUM PAYMENT OF
THE SPLIT DOLLAR LIFE INSURANCE POLICY ASSIGNED TO MR. SAMET.

NAHID MAZAREI'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN
(B)(III) INCLUDES \$60,000 REPRESENTING RETENTION BONUS PAYMENTS
RECEIVED BY DR. MAZAREI.

PURVI JANI'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO BOTH
MEDSTAR ST. MARY'S HOSPITAL AND MEDSTAR SOUTHERN MARYLAND HOSPITAL
CENTER.

ANNETTE BRONER'S COMPENSATION IS FOR SERVICES PROVIDED AS ATTORNEY TO
MEDSTAR ST. MARY'S HOSPITAL, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER
AND MEDSTAR HARBOR HOSPITAL.

SUNITA WADDELL'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)
(III) INCLUDES \$74,691 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY MS.
WADDELL.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDSTAR SOUTHERN MD HOSPITAL CENTER UPHOLDS ITS TRADITION OF CARING BY
CONTINUOUSLY PROMOTING, MAINTAINING AND IMPROVING HEALTH THROUGH
EDUCATION AND SERVICE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR SOUTHERN MARYLAND HOSPITAL
CENTER'S (MEDSTAR SOUTHERN MARYLAND) MISSION IS TO UPHOLD ITS
COMMITMENT TO THE COMMUNITY BY CONTINUOUSLY PROMOTING, MAINTAINING, AND
IMPROVING HEALTH THROUGH EDUCATION AND SERVICE WHILE ASSURING FISCAL
INTEGRITY. MEDSTAR SOUTHERN MARYLAND IS LOCATED IN SOUTHERN PRINCE
GEORGE'S COUNTY, MARYLAND.

IN FISCAL YEAR 2025, MEDSTAR SOUTHERN MARYLAND HAD 9,511 INPATIENT
ADMISSIONS, 81,605 OUTPATIENT VISITS, AND 45,125 EMERGENCY VISITS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MEDSTAR SOUTHERN MARYLAND'S LARGEST PROGRAM IS PROVIDING ACCESS TO
ACUTE HOSPITAL SERVICES FOR THE COMMUNITIES OF PRINCE GEORGE'S,
CHARLES, AND CALVERT COUNTIES IN MARYLAND AND THE SURROUNDING AREAS. IN
ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR SOUTHERN
MARYLAND INCURRED \$67.7M IN MANAGEMENT AND GENERAL EXPENSES IN SUPPORT
OF DELIVERING THESE SERVICES TO THE COMMUNITY.

THE HOSPITAL OFFERS A FULL RANGE OF SERVICES AND IS KNOWN FOR ITS
CARDIOVASCULAR PROGRAM, WHICH INCLUDES AN ADVANCED HEART FAILURE
CLINIC; ORTHOPEDICS, INCLUDING SPINE SURGERY; NEUROSCIENCES, INCLUDING
NEUROSURGERY; AND ADVANCED GASTROINTESTINAL SERVICES. THE HOSPITAL ALSO
HAS A WOMEN & NEWBORNS CENTER, WHICH INCLUDES AN OBSTETRICS AND
GYNECOLOGY PROGRAM WITH A LEVEL II SPECIAL CARE NURSERY. CANCER
SERVICES ARE PROVIDED THROUGH THE MEDSTAR GEORGETOWN CANCER INSTITUTE
AT MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER. OTHER SPECIALTY SERVICES
INCLUDE AN EMERGENCY DEPARTMENT, A CRITICAL CARE UNIT, A BREAST HEALTH
PROGRAM, ADVANCED SURGICAL SERVICES, A SLEEP DISORDERS LAB, A
BEHAVIORAL HEALTH DEPARTMENT WITH BOTH INPATIENT AND OUTPATIENT
PROGRAMS, CARDIOPULMONARY REHABILITATION, AND REHABILITATIVE THERAPY
SERVICES.

THE HOSPITAL HAS RECEIVED SEVERAL AWARDS AND RECOGNITIONS. MEDSTAR
SOUTHERN MARYLAND WAS RECOGNIZED BY U.S. NEWS & WORLD REPORT AS HIGH
PERFORMING IN CANCER CARE, HEART ATTACK, HEART FAILURE, KIDNEY FAILURE,
AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FOR 2025-2026. U.S.
NEWS & WORLD REPORT ALSO NAMED MEDSTAR SOUTHERN MARYLAND A BEST
REGIONAL HOSPITAL FOR EQUITABLE ACCESS IN 2024.

IN 2025, THE AMERICAN HEART ASSOCIATION RECOGNIZED THE HOSPITAL WITH
MULTIPLE AWARDS, INCLUDING GET WITH THE GUIDELINES - STROKE PLUS WITH
TARGET: TYPE 2 DIABETES HONOR ROLL; GET WITH THE GUIDELINES - CORONARY
ARTERY DISEASE NSTEMI SILVER WITH TARGET: TYPE 2 DIABETES HONOR ROLL;
AND GET WITH THE GUIDELINES - CORONARY ARTERY DISEASE STEMI RECEIVING
BRONZE.

Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

THE HOSPITAL WAS ALSO RECOGNIZED BY HEALTHGRADES WITH SEVERAL 2026 AWARDS, INCLUDING THE CORONARY INTERVENTION EXCELLENCE AWARD FOR OUTSTANDING OUTCOMES IN ANGIOPLASTY WITH STENT PROCEDURES AND THE GASTROINTESTINAL CARE EXCELLENCE AWARD FOR SUPERIOR OUTCOMES IN COLORECTAL SURGERIES, GALLBLADDER REMOVAL, UPPER GASTROINTESTINAL SURGERY, AND THE TREATMENT OF BOWEL OBSTRUCTION, GASTROINTESTINAL BLEEDS, AND PANCREATITIS.

MEDSTAR SOUTHERN MARYLAND WAS RANKED #1 IN MARYLAND BY THE LOWN INSTITUTE HOSPITALS INDEX FOR SOCIAL RESPONSIBILITY AND RECEIVED "A" GRADES IN MULTIPLE CATEGORIES, INCLUDING SOCIAL RESPONSIBILITY, PATIENT OUTCOMES, CLINICAL OUTCOMES, COMMUNITY BENEFIT, AND COST EFFICIENCY. MEDSTAR SOUTHERN MARYLAND WAS ALSO RECOGNIZED AS A HEALTHIEST MARYLAND BUSINESS IN 2025, EARNING STANDOUT BUSINESS DESIGNATION FOR ITS EMERGING WORKPLACE WELLNESS INITIATIVES.

THE HOSPITAL MAINTAINS MULTIPLE ACCREDITATIONS AND DESIGNATIONS THAT REFLECT COMPLIANCE WITH NATIONAL QUALITY, SAFETY, AND CLINICAL STANDARDS. THESE INCLUDE ACCREDITATION BY THE JOINT COMMISSION; COMMISSION ON CANCER (COC) ACCREDITATION; PRIMARY STROKE CENTER AND MARYLAND STEMI CENTER DESIGNATIONS BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS; PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER; NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS (NICHE) DESIGNATION; ACCREDITATION BY THE COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE); AMERICAN ACADEMY OF SLEEP MEDICINE ACCREDITATION; AMERICAN COLLEGE OF RADIOLOGY ACCREDITATIONS FOR NUCLEAR MEDICINE AND BREAST IMAGING, INCLUDING BREAST IMAGING CENTER OF EXCELLENCE DESIGNATION; COLLEGE OF AMERICAN PATHOLOGISTS ACCREDITATION; ASSOCIATION FOR THE ADVANCEMENT OF BLOOD AND BIOTHERAPIES (AABB) ACCREDITATION; ECHOCARDIOGRAPHY IAC ACCREDITATION; AND DESIGNATION AS A COMPREHENSIVE MULTIPLE SCLEROSIS CARE CENTER THROUGH THE NATIONAL MULTIPLE SCLEROSIS SOCIETY'S PARTNERS IN MS CARE PROGRAM.

FORM 990, PART VI, SECTION A, LINE 6:
ORGANIZATION MEMBERS

THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION. MEDSTAR HEALTH, INC., OR ONE OF ITS AFFILIATES AND SUBSIDIARIES, IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:
DESCRIPTION OF MEMBERS

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION, THE ORGANIZATION MAY RECOMMEND PERSON(S) FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING BODY. ANY SUCH RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. THE BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY TO THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS OF GOVERNING BODY

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION, THE BYLAWS OF THE ORGANIZATION ARE SUBJECT TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING BUT NOT LIMITED TO

Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303
MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.	

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS FOR REVIEWING FORM 990

THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT OUTSIDE EXPERTS, THOROUGHLY REVIEWED FORM 990 AND ACCOMPANYING INSTRUCTIONS. IN ADDITION, SENIOR EXECUTIVES REVIEWED THE RELEVANT SECTIONS OF THE FORM 990 WITH THE FOLLOWING COMMITTEES OF THE ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE AND EXECUTIVE COMPENSATION. FOLLOWING THESE MEETINGS, THE GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND GIVEN AN OPPORTUNITY TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

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 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).

FORM 990, PART VI, SECTION B, LINE 15:

DESCRIPTION OF EXECUTIVE COMPENSATION

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OF 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.).

Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

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

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENT AVAILABILITY

MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO E-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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHARMACY SERVICES:

PROGRAM SERVICE EXPENSES	13,548.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,548.

SUBSIDY EXPENSE - INTERCOMPANY:

PROGRAM SERVICE EXPENSES	35,669,201.
MANAGEMENT AND GENERAL EXPENSES	107,372.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,776,573.

PURCHASED PROFESSIONAL SERVICE:

PROGRAM SERVICE EXPENSES	11,186,114.
MANAGEMENT AND GENERAL EXPENSES	1,518,649.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,704,763.

MEDICAL SERVICE FEES:

PROGRAM SERVICE EXPENSES	3,264,409.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,264,409.

MISC PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	185,131.
MANAGEMENT AND GENERAL EXPENSES	2,167,427.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,352,558.

NON-PHYS INTERCO PURCH SRVS:

PROGRAM SERVICE EXPENSES	553,003.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number	46-0726303
TOTAL EXPENSES		553,003.	
COMMERCIAL LAUNDRY:			
PROGRAM SERVICE EXPENSES		511,481.	
MANAGEMENT AND GENERAL EXPENSES		3,178.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		514,659.	
PROTECTION SERVICE:			
PROGRAM SERVICE EXPENSES		292,004.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		292,004.	
LAB SERVICES:			
PROGRAM SERVICE EXPENSES		625,239.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		625,239.	
PRINTING SERVICES:			
PROGRAM SERVICE EXPENSES		270.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		270.	
PATIENT TRANSPORTATION:			
PROGRAM SERVICE EXPENSES		243,443.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		243,443.	
COMPUTER SERVICES:			
PROGRAM SERVICE EXPENSES		42,693.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		42,693.	
BANK FEES:			
PROGRAM SERVICE EXPENSES		0.	
MANAGEMENT AND GENERAL EXPENSES		82,468.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		82,468.	
MISCELLANEOUS FEES FOR SVCS:			
PROGRAM SERVICE EXPENSES		2,672,912.	
MANAGEMENT AND GENERAL EXPENSES		-1,641,288.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		1,031,624.	
SECURITY SYSTEM-CONTRACT SVC:			
PROGRAM SERVICE EXPENSES		80,380.	
MANAGEMENT AND GENERAL EXPENSES		0.	
FUNDRAISING EXPENSES		0.	
TOTAL EXPENSES		80,380.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		57,577,634.	

46-0726303

TOTAL TO FORM 990, PART XI, LINE 9	12,454,203.
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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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

(a) Name, address, and EIN (if applicable) 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHURCH HOME CORPORATION - 23-7374724 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	PF	N/A		X
FRANKLIN SQUARE HOSPITAL CENTER, INC. - 52-0608007, 9000 FRANKLIN SQUARE DRIVE, BALTIMORE, MD 21237	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
HARBOR HOSPITAL, INC. - 52-0491660 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
MEDSTAR HEALTH, INC. - 52-2087445 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MONTGOMERY GENERAL HOSPITAL - 52-0646893 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, - 52-0591607, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
THE UNION MEMORIAL HOSPITAL - 52-0591685 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
MEDSTAR HEALTH RESEARCH INSTITUTE - 52-6056274, 108 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 4	N/A		X
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I - 52-2218584, HOSPITAL ADMIN, 1 MAIN BLDG, WASHINGTON, DC 20007	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A		X
HH MEDSTAR HEALTH, INC. - 52-1542230 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
MEDSTAR AMBULATORY SERVICES INC. - 52-1132992, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
BAY LIFE SERVICES, INC. - 52-1496539 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MENTAL HEALTH	MARYLAND	501(C)(3)	LINE 10	N/A		X
CHURCH HOME AND HOSPITAL OF THE CITY OF - 52-0591600, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	LINE 12A, I	N/A		X
GOOD SAMARITAN NURSING CENTER, INC. - 52-1672866, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A		X
GS HOUSING, INC. - 52-1481656 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A		X
GS PROPERTIES, INC. - 52-1429853 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDSTAR HEALTH VISITING NURSES ASSOCIATI - 53-0196597, 4061 POWDERMILL ROAD, CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A		X
MEDSTAR VNA HEALTHCARE - 52-1458516 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A		X
MGH WOMEN'S BOARD - 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
NATIONAL REHABILITATION HOSPITAL - 52-1369749, 102 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A		X
NRH REGIONAL REHAB AT OLNEY, INC. - 52-2310902, 18101 PRINCE PHILIP DRIVE, OLNEY, MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 3	N/A		X
SUBURBAN / NRH MEDICAL REHABILITATION, I - 52-1931151, 102 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A		X
VNA, INC. - 52-1332411 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A		X
WOODBOURNE WOODS, INC. - 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A		X
HOSPICE OF ST. MARY'S, INC. - 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MARYLAND	501(C)(3)	LINE 12A, I	N/A		X
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY - 52-0619006, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
WASHINGTON HOSPITAL CENTER CORPORATION - 52-1272129, 110 IRVING STREET, N.W., WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A		X
SIGNATURE BY MEDSTAR HEALTH, LLC - 33-3437538, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDSTAR SHAH MSO, LLC - 46-2700536, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	MGMT SVCS	MD	N/A	N/A				X	N/A		X	
22590 SHADY COURT, LLC - 47-3361777, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
24035 THREE NOTCH ROAD, LLC - 47-3375076, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
37767 MARKET DRIVE, LLC 37767 MARKET DRIVE CHARLOTTE HALL, MD 20622	REAL ESTATE	MD	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MEDSTAR PHARMACIES, INC. - 52-1513056 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					X
EXTENCARE, INC. - 52-1556228 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SCVS	MD	N/A	C CORP					X
HELIX RESOURCES MANAGEMENT, INC. - 52-1913070, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	ADMIN SERVICE	MD	N/A	C CORP					X
HELIXCARE PROPERTIES, LLC - 52-1966695 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SCVS	MD	N/A	C CORP					X
PARKWAY VENTURES, INC. - 52-1893569 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					X

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 under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
26840 POINT LOOKOUT ROAD, LLC - 47-3393670, 24035 THREE NOTCH ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
MONTGOMERY COMMUNITY MRI LP - 52-1534253, 4110 ASPEN HILL ROAD, ROCKVILLE, MD 20853	MRI SCREENING	MD	N/A	N/A				X	N/A		X	
PHYSIOTHERAPY ASSOCIATES NRH REHAB, LLC - 52-2212036, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	PHYSIOTHERAPY	PA	N/A	N/A				X	N/A		X	
PHYSICIAN IMAGING OF WASHINGTON HOSPITAL CENTER, LLC - 56-2616090, 840 CRESCENT CENTRE DR, FRANKLIN,	RADIOLOGY SVC	TN	N/A	N/A				X	N/A		X	
FRANKLIN IMAGING, LLC - 52-1588688, 7253 AMBASSADOR RD., BALTIMORE, MD 21244	IMAGING	MD	N/A	N/A				X	N/A		X	
10 ST. PATRICK'S DRIVE, LLC - 83-2261766, 10 ST. PATRICK'S DRIVE, WALDORF, MD 20603	REAL ESTATE	MD	N/A	N/A				X	N/A		X	
MEDSTAR ENDOSCOPY CTR AT LUTHERVILLE, LLC - 82-3193901, 1300 BELLONA AVE, LUTHERVILLE, MD 21093	SURGERY	MD	N/A	N/A				X	N/A		X	
CAPITAL ENDOSCOPY, LLC - 13-4244093, 6475 NEW HAMPSHIRE AVE, HYATTSVILLE, MD 20783	SURGERY	MD	N/A	N/A				X	N/A		X	
4240 ALTAMONT PLACE, LLC - 86-1202310, 103 CENTENNIAL STREET, SUITE K, LA PLATA, MD 20646	REAL ESTATE	MD	N/A	N/A				X	N/A		X	

[illegible]

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PHYSICIANS ADMINISTRATIVE SERVICES, INC. - 23-7042074, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	BILLING SCVS	MD	N/A	C CORP					X
MEDSTAR FAMILY CHOICE, INC. - 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					X
MEDSTAR ENTERPRISES, INC. - 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SCVS	MD	N/A	C CORP					X
SITEL, INC. - 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL SVCS	MD	N/A	C CORP					X
STAR BILLING, INC. - 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SCVS	MD	N/A	C CORP					X
WASHINGTON RISK NETWORK MANAGEMENT, INC. - 52-2132677, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					X
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS - 52-1931000, 100 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SCVS	DC	N/A	C CORP					X
MEDSTAR PHYSICIAN PARTNERS, INC. - 52-2030801, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					X
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA - 76-0756352, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	CONDOMINIUMS	MD	N/A	C CORP					X
MGH DIVERSIFIED SERVICES, INC. - 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SCVS	MD	N/A	C CORP					X
ST. MARY'S HEALTH ALLIANCE, INC. - 52-1930331, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	MEDICAL SCVS	MD	N/A	C CORP					X
GREENSPRING FINANCIAL INSURANCE LIMITED - 98-0188617, 878 WEST BAY RD., PO BOX 1159, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP					X

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PHYSICIAN IMAGING OF WASHINGTON HOSPITAL CENTER, LLC

EIN: 56-2616090

840 CRESCENT CENTRE DR

FRANKLIN, TN 37067

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MEDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC

EIN: 87-2341245

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