

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **HARBOR HOSPITAL, INC.**
 Doing Business As **MEDSTAR HARBOR HOSPITAL**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3001 SOUTH HANOVER STREET
 City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21225-1233

D Employer identification number: **52-0491660**

E Telephone number: **(410) 772-6721**

F Name and address of principal officer: **JILL DONALDSON**
3001 SOUTH HANOVER STREET, BALTIMORE, MD 21225

G Gross receipts \$ **194,703,768.**

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)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MEDSTARHARBOR.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1903** **M** State of legal domicile: **MD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HARBOR HOSPITAL IS COMMITTED TO QUALITY, CARING, AND SERVICE FOR OUR PATIENTS AND OUR COMMUNITIES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,284.
	6 Total number of volunteers (estimate if necessary) 6 25.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 916,341.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 2,727,717.
	9 Program service revenue (Part VIII, line 2g) 9 182,011,247.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 112,696.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,735,481.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 191,587,141.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 45,391.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 102,514,207.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 87,710,001.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 190,269,599.
19 Revenue less expenses. Subtract line 18 from line 12 19 1,317,542.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 75,877,242.
	21 Total liabilities (Part X, line 26) 21 35,215,033.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 40,662,209.

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: **JOEL BRYAN** Date: _____
 Type or print name and title: **VP/TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **JG WHITE** Preparer's signature: *JG White* Date: **5/2/2021** Check if self-employed PTIN: **P01498698**
 Firm's name ▶ **KPMG LLP** Firm's EIN ▶ **13-5565207**
 Firm's address ▶ **8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102** Phone no. **703-286-8000**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HARBOR HOSPITAL	Taxpayer identification number (TIN) 52-0491660
	Number, street, and room or suite no. If a P.O. box, see instructions. 3001 SOUTH HANOVER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21225-1233	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOEL BRYAN

• The books are in the care of ► 10980 GRANTCHESTER WAY COLUMBIA MD 21044

Telephone No. ► 410 772-6721 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or
► tax year beginning 07/01, 2019, and ending 06/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 132,523,861. including grants of \$ 57,893.) (Revenue \$ 165,669,395.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 16,652,797. including grants of \$) (Revenue \$ 7,801,071.)

MEDSTAR HARBOR PROVIDED \$16.7M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2020. 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 HOSPITALISTS, WOMEN'S AND CHILDREN'S SERVICES, BEHAVIORAL HEALTH, PALLIATIVE CARE, AND SURGICAL PHYSICIAN ASSISTANTS.

4c (Code:) (Expenses \$ 6,002,171. including grants of \$) (Revenue \$)

MEDSTAR HARBOR PROVIDED \$6.0M IN HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2020. THIS CATEGORY INCLUDES TRAINING IN GRADUATE MEDICAL EDUCATION, AND EDUCATION FOR PHYSICIANS, MEDICAL STUDENTS, NURSES, AND OTHER HEALTH PROFESSIONS.

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

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

4e Total program service expenses ▶ 155,178,829.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (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.
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

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

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH A. SAMET DIRECTOR	1.00 39.00	X					0.	7,598,800.	90,696.	
(2) LEIGH ANN CURL, M.D. PHYSICIAN	40.00 0.					X	1,400,764.	0.	34,713.	
(3) STUART LEVINE, M.D. PRESIDENT (UNTIL 4/20)	40.00 0.	X		X			920,276.	0.	43,814.	
(4) JOHN CARBONE, M.D. PHYSICIAN	40.00 0.					X	716,279.	0.	39,663.	
(5) CHUKA JENKINS, M.D. PHYSICIAN	40.00 0.					X	505,079.	0.	39,414.	
(6) ROBERT LALLY TREASURER	20.00 20.00			X			220,901.	220,901.	60,761.	
(7) WAEL BITAR, M.D. PHYSICIAN	40.00 0.					X	461,892.	0.	34,275.	
(8) DAVID GHADISHA, M.D. PHYSICIAN	40.00 0.					X	459,121.	0.	34,207.	
(9) ROBERT YACYNYPCH, M.D. DIRECTOR	40.00 0.	X					384,879.	0.	34,267.	
(10) JILL DONALDSON PRESIDENT (AS OF 4/20)	40.00 0.	X		X			322,237.	0.	37,712.	
(11) JILL JOHNSON VP OF OPERATIONS (UNTIL 4/20)	40.00 0.				X		302,538.	0.	36,290.	
(12) KEITH SHINER SECRETARY	1.00 39.00			X			0.	272,163.	34,169.	
(13) CARLOS D. ZIGEL, M.D. DIRECTOR	40.00 0.	X					256,884.	0.	29,677.	
(14) COURTNEY B. WILSON DIRECTOR	1.00 0.	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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAWN M. GRETZ, M.D. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) TIMOTHY R. BARNHILL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) THOMAS A. GEDDES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) SEN. WILLIAM FERGUSON, IV ----- DIRECTOR (UNTIL 12/19)	1.00 ----- 0.	X						0.	0.	0.
(19) ERICKA B. BROCKMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) JAMES H. FIELDS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) SWATA J. GANDHI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) FATEH HRAKY, M.D. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) REBECCA S. ZUKOWSKI, PH.D. ----- DIRECTOR (UNTIL 12/19)	1.00 ----- 0.	X						0.	0.	0.
(24) VINCENT CONNELLY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								5,950,850.	8,091,864.	549,658.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,950,850.	8,091,864.	549,658.

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 **▶ 134**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 27**

Part VIII Statement of Revenue

Check 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	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions) . .	1e	12,241,366.							
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,955,706.							
	g	Noncash contributions included in lines 1a-1f.	1g	\$							
	h	Total. Add lines 1a-1f ▶		15,197,072.							
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	621400	169,902,123.	169,902,123.				
b		PHARMACY INCOME		900099	3,568,343.	3,568,343.					
c											
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f ▶			173,470,466.						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			23,846.		23,846.			
	4	Income from investment of tax-exempt bond proceeds . ▶			0.						
	5	Royalties ▶			0.						
	6a	Gross rents	6a	(i) Real							
				(ii) Personal							
					2,906,131.						
	b	Less: rental expenses	6b								
	c	Rental income or (loss)	6c	2,906,131.							
	d	Net rental income or (loss) ▶			2,906,131.		2,906,131.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities							
				(ii) Other							
					36,577.						
	b	Less: cost or other basis and sales expenses . .	7b								
	c	Gain or (loss)	7c	36,577.							
d	Net gain or (loss) ▶			36,577.		36,577.					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.							
			b	Less: direct expenses	8b		0.				
			c	Net income or (loss) from fundraising events. ▶			0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
						b	Less: direct expenses	9b		0.	
						c	Net income or (loss) from gaming activities. ▶			0.	
			10a	Gross sales of inventory, less returns and allowances	10a		0.				
						b	Less: cost of goods sold	10b		0.	
						c	Net income or (loss) from sales of inventory. ▶			0.	
			Miscellaneous Revenue	11a	OPERATING EXPENSE RECOVERY	Business Code	900099	1,907,675.		1,907,675.	
b	OUTSIDE LAB REVENUE			621500	916,341.	916,341.					
c	REBATE INCOME			900099	332,144.		332,144.				
d	All other revenue				-86,484.		-86,484.				
e	Total. Add lines 11a-11d ▶				3,069,676.						
12	Total revenue. See instructions ▶				194,703,768.	173,470,466.	916,341.	5,119,889.			

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

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	10,150.	10,150.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,743.	47,743.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,619,856.	2,423,376.	196,480.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	86,199,660.	79,715,208.	6,484,452.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,103,027.	1,030,286.	72,741.	
9 Other employee benefits	10,146,368.	9,411,868.	734,500.	
10 Payroll taxes	5,591,422.	5,055,566.	535,856.	
11 Fees for services (nonemployees):				
a Management	23,688,979.	19,514.	23,669,465.	
b Legal	60,988.		60,988.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,163,176.	14,809,583.	353,593.	
12 Advertising and promotion	111,183.	19,541.	91,642.	
13 Office expenses	858,661.	1,186,486.	-327,825.	
14 Information technology.	-1,881.		-1,881.	
15 Royalties.	0.			
16 Occupancy	305,824.	1,260,640.	-954,816.	
17 Travel	142,823.	109,699.	33,124.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	43,220.	36,914.	6,306.	
20 Interest	1,518,264.	1,518,264.		
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	8,046,150.	8,046,150.		
23 Insurance	4,799,186.	4,622,848.	176,338.	
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 MEDICAL/SURGICAL SUPPLIES	14,593,498.	14,639,517.	-46,019.	
b IMPLANTS/PROSTHESES	1,193,079.	1,192,935.	144.	
c MAINTENANCE	3,136,467.	3,151,709.	-15,242.	
d UTILITIES	3,628,900.	3,326,916.	301,984.	
e All other expenses _____	7,867,930.	3,543,916.	4,324,014.	
25 Total functional expenses. Add lines 1 through 24e	190,874,673.	155,178,829.	35,695,844.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check 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	2,299.	1	2,765.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	525,130.	3	301,368.
	4 Accounts receivable, net.	19,688,059.	4	22,385,968.
	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	0.	5	0.
	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).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	2,261,390.	8	2,517,882.
	9 Prepaid expenses and deferred charges	262,981.	9	268,737.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 225,243,289.		
	b Less: accumulated depreciation.	10b 170,368,492.	48,991,942.	10c 54,874,797.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	1,153,133.	12	1,331,851.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,992,308.	15	1,258,868.
16 Total assets. Add lines 1 through 15 (must equal line 33)	75,877,242.	16	82,942,236.	
Liabilities	17 Accounts payable and accrued expenses	12,930,998.	17	12,138,725.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	2,365,465.	19	674,867.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	19,918,570.	25	47,298,400.
	26 Total liabilities. Add lines 17 through 25.	35,215,033.	26	60,111,992.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	39,190,754.	27	21,277,682.
	28 Net assets with donor restrictions.	1,471,455.	28	1,552,562.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	40,662,209.	32	22,830,244.	
33 Total liabilities and net assets/fund balances.	75,877,242.	33	82,942,236.	

Part XI Reconciliation of Net Assets

Check 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	194,703,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,874,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,829,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,662,209.
5	Net unrealized gains (losses) on investments	5	-23,223.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-21,637,837.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,830,244.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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
- 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
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 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 in 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).

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 1-1/2% 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 .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 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).

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **HARBOR HOSPITAL, INC.**

Employer identification number
52-0491660

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		\$ 229,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 146,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 38,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HARBOR HOSPITAL, INC.**

Employer identification number
52-0491660

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
7		\$ 25,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 12,049,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 116,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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 HARBOR HOSPITAL, INC.

Employer identification number
52-0491660

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 information once. See instructions.) ► \$ _____
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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

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
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

- 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

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, col. (B) line 15.) ▶	

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 FROM THIRD PARTIES	29,743,478.
(3) ASBESTOS ABATEMENT LIABILITY	4,924,370.
(4) WORKER 'S COMPENSATION	4,534,479.
(5) CREDIT BALANCES PATIENT A/R	1,057,277.
(6) STOCK OPTION PLAN	707,796.
(7) OTHER SHORT TERM LIABILITIES	86,089.
(8) OTHER LONG TERM LIABILITIES	6,244,911.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,298,400.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X

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, 2020.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy 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 financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization 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 financial assistance policy 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 financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,969,236.		3,969,236.	2.08
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			3,969,236.		3,969,236.	2.08
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,108,646.	1,343,037.	2,765,609.	1.45
f Health professions education (from Worksheet 5)			6,002,171.		6,002,171.	3.14
g Subsidized health services (from Worksheet 6)			16,652,797.	7,801,071.	8,851,726.	4.64
h Research (from Worksheet 7)			34,587.		34,587.	.02
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			26,798,201.	9,144,108.	17,654,093.	9.25
k Total. Add lines 7d and 7j			30,767,437.	9,144,108.	21,623,329.	11.33

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

Schedule H (Form 990) 2019

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			20,150.		20,150.	.01
2 Economic development			10,334.		10,334.	.01
3 Community support			7,442.		7,442.	
4 Environmental improvements			15,854.		15,854.	.01
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			26,386.		26,386.	.01
8 Workforce development			3,594.		3,594.	
9 Other						
10 Total			83,760.		83,760.	.04

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

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

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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 HARBOR HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

- 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?
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?
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?
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(s)
j Other (describe in Section C)
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 17
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?
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities?
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?
7 Did the hospital facility make its CHNA report widely available to the public?
a Hospital facility's website (list url): HTTP://WWW.MEDSTARHARBOR.ORG/
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?
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2017
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
a If "Yes," (list url): HTTP://WWW.MEDSTARHARBOR.ORG/
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)?
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? \$

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for questions 1, 2, 3, 5, 6a, 6b, 7, 8, 10, 12a, 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HARBOR HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.MEDSTARHARBOR.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group HARBOR HOSPITAL, INC.

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> 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 financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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 HARBOR HOSPITAL, INC.

		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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.		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.		X

Schedule H (Form 990) 2019

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.

CHNA INPUT

PART V, SECTION B, LINE 5

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: RYAN MORAN

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: JILL JOHNSON AND STUART LEVINE, MD

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.

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 MAKEUP AT LEAST 50% OF TOTAL PARTICIPANTS.

NAME	TITLE/AFFILIATION WITH	NAME OF ORGANIZATION
ANDREA MAYER	COMMUNITY PARTNER	CONCERNED CITIZENS OF BROOKLYN
ANTA KAH, NP	PRIMARY CARE CENTER	MHH
AZ SNYDER	DIRECTOR, OFFICE OF ASSESSMENT AND PLANNING	AA COUNTY HEALTH DEPT
BRAD ROGERS	EXECUTIVE DIRECTOR, COMMUNITY PARTNER	SOUTH BALTIMORE GATEWAY PARTNERSHIP
CARA MILLER RN	EMERGENCY DEPARTMENT	MHH
CARLOS ZIGEL, MD	BOARD MEMBER	MHH

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.

DAVID HAGER, MD	EMERGENCY DEPARTMENT	MHH
DEBORAH GREEN	COMMUNITY PARTNER	CHERRY HILL/CHDC
ELIAS SHAYA, MD	BEHAVIORAL HEALTH	MHH
ERIC JACKSON	COMMUNITY PARTNER	BLACK YIELD INSTITUTE
FAITH CUNNINGHAM	COMMUNITY PARTNER	CHERRY HILL/CHDC
FER EREN, MD	PHYSICIAN ADVISOR	MHH
GEORGE BUNTIN	COMMUNITY PARTNER	FRIENDSHIP ACADEMY AT CHERRY HILL
GREG SILEO	ASSISTANT COMMISSIONER OF CHRONIC DISEASE PREVENTION	BALTIMORE CITY HEALTH DEPT.
JAN EVELAND	STEERING COMMITTEE	GREATER BAYBROOK ALLIANCE
JILL JOHNSON	EXECUTIVE SPONSOR VP OPS MANAGEMENT, INTERNAL STEERING COMMITTEE	MHH
JOAN DOLINA	COMMUNITY PARTNER	UNITED WAY OF CENTRAL MARYLAND
KELLY OGLESBEE	COMMUNITY SCHOOL COORDINATOR, COMMUNITY PARTNER	BEN FRANKLIN CENTER FOR COMMUNITY SCHOOLS
KERUNNE	CARDIOLOGY	MHH
KETLEGETWE, MD		
KIMBERLY MAYS	COMMUNITY PARTNER	AMERICAN HEART ASSOCIATION
LEAH NUGENT	COMMUNITY PARTNER	CHESAPEAKE CONSERVATION CORPS

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.

LUIS RIVERA-	DIABETES	MHH
RAMIREZ, MD		
MELANY THOMAS	MANAGER, COMMUNITY PARTNER	REDISCOVERY ME CLUBHOUSE
MEREDITH CHAIKEN	EXECUTIVE DIRECTOR	GREATER BAYBROOK ALLIANCE
MICHAEL DORSEY	FQHC	FAMILY HEALTH CENTERS OF BALTIMORE
MICHAEL	EXECUTIVE DIRECTOR	CHERRY HILL DEVELOPMENT
MIDDLETON	COMMUNITY PARTNER	CORPORATION
MIRIAM ALVAREX	OUTREACH COORDINATOR, COMMUNITY PARTNER	BEHAVIORAL HEALTH SYSTEM- BALTIMORE
NATALIE MCCABE	MANAGER, COMMUNITY PARTNER	CHERRY HILL COMMUNITY ACTION CENTER
SARA ROBERSON	OUTREACH COORDINATOR, COMMUNITY PARTNER	PAUL'S PLACE
STEVE SOBELMAN	COMMUNITY PARTNER	COMMUNITY MENTAL HEALTH
STUART LEVINE, M.D.	EXECUTIVE SPONSOR PRESIDENT AND CHIEF MEDICAL OFFICER	MHH
TIMOTHY SAUNDERS	MANAGER	MFSMC/MHH CASE MANAGEMENT
WAEEL BITAR, MD	WOMEN'S HEALTH	MHH

IMPLEMENTATION STRATEGIES

PART V, SECTION B, LINE 11

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY
BENEFIT RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS

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.

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 D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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 financial assistance policy.
- 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 (e.g., 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 AT COST

PART I, LINE 7A

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

UNREIMBURSED MEDICAID

PART 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

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 financial assistance policy.
- 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 (e.g., 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.

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.

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

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 financial assistance policy.
- 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 (e.g., 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.

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

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 financial assistance policy.
- 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 (e.g., 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.

BREAKOUT 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

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 FY18, MEDSTAR HARBOR HOSPITAL 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 FY18 CHNA AND THREE-YEAR IMPLEMENTATION
STRATEGIES WERE ENDORSED BY MEDSTAR HARBOR HOSPITAL'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, 2018.

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 financial assistance policy.
- 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 (e.g., 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.

DURING FY19, KEY REVISIONS WERE MADE ACROSS MEDSTAR HEALTH TO MORE EFFECTIVELY IMPACT THE COMMUNITIES SERVED THROUGHOUT MARYLAND AND WASHINGTON, DC. SEVERAL INTERNAL MEETINGS WERE CONVENED WITH LEADERSHIP FROM EACH MEDSTAR HEALTH HOSPITAL TO REVIEW CURRENT PRACTICES AND STRATEGIES. AS A RESULT OF THESE MEETINGS, THE APPROACH TO THE CURRENT CHNA FOR THE REMAINDER OF THE THREE-YEAR CYCLE (FY19-FY21) WAS REVISED.

A KEY REVISION TO THE CHNA IS A GREATER FOCUS ON HOSPITAL AREA STRATEGIES THAT ARE MOST APPROPRIATE FOR THE LOCAL COMMUNITIES SERVED. THE NUMBER OF STRATEGIES EACH HOSPITAL IS ACCOUNTABLE FOR EXECUTING WAS REDUCED TO ENCOURAGE MORE MEANINGFUL REACH WITHIN KEY AREAS CONTRASTED WITH BROADER REACH WITH REDUCED IMPACT.

USING THE STANDARD CATEGORIES, HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALTH TO DETERMINE WHAT TO PRIORITIZE FOR THE CHNA IRS REQUIREMENTS, EACH HOSPITAL AGREED TO SELECT TWO TO THREE STRATEGIES AS PRIORITIES THAT HAVE SIZE AND SCALE IMPACT AND MEASURABLE

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.
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- 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 (e.g., 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.

OUTCOMES. 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'S COMMUNITY BENEFIT SERVICE AREA (CBSA) REMAINS THE SAME, BASED ON THE ADVISORY TASK FORCE (ATF) RECOMMENDATION. THE HOSPITAL IDENTIFIED SOUTHERN BALTIMORE CITY AND NORTHERN ANNE ARUNDEL COUNTY AS ITS CBSA, WHICH INCLUDES ALL RESIDENTS LIVING IN ZIP CODE 21225. 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 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.

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.
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- 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.

MEDSTAR HARBOR HOSPITAL'S HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH) AND SOCIAL DETERMINANTS OF HEALTH (SOCIAL NEEDS SCREENINGS, BALTIMORE JOBS).

AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM MEDSTAR HARBOR HOSPITAL ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY HEALTH WORKGROUP. THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH PROFESSIONALS WHO REPRESENT ALL TEN MEDSTAR 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 PATIENTS; UNDERINSURED PATIENTS MEETING MEDICAL HARDSHIP CRITERIA; AND PATIENTS DETERMINED

Part VI Supplemental Information

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ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY WITHIN THE COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO EMERGENCY AND MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR 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 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.

IN MEETING ITS COMMITMENTS, MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL WORK WITH THEIR UNINSURED PATIENTS SEEKING EMERGENCY AND MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH

Part VI Supplemental Information

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PATIENT'S FINANCIAL RESOURCES. BASED ON THIS INFORMATION AND ELIGIBILITY DETERMINATION, MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS WHO RESIDE WITHIN THE COMMUNITIES WE SERVE IN ONE OR MORE OF THE FOLLOWING WAYS:

- . ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED ENTITLEMENT PROGRAMS (E.G., MEDICAID).
- . REFER PATIENTS TO STATE OR FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES.
- . ASSIST WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE ORGANIZATIONS.
- . PROVIDE FINANCIAL ASSISTANCE ACCORDING TO APPLICABLE POLICY GUIDELINES
- . PROVIDE FINANCIAL ASSISTANCE FOR PAYMENT OF MEDSTAR HOSPITAL AND HOSPITAL-BASED PHYSICIAN PRACTICE CHARGES USING A SLIDING-SCALE BASED ON THE PATIENT'S HOUSEHOLD INCOME AND FINANCIAL RESOURCES.
- . OFFER PERIODIC PAYMENT PLANS TO ASSIST PATIENTS WITH FINANCING THEIR HEALTHCARE SERVICES.

MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE

Part VI Supplemental Information

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- 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.

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 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 FINANCIAL ASSISTANCE POLICY INFORMATION AT ALL HOSPITAL REGISTRATION POINTS.

. TRANSLATING THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM

Part VI Supplemental Information

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FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR PATIENT INFORMATION

SHEET INTO PRIMARY LANGUAGES OF ALL SIGNIFICANT POPULATIONS WITH LIMITED

ENGLISH PROFICIENCY.

. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS

SERVING ALL HOSPITAL TARGET POPULATIONS.

MEDSTAR HEALTH PROVIDES A FINANCIAL ASSISTANCE PROBABLE AND LIKELY

ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM

RECEIPT OF THE INITIAL FINANCIAL ASSISTANCE APPLICATION. FINAL

ELIGIBILITY DETERMINATIONS ARE 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 PERIODIC PAYMENT PLANS AVAILABLE UNDER THIS POLICY WILL

NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL THEIR

RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT RESPONSIBILITIES

Part VI Supplemental Information

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- 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.

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 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 PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER MEDICAL

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HARDSHIP PROVISIONS FOR MEDICAL 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 CALL CUSTOMER SERVICE
AT 1-800-280-9006.

UNINSURED PATIENTS OF MEDSTAR HEALTH'S FACILITIES MAY BE ELIGIBLE FOR
FULL FINANCIAL ASSISTANCE OR PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE
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.

Part VI Supplemental Information

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COMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC:

MEDSTAR HARBOR HOSPITAL'S CBSA INCLUDES ALL RESIDENTS OF ZIP CODE 21225, THE HOSPITAL'S HOME ZIP CODE. THE CBSA SPANS SOUTHERN BALTIMORE CITY AND NORTHERN ANNE ARUNDEL COUNTY, AND INCLUDES FOUR NEIGHBORHOODS: BROOKLYN, BROOKLYN PARK, CHERRY HILL AND CURTIS BAY.

DEMOGRAPHICS:

CHERRY HILL IS HISTORICALLY A BLACK/AFRICAN AMERICAN NEIGHBORHOOD, WITH ROOTS GOING BACK TO THE 17TH CENTURY. AFTER WORLD WAR II, MORE THAN 600 HOUSING UNITS WERE BUILT THERE BY THE UNITED STATES WAR HOUSING ADMINISTRATION, SPECIFICALLY FOR AFRICAN AMERICAN WAR WORKERS. SHORTLY AFTER THE WAR, THESE UNITS WERE MADE INTO LOW-INCOME HOUSING. ADDITIONAL LOW-INCOME HOUSING UNITS HAVE BEEN ADDED THROUGHOUT THE YEARS, MAKING CHERRY HILL ONE OF THE LARGEST HOUSING PROJECTS EAST OF CHICAGO.

90.3% OF CHERRY HILL RESIDENTS ARE BLACK/AFRICAN AMERICAN. 60.3% OF

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CHERRY HILL RESIDENTS AGE 25 YEARS AND OLDER HAVE A HIGH SCHOOL EDUCATION OR LESS. THE MEDIAN HOUSEHOLD INCOME FOR CHERRY HILL IN IS \$22,659, COMPARED TO \$37,992 FOR THE ENTIRE CBSA AND APPROXIMATELY 57.2% OF CHERRY HILL FAMILIES LIVE IN POVERTY. ACCORDING TO THE CHERRY HILL HEALTH PROFILE, THE LIFE EXPECTANCY AT BIRTH OF A CHERRY HILL RESIDENT IS 69.5, COMPARED TO 73.6 IN BALTIMORE CITY. THE AGE-ADJUSTED ALL-CAUSE MORTALITY RATE PER 10,000 IN CHERRY HILL IS 124.6; THE ALL-CAUSE MORTALITY RATE IN BALTIMORE CITY IS 99.5.

THE OTHER NEIGHBORHOODS CENTRAL TO COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDE THOSE OF BROOKLYN AND CURTIS BAY. 48.4% OF RESIDENTS IN THESE AREAS ARE WHITE, 37.7% ARE BLACK/AFRICAN AMERICAN, AND 11.3% HISPANIC/LATINO. 70.5% OF BROOKLYN AND CURTIS BAY RESIDENTS AGE 25 YEARS AND OLDER HAVE A HIGH SCHOOL EDUCATION OR LESS. THE MEDIAN HOUSEHOLD INCOME FOR BROOKLYN AND CURTIS BAY IS \$35,862, COMPARED TO \$41,819 FOR THE ENTIRE CBSA AND APPROXIMATELY 39.5% OF BROOKLYN AND CURTIS BAY FAMILIES LIVE IN POVERTY. ACCORDING TO THE BROOKLYN AND CURTIS BAY HEALTH PROFILE, THE LIFE EXPECTANCY AT BIRTH OF A BROOKLYN AND CURTIS BAY

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RESIDENT IS 69.7, COMPARED TO 73.6 IN BALTIMORE CITY. THE AGE-ADJUSTED ALL-CAUSE MORTALITY RATE PER 10,000 IN BROOKLYN AND CURTIS BAY IS 125.1; THE ALL-CAUSE MORTALITY RATE PER 10,000 IN BALTIMORE CITY IS 99.5.

HIGH RATES OF TYPE 2 DIABETES AND HEART DISEASE, INCLUDING STROKE, OCCUR IN THESE COMMUNITIES. FOR A VARIETY OF REASONS, INCLUDING THE HIGH POVERTY RATE AND LOW RATE OF HEALTH INSURANCE COVERAGE, MANY RESIDENTS OFTEN USE THE MEDSTAR HARBOR HOSPITAL EMERGENCY DEPARTMENT FOR PRIMARY CARE SERVICES.

IN TERMS OF HEALTH CARE IN THESE COMMUNITIES, THEY ARE SUPPORTED BY FAMILY HEALTH CENTERS OF BALTIMORE, WHICH IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDING HEALTH CARE SERVICES ON A SLIDING FEE SCALE. IN ADDITION, BALTIMORE CITY-WIDE, AND VARIOUS MOBILE SERVICES-SUCH AS A NEEDLE EXCHANGE PROGRAM, VIOLENCE PREVENTION, MATERNAL AND INFANT NURSING, LEAD POISONING AND ABATEMENT PROGRAMS AND OTHERS-IN THE SOUTH BALTIMORE AREA.

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DESPITE THE CONVENIENT NEIGHBORHOOD LOCATION OF A FQHC, MANY RESIDENTS DO NOT UTILIZE A PRIMARY CARE PHYSICIAN. TYPICALLY, A CHRONIC CONDITION, SUCH AS DIABETES OR HEART DISEASE, PRESENTS SEVERE ENOUGH SYMPTOMS TO WARRANT A TRIP TO THE EMERGENCY DEPARTMENT. IN MANY CASES, SEVERAL CO-MORBIDITIES ARE FOUND TO BE PRESENT AT THIS TIME. WITHOUT PRIMARY CARE FOLLOW-UP, HOWEVER, THESE CONDITIONS USUALLY CANNOT BE ADDRESSED FULLY IN THE TIME ALLOTTED FOR THE EMERGENCY ISSUE. IN OTHER CASES, PATIENTS MAY HAVE SYMPTOMS OF A MUCH LESS SERIOUS ILLNESS-A SIMPLE COLD, FOR EXAMPLE-BUT, SINCE THEY DO NOT HAVE A PRIMARY HEALTH CARE PROVIDER, THEY ALSO VISIT THE EMERGENCY DEPARTMENT FOR THESE AILMENTS. AS A RESULT, MANY OF THEIR MOST BASIC HEALTH NEEDS OFTEN ARE NOT MET.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

AS A COMMUNITY PARTNER, MEDSTAR HARBOR HOSPITAL ENGAGES IN SEVERAL COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITY. PRIORITY AREAS, AS DETERMINED BY THE 2018 CHNA, FALL UNDER THREE AREAS OF FOCUS INCLUDING HEALTH AND WELLNESS,

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- 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 financial assistance policy.
- 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 (e.g., 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.

ACCESS TO CARE, AND SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE (BUT ARE NOT LIMITED TO):

ACCESS TO CARE

THE PRIORITY AREA IS ADDRESSING ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING MENTAL HEALTH AND SUBSTANCE USE TREATMENT. PATIENTS ARE SCREENED FOR SUBSTANCE USE IN THE EMERGENCY DEPARTMENT THROUGH THE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) PROGRAM. IN FY20, MEDSTAR HARBOR HOSPITAL EXPANDED ITS SBIRT PROGRAM TO INPATIENT LABOR AND DELIVERY, AS WELL AS 4 OUTPATIENT OB/GYN CLINICS ASSOCIATED WITH THE HOSPITAL. AS AN ADDITIONAL EFFORT TO EXPAND ACCESS TO BEHAVIORAL HEALTH RESOURCES, IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS SUCH AS BALTIMORE CITY HEALTH DEPARTMENT, MOSAIC COMMUNITY SERVICES AND NATIONAL ALLIANCE ON MENTAL ILLNESS -BALTIMORE (NAMI), THE HOSPITAL OFFERS NO COST EDUCATION COURSES ON MENTAL HEALTH AWARENESS AND NALOXONE ADMINISTRATION.

MEDSTAR HARBOR HOSPITAL'S COMMUNITY HEALTH TEAM SPENT FY20 PLANNING FOR

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 financial assistance policy.
- 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 (e.g., 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.

THE LAUNCH OF A NEW MOBILE VAN SERVICE, WHICH WILL PROVIDE PRIMARY CARE SERVICES. TARGETING VULNERABLE POPULATIONS, THE MOBILE VAN PLANNING WILL ALLOW CARE TO BE PROVIDED TO INSURED, UNINSURED, UNDERINSURED, AND UNDOCUMENTED RESIDENTS WITHIN THE COMMUNITY. THE VAN WILL BEGIN OFFERING SERVICES IN FY21.

MEDSTAR HARBOR HOSPITAL ALSO ADDRESSES ACCESS TO CARE BY HELPING TO REDUCE THE FINANCIAL BURDEN FOR PATIENTS AND THEIR FAMILIES. PATIENT FINANCIAL SERVICES PROVIDES FINANCIAL ASSISTANCE TO UNINSURED PATIENTS WHO RESIDE WITHIN THE COMMUNITY BY ASSISTING WITH ENROLLMENT IN PUBLICLY FUNDED ENTITLEMENT PROGRAMS, REFERRING PATIENTS TO STATE OR FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES AND ASSISTING WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE ORGANIZATIONS.

HEALTH AND WELLNESS

MEDSTAR HARBOR HOSPITAL ADDRESSES HEALTH AND WELLNESS BY OFFERING A VARIETY OF PROGRAMS AND RESOURCES THAT SEEK TO ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT. MEDSTAR HARBOR HOSPITAL SERVES AS A HUB TO

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 financial assistance policy.
- 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 (e.g., 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.

SCREEN INDIVIDUALS FOR BREAST, CERVICAL AND COLON CANCER. AT MEDSTAR HARBOR HOSPITAL. A UNIQUE ASPECT OF THIS PROGRAM IS THAT IT PROVIDES SCREENING TO INDIVIDUALS WITHOUT INSURANCE AND/OR DOCUMENTATION. AS A RESULT, MORE THAN 50% OF PEOPLE SERVED ARE HISPANIC/LATINO. MEDSTAR HARBOR HOSPITAL'S COMMUNITY-BASED EDUCATION COURSES ARE OFFERED TO SUPPORT HEALTHY LIFESTYLE CHANGES FOR COMMUNITY MEMBERS. PROGRAMS INCLUDE THE CENTERS FOR DISEASE CONTROL LED DIABETES PREVENTION PROGRAM, DIABETES SELF-MANAGEMENT EDUCATION, AND SMOKING CESSATION. ADDITIONALLY, THE HOSPITAL ACTIVELY PARTICIPATES IN PROVIDING HEALTH EDUCATION AT EVENTS ACROSS ITS CBSA.

SOCIAL DETERMINANTS OF HEALTH

MEDSTAR HARBOR HOSPITAL'S OTHER PRIORITY IS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITY. COMMUNITY RESIDENTS SURROUNDING THE HOSPITAL HAVE BEEN TRAINED AND HIRED AS EITHER A COMMUNITY HEALTH ADVOCATE OR PEER RECOVERY COACH AS PART OF THE POPULATION HEALTH WORKFORCE DEVELOPMENT PROGRAM. THESE POSITIONS SERVE TO EMPOWER INDIVIDUALS AND THEIR FAMILIES INTO BETTER ECONOMIC CONDITIONS.

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 financial assistance policy.
- 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 (e.g., 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.

AS PART OF THEIR RESPONSIBILITIES, THE COMMUNITY HEALTH ADVOCATE ROLES CONDUCT SOCIAL NEEDS SCREENINGS. SOCIAL NEEDS SCREENINGS ARE PROVIDED TO SCREEN FOR FOOD AND HOUSING INSECURITY, AND BARRIERS RELATED TO TRANSPORTATION, EMPLOYMENT, AND UTILITIES. IDENTIFIED NEEDS ARE ADDRESSED BY CONNECTING THE PARTICIPANT TO SOCIAL SERVICES AND OTHER RESOURCES IN THE COMMUNITY. OF THE PATIENTS SCREENED, 67% REPORTED FOOD INSECURITY; 46% REPORTED TRANSPORTATION BARRIERS; 11% REPORTED THE NEED FOR EMPLOYMENT ASSISTANCE. 14% DID NOT HAVE A STEADY PLACE TO LIVE OR WERE WORRIED ABOUT LOSING THEIR HOME. 80% REPORTED HAVING FINANCIAL STRAIN.

MEDSTAR HARBOR HOSPITAL PARTNERS WITH UBER HEALTH TO PROMOTE ACCESS TO CARE FOR VULNERABLE POPULATIONS. THROUGH THIS PARTNERSHIP, RIDES ARE PROVIDED TO PATIENTS AND/OR FAMILIES WITH FINANCIAL NEED. THE TRANSPORTATION ASSISTANCE ENABLES PATIENTS TO ATTEND NECESSARY APPOINTMENTS WITH THEIR HEALTH CARE PROVIDERS. FURTHER, MEDSTAR HARBOR HOSPITAL ADDRESSES FOOD INSECURITY BY ENROLLING PATIENTS INTO A FOOD PRESCRIPTION DELIVERY PROGRAM THROUGH ITS PARTNER HUNGRY HARVEST. THIS

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.
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- 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.

TEMPORARY SOURCE OF FOOD ASSISTANCE ALLOWS COMMUNITY HEALTH ADVOCATES TO ADDRESS A LONG-TERM STRATEGY FOR FOOD ACCESS (E.G. MEALS ON WHEELS, ETC.).

MEDSTAR HARBOR HOSPITAL ALSO PROVIDES PATHWAYS FOR HEALTHCARE CAREERS FOR THE YOUTH IN ITS SURROUNDING COMMUNITY. RX FOR SUCCESS PROVIDES ROBUST STUDENT INTERNSHIP EXPERIENCES FOR HIGH-RISK YOUTH. THIS EIGHT-WEEK SUMMER INTERNSHIP CONNECTS THE COURSE CURRICULUM WITH TANGIBLE ONSITE EXPERIENCE. THIS ALLOWS STUDENTS TO DEMONSTRATE SKILL DEVELOPMENT AND EXPERIENCE WORKING IN THE MEDICAL FIELD.

DISASTER READINESS

THE HOSPITAL STRENGTHENED THE COMMUNITY HEALTH RESILIENCE BY IMPROVING THE ABILITY OF THE COMMUNITY TO WITHSTAND AND RECOVER FROM CORONAVIRUS, A PUBLIC HEALTH EMERGENCY THAT SURFACED IN MARCH 2020. LEADERSHIP PARTICIPATED IN COMMUNITY-WIDE TASK FORCES AND STAFF IMPLEMENTED PROGRAMS ASSOCIATED WITH ADDRESSING HEALTH NEEDS ARISING FROM CORONAVIRUS.

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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 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.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR HARBOR HOSPITAL CAN EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN COMMUNITY HEALTH PLANNING TO MEET THE NEEDS OF THE UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MEDSTAR HARBOR HOSPITAL WITH TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'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 MEDSTAR HARBOR HOSPITAL IS FILED IN THE STATE OF MARYLAND.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE CITY FOUNDATION INC. 7 E REDWOOD STREET BALTIMORE, MD 21202	52-1212473	501(C)(3)	10,150.				HOMELESS SERVICES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	23.	47,743.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

EACH YEAR, THE ORGANIZATION AWARDS SCHOLARSHIPS TO QUALIFIED INDIVIDUALS WISHING TO SEEK AN EDUCATION OR DEGREE IN THE HEALTHCARE FIELD. CLINICAL AND MEDICAL STAFF, NURSES AND PHYSICIANS ARE ESSENTIAL TO THE HOSPITAL'S GOAL TO PROVIDE HIGH QUALITY PATIENT CARE. SCHOLARSHIPS ARE AWARDED ON THE BASIS OF FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND THE GOAL OF PURSUING A HEALTHCARE CAREER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" 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

2019

**Open to Public
Inspection**

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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
1a		
1b		
2		
3		
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) 2019

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 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)	1,965,427.	5,633,373.	0.	54,494.	36,202.	7,689,496.	0.
2 CARLOS D. ZIGEL, M.D. DIRECTOR	(i)	246,884.	10,000.	0.	9,796.	19,881.	286,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOHN CARBONE, M.D. PHYSICIAN	(i)	716,279.	0.	0.	13,559.	26,104.	755,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CHUKA JENKINS, M.D. PHYSICIAN	(i)	492,645.	12,434.	0.	13,447.	25,967.	544,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KEITH SHINER SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,508.	56,655.	0.	8,400.	25,769.	306,332.	0.
6 JILL JOHNSON VP OF OPERATIONS (UNTIL 4/20)	(i)	216,948.	85,590.	0.	8,400.	27,890.	338,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ROBERT LALLY TREASURER	(i)	157,315.	63,586.	0.	17,288.	13,092.	251,281.	0.
	(ii)	157,314.	63,587.	0.	17,288.	13,093.	251,282.	0.
8 STUART LEVINE, M.D. PRESIDENT (UNTIL 4/20)	(i)	496,902.	423,374.	0.	8,400.	35,414.	964,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JILL DONALDSON PRESIDENT (AS OF 4/20)	(i)	257,439.	64,798.	0.	15,813.	21,899.	359,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROBERT YACYNYCH, M.D. DIRECTOR	(i)	358,120.	26,759.	0.	8,400.	25,867.	419,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 WAEL BITAR, M.D. PHYSICIAN	(i)	371,891.	90,001.	0.	8,400.	25,875.	496,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 DAVID GHADISHA, M.D. PHYSICIAN	(i)	459,121.	0.	0.	8,400.	25,807.	493,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 LEIGH ANN CURL, M.D. PHYSICIAN	(i)	1,174,353.	226,411.	0.	8,400.	26,313.	1,435,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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

MR. SAMET'S COMPENSATION IN PART II, COLUMN (B) INCLUDES \$2,636,097, REPRESENTING BENEFITS RECEIVED FROM EXECUTIVE RETIREMENT PLANS THAT ARE COMPRISED OF TARGET BENEFITS DETERMINED ANNUALLY BASED ON COMPENSATION AND YEARS OF SERVICE AND LONG-TERM RETENTION ARRANGEMENTS.

STUART LEVINE'S COMPENSATION IS FOR SERVICES PROVIDED AS PRESIDENT TO BOTH MEDSTAR FRANKLIN SQUARE MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL.

ROBERT LALLY'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO BOTH MEDSTAR FRANKLIN SQUARE AND MEDSTAR HARBOR HOSPITAL.

KEITH SHINER'S COMPENSATION IS FOR SERVICES PROVIDED AS ATTORNEY TO BOTH MEDSTAR FRANKLIN SQUARE MEDICAL CENTER AND MEDSTAR HARBOR HOSPITAL.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2019

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

ORGANIZATION MEMBERS

PART VI, LINE 6

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.

DESCRIPTION OF MEMBERS

PART VI, LINE 7A

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.

DESCRIPTION OF DECISIONS OF GOVERNING BODY

PART VI, LINE 7B

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

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

PROCESS FOR REVIEWING FORM 990

PART VI, LINE 11B

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, STRATEGIC PLANNING, 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.

CONFLICT OF INTEREST POLICY ENFORCEMENT

PART VI, LINE 12C

APPOINTMENT OF BOARDS OF DIRECTORS

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

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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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) RELATED TO DIRECTORS ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. SUCH DISCLOSURES (IF ANY) RELATED TO OFFICERS AND SENIOR MANAGERS ARE REVIEWED BY AN APPROPRIATE EXECUTIVE WHO 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).

DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS

PART VI, LINE 15

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

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

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

FINANCIAL STATEMENT AVAILABILITY

PART VI, LINE 19

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

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

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

EQUITY TRANSFER- NET ASSETS.....\$ (21,637,837)

ATTACHMENT 1

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

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR HARBOR HOSPITAL'S (MEDSTAR HARBOR) MISSION IS TO PROVIDE QUALITY, CARING AND SERVICE FOR OUR PATIENTS AND OUR COMMUNITIES. MEDSTAR HARBOR IS LOCATED JUST SOUTH OF BALTIMORE'S INNER HARBOR, IN BALTIMORE CITY. IT IS AN ACUTE CARE HOSPITAL OFFERING CLINICAL SERVICES IN INTERNAL MEDICINE, SURGERY, CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ONCOLOGY, ORTHOPEDICS, PEDIATRICS, AND BEHAVIORAL HEALTH. IN FISCAL YEAR 2020, MEDSTAR HARBOR HAD APPROXIMATELY 7,935 INPATIENT ADMISSIONS AND APPROXIMATELY 128,856 OUTPATIENT VISITS INCLUDING 39,301 EMERGENCY VISITS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

MEDSTAR HARBOR'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF SOUTHERN BALTIMORE CITY, SOUTHWESTERN BALTIMORE COUNTY AND NORTHERN ANNE ARUNDEL COUNTY, MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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ATTACHMENT 2 (CONT'D)

PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR HARBOR INCURRED \$35.7M OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. COLLABORATION WITH THE NATIONAL INSTITUTE ON AGING (ONE OF THE NATIONAL INSTITUTES OF HEALTH) MAKES MEDSTAR HARBOR THE HOME OF THE BALTIMORE LONGITUDINAL STUDY ON AGING, THE NATION'S LONGEST RUNNING STUDY OF AGING AND CONDITIONS AFFECTING THE ELDERLY. MEDSTAR HARBOR HOSPITAL ACHIEVED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR RECERTIFICATION IN THE SPINE SURGERY PROGRAM AND HEART FAILURE PROGRAM. MEDSTAR HARBOR HOSPITAL IS CERTIFIED IN PRIMARY CARE STROKE CARE. MEDSTAR HARBOR HOSPITAL RECEIVED THE NURSES IMPROVING CARE FOR HEALTH-SYSTEM ELDERS (NICHE) SENIOR FRIENDLY AWARD, THE LEADING NURSE DRIVEN PROGRAM DESIGNED TO HELP HOSPITALS AND HEALTHCARE ORGANIZATIONS IMPROVE THE CARE OF OLDER ADULTS. MEDSTAR HARBOR HOSPITAL ACHIEVED SILVER PLUS RECOGNITION IN THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES-STROKE® PROGRAM. BALTIMORE MAGAZINE AGAIN RECOGNIZED MEDSTAR HARBOR PHYSICIANS AS "THE BEST OF THE BEST" IN ITS ANNUAL "TOP DOCTORS" ISSUE. MEDSTAR HARBOR HOSPITAL HOLDS THE "PARTNER FOR CHANGE" AWARD BESTOWED BY PRACTICE GREENHEALTH. MEDSTAR HARBOR HOSPITAL HAS ACHIEVED MEMBER STATUS FOR THE MARYLAND GREEN REGISTRY.

AS ONE OF THE LARGEST HEALTHCARE SYSTEMS IN MARYLAND AND THE WASHINGTON, D.C., REGION, MEDSTAR HEALTH AND ITS AFFILIATED ENTITIES CARED FOR ONE IN FOUR COVID-19 PATIENTS IN THE REGION

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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ATTACHMENT 2 (CONT'D)

SINCE MARCH 2020. OPERATING AS ONE MEDSTAR AND ALIGNING WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND LOCAL DEPARTMENTS OF HEALTH, MEDSTAR HEALTH'S COVID-19 PREPARATIONS AND RESPONSE WERE GUIDED BY TWO CRITICAL DRIVERS: PROVIDING A SAFE CARE ENVIRONMENT FOR PATIENTS AND ASSOCIATES AND ENSURING OPERATIONAL CONTINUITY TO FULFILL OUR CORE MISSION OF CARING FOR OUR COMMUNITIES. THESE EFFORTS INCLUDED ADDING HOSPITAL BEDS IN PREPARATION FOR PATIENT SURGES; BALANCING HOSPITAL ADMISSIONS BY USING URGENT CARE SITES AS FRONTLINE PROVIDERS AND FACILITATING TELEHEALTH INTERACTIONS FOR VIRTUAL CARE AND REFERRALS; UTILIZING HOME HEALTH SERVICES TO TRANSITION CARE FROM INPATIENT SETTINGS, AMBULATORY FACILITIES, AND A CONVENTION CENTER FIELD HOSPITAL; AND STANDING UP MORE THAN 40 COVID-19 TESTING LOCATIONS. UNDERLYING THESE ACTIONS IS MEDSTAR HEALTH'S COMMITMENT TO THE HIGHEST LEVELS OF QUALITY AND SAFETY, REFLECTED BY THE SYSTEMWIDE IMPLEMENTATION OF UNIVERSAL FACE MASKING FOR PATIENTS AND ASSOCIATES, AND ACQUISITION OF PERSONAL PROTECTIVE EQUIPMENT AT USAGE LEVELS 10 TIMES NORMAL USE.

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD&FACILITIES MGT	1,847,089.
AMN HEALTHCARE INC 2735 COLLECTION CENTER DR	STAFFING SERVICES	754,501.

Name of the organization HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHICAGO, IL 60693		
PULMONARY & CRITICAL CARE PO BOX 79733 OWINGS MILLS, MD 21117-3292	MEDICAL SERVICES	547,500.
TOTAL RENAL CARE INC 5615 OLD NATIONAL HWY ATLANTA, GA 30349	MEDICAL SERVICES	424,539.
ASBESTOS SPECIALISTS INC 7585 WASHINGTON BLVD # 104 ELKRIDGE, MD 21075	INDUSTRIAL SERVICES	414,152.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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
(1) MEDSTAR HEALTH ANESTHESIA SERVICES C LLC 20-5909818 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	HEALTH SVCS	MD	0.	388.	HARBOR
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) CHURCH HOME CORPORATION 23-7374724 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL FUND	MD	501(C)(3)	PF	N/A	X	
(2) FRANKLIN SQUARE HOSPITAL CENTER, INC. 52-0608007 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(3) MEDSTAR HEALTH, INC. 52-2087445 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	501(C)(3)	12C III	N/A		X
(4) MONTGOMERY GENERAL HOSPITAL 52-0646893 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(5) THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 52-0591607 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(6) THE UNION MEMORIAL HOSPITAL 52-0591685 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(7) MEDSTAR HEALTH RESEARCH INSTITUTE 52-6056274 108 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	4	N/A	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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

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
(1) THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007 52-2218584	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(2) WASHINGTON HOSPITAL CENTER CORPORATION 110 IRVING STREET NW WASHINGTON, DC 20010 52-1272129	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(3) HH MEDSTAR HEALTH, INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1542230	MEDICAL SVCS	MD	501(C)(3)	12C III	N/A	X	
(4) MEDSTAR AMBULATORY SERVICES INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1132992	ADMIN SVCS	MD	501(C)(3)	12C III	N/A	X	
(5) BAY LIFE SERVICES, INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1496539	MENTAL HEALTH	MD	501(C)(3)	10	N/A	X	
(6) MEDSTAR SURGERY CENTER, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1061679	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(7) CHURCH HOME AND HOSPITAL OF THE CITY OF 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-0591600	MEDICAL FUND	MD	501(C)(3)	12A I	N/A	X	

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Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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2019

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Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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

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
(1) GOOD SAMARITAN NURSING CENTER, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1672866	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(2) GS HOUSING, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1481656	ELDER HOUSING	MD	501(C)(3)	10	N/A	X	
(3) GS PROPERTIES, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1429853	ADMIN SVCS	MD	501(C)(3)	12A I	N/A	X	
(4) MEDSTAR HEALTH INFUSION, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1980510	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(5) MEDSTAR HEALTH VISITING NURSES ASSOCIATI 4061 POWDERMILL ROAD CALVERTON, MD 20705 53-0196597	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(6) MEDSTAR VNA HEALTHCARE 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1458516	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(7) MGH COMMUNITY HEALTH, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1372467	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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

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
(1) MGH HEALTH SERVICES, INC. 52-1366812 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	12B II	N/A	X	
(2) MGH WOMEN'S BOARD 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	12C III	N/A	X	
(3) NATIONAL REHABILITATION HOSPITAL 52-1369749 102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(4) REGIONAL REHAB AT OLNEY, INC. 52-2310902 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	3	N/A	X	
(5) SUBURBAN / NRH MEDICAL REHABILITATION, I 52-1931151 102 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SVCS	DC	501(C)(3)	3	N/A	X	
(6) THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 52-1104382 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501(C)(3)	12D IIII	N/A	X	
(7) VNA, INC. 52-1332411 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	MD	501(C)(3)	12A I	N/A	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBOR HOSPITAL, INC.

Employer identification number

52-0491660

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

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
(1) WOODBOURNE WOODS, INC. 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MD	501(C)(3)	10	N/A	X	
(2) HOSPICE OF ST. MARY'S, INC. 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	12A I	N/A	X	
(3) ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(4) MEDSTAR SOUTHERN MD HOSPITAL CENTER 46-0726303 7503 SURRETT'S ROAD CLINTON, MD 20735	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(5) MEDSTAR HEALTH INC AND AFFILIATES 47-7454613 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	RET. TRUST	MD	501(A)	N/A	N/A	X	
(6)							
(7)							

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

Schedule R (Form 990) 2019

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	
(1) MEDSTAR SHAH MSO, LLC 46-27005 10980 GRANTCHESTER WAY COLUMBI	MGMT SVCS	MD	N/A	N/A								
(2) 22590 SHADY COURT, LLC 47-3361 24035 THREE NOTCH ROAD HOLLYWO	REAL ESTATE	MD	N/A	N/A								
(3) 24035 THREE NOTCH ROAD, LLC 47 24035 THREE NOTCH ROAD HOLLYWO	REAL ESTATE	MD	N/A	N/A								
(4) 37767 MARKET DRIVE, LLC 37767 MARKET DRIVE CHARLOTTE H	REAL ESTATE	MD	N/A	N/A								
(5) 26840 POINT LOOKOUT ROAD, LLC 24035 THREE NOTCH ROAD HOLLYWO	REAL ESTATE	MD	N/A	N/A								
(6) 10 ST. PATRICK'S DRIVE, LLC 83 10 ST. PATRICK'S DRIVE WALDORF	REAL ESTATE	MD	N/A	N/A								
(7) MONTGOMERY COMMUNITY MRI LP 52 4110 ASPEN HILL ROAD ROCKVILLE	MRI SCREENING	MD	N/A	N/A								

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
(1) MEDSTAR PHARMACIES, INC. 52-1513056 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					
(2) EXTENCARE, INC. 52-1556228 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					
(3) HELIX RESOURCES MANAGEMENT, INC. 52-1913070 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	ADMIN SVCS	MD	N/A	C CORP					
(4) HELIXCARE MEDICAL GROUP, LLC 52-1955580 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					
(5) HELIXCARE PROPERTIES, LLC 52-1966695 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					
(6) PARKWAY VENTURES, INC. 52-1893569 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					
(7) PHYSICIANS ADMINISTRATIVE SERVICES, INC. 23-7042074 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	BILLING SVCS	MD	N/A	C CORP					

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	
(1) PHYSIOTHERAPY ASSOCIATES NRH R 4714 GETTYSBURG ROAD MECHANICS	PHYSIOTHERAPY	PA	N/A	N/A								
(2) PHYSICIAN IMAGING OF WASHINGTO 840 CRESCENT CENTRE DR FRANKLI	RADIOLOGY SVC	TN	N/A	N/A								
(3) FRANKLIN IMAGING, LLC 52-15886 7253 AMBASSADOR RD. BALTIMORE,	IMAGING	MD	N/A	N/A								
(4) MEDSTAR HEALTH/SURGCENTER DEVE 10980 GRANTCHESTER WAY COLUMBI	SURGERY	MD	N/A	N/A								
(5) MEDSTAR ENDOSCOPY CTR AT LUTHE 1300 BELLONA AVE LUTHERVILLE,	SURGERY	MD	N/A	N/A								
(6) CAPITAL ENDOSCOPY, LLC 13-4244 6475 NEW HAMPSHIRE AVE HYATTSV	SURGERY	MD	N/A	N/A								
(7) GREATER CHESAPEAKE SURGERY CEN 1212 YORK ROAD LUTHERVILLE, MD	SURGERY	MD	N/A	N/A								

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
(1) MEDSTAR FAMILY CHOICE, INC. 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					
(2) MEDSTAR ENTERPRISES, INC. 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICE	MD	N/A	C CORP					
(3) SITEL, INC. 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL	MD	N/A	C CORP					
(4) STAR BILLING, INC. 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SVCS	MD	N/A	C CORP					
(5) WASHINGTON RISK NETWORK MANAGEMENT, INC. 52-2132677 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					
(6) WASHINGTON HOSPITAL CENTER PHYSICIAN HOS 52-1931000 100 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SVCS	MD	N/A	C CORP					
(7) MEDSTAR PHYSICIAN PARTNERS, INC. 52-2030809 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					

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	
(1) NRH CPT REGIONAL REHAB, LLC 52 10980 GRANTCHESTER WAY COLUMBI	REHAB SERVICES	MD	N/A	N/A								
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA 76-0756352 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	CONDOMINIUMS	MD	N/A	C CORP					
(2) MGH DIVERSIFIED SERVICES, INC. 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	N/A	C CORP					
(3) ST. MARY'S HEALTH ALLIANCE, INC. 52-1930331 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	MEDICAL SVCS	MD	N/A	C CORP					
(4) GREENSPRING FINANCIAL INSURANCE LIMITED 98-0188617 878 WEST BAY RD., PO BOX 1159, GRAND CAYMAN CJ KY1-1102	INSURANCE	CJ	N/A	C CORP					
(5) ST. MARY'S CONDO ASSOCIATION 27-3377216 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	CONDOMINIUMS	MD	N/A	C CORP					
(6) MEDSTAR HEALTH MASTER RETIREMENT TRUST 98-1371657 103 SOUTH CHURCH ST., GRAND CAYMAN, CJ KY1-1002	INVESTMENTS	CJ	N/A	C CORP					
(7) MEDSTAR HEALTH, INC. - INVESTMENT FUND I 98-1310273 103 SOUTH CHURCH ST., GRAND CAYMAN, CJ KY1-1002	INVESTMENTS	CJ	N/A	C CORP					

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.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		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) FRANKLIN SQUARE HOSPITAL CENTER, INC.	P	1,936,845.	FMV
(2) MEDSTAR HEALTH, INC.	Q	629,427.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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