EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 -

Form 990		IQN	Return of Organization Exempt F			909						
101		00	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue ▶ Do not enter social security numbers on this form a									
Depa	artmen nal Rev	t of the Treasury /enue Service	 Go to www.irs.gov/Form990 for instructions and 	-	-	Open to Public Inspection						
					UN 30, 2022							
B	Check applica	f C Name of	organization	<u> </u>	D Employer identifie	cation number						
	Add	ress MONTICO										
	char Narr		MERY GENERAL HOSPITAL, INC.									
	char Initia			D /	52-0646893							
	retur Fina	1 19101	and street (or P.O. box if mail is not delivered to street address) PRINCE PHILIP DRIVE	Room/suite	E Telephone number 301-774-8640	r						
	retur term ated	in-	pwn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	196,756,176.						
	Ame	nded OT NEW		H(a) Is this a group re								
	retur Appl tion		ad address of principal officer: THOMAS SENKER	for subordinates								
	pend	Ing SAME AS		H(b) Are all subordinates in								
 I 1	Tax-e	xempt status:	x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527		list. See instructions						
			NTGOMERYGENERAL.ORG	021	H(c) Group exemption							
-		of organization:		L Year (State of legal domicile: MD						
	art I	Summary				etate et logal definient.						
	1	Briefly describe	e the organization's mission or most significant activities: SEE SCH	EDULE O								
nce												
Governance	2	Check this box	if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.						
ovel	3	Number of voti	ng members of the governing body (Part VI, line 1a)		3	17						
	4	Number of inde	ependent voting members of the governing body (Part VI, line 1b)			13						
ŝ	5		f individuals employed in calendar year 2021 (Part V, line 2a)			1153						
vitie	6		f volunteers (estimate if necessary)			29						
Activities &	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	111,279.						
۹ 			pusiness taxable income from Form 990-T, Part I, line 11			0.						
					Prior Year	Current Year						
e	8	Contributions a	and grants (Part VIII, line 1h)		5,663,812.	3,654,276.						
enu	9	-	e revenue (Part VIII, line 2g)		177,437,971.	190,172,022.						
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		141,915.	151,633.						
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,755,976.	2,778,245.						
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		184,999,674.	196,756,176.						
			ilar amounts paid (Part IX, column (A), lines 1-3)		0.	46,000.						
	14	•	o or for members (Part IX, column (A), line 4)		0.	0.						
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		102,392,556.	118,056,568.						
xpenses			ndraising fees (Part IX, column (A), line 11e)		0.	<u> </u>						
EXp			g expenses (Part IX, column (D), line 25) ►	<u> </u>	01 000 702	07.576.465						
	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		81,888,723.	87,576,165.						
	18		. Add lines 13-17 (must equal Part IX, column (A), line 25)		184,281,279.	205,678,733.						
- 4	19	Revenue less e	xpenses. Subtract line 18 from line 12		718,395.	-8,922,557.						
ts o ance	00	Total apparts (D	nt X line 10)		inning of Current Year 107,942,731.	<u>End of Year</u> 108,855,088.						
Asse Bala	20	Total assets (Pa			62,226,079.							
Net Assets or Fund Balances	21 22	Total liabilities (nd balances. Subtract line 21 from line 20		45,716,652.	38,472,203. 70,382,885.						
Pa	rt II			l		70,302,003.						
-4965 272-44	5-50575104699		declare that I have examined this return, including accompanying schedules a	and statemer	ats and to the best of my	knowledge and belief, it is						
			Declaration of preparer (other than officer) is based on all information of whic			niowieuye allu bellel, il 15						
	00110			n proparet I	05/09/2023							
Sign		Signature	ignature of officer Date									
Here		' - <i> </i>	YAN, VP/TREASURER/CHIEF INVESTMENT OFFICER									
	-		int name and title									

	Type or print	name and title									
	Print/Type prepare	r's name		Preparer's signatur	e //	11.1	Date		Check	PTIN	
Paid	SHAWN HUTCHIN	ISON			Hain	Hutchison	5/3/	/23	it self-employed	P01048557	
Preparer	Firm's name 🕞	KPMG LLP						Firm's	s EIN ▶ 1	3-5565207	
Use Only	Firm's address 🕨	8350 BROAD	STREET, SUIT	5 900							
		MCLEAN, VA	22102	******				Phon	e no. 703 - 23	86-8000	
May the IF	RS discuss this ret	turn with the pre	parer shown abo	ve? See instructio	ns					X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Туре о	r Name of exempt organization or other filer, see ins	Taxpaye	Taxpayer identification number (TIN)					
print	MONTGOMERY GENERAL HOSPITAL, INC.				52-0646893			
File by th due date filing you	Number, street, and room or suite no. If a P.O. box 18101 PRINCE PHILIP DRIVE							
return. Se instructio		a foreign add	ress, see instructions.				_	
Enter t	ne Return Code for the return that this application is for	(file a separat	te application for each return)			0 1	Τ	
Applic	ation	Return	Application					
ls For		Code	Is For			Code	<u>,</u>	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individu	ial)		09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
 If th box 1 t 	e organization does not have an office or place of busine s is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the c calendar year or ▶ X tax year beginningJUL 1, 2021	git Group Exe	mption Number (GEN) ch a list with the names and TIN 5,2023,t	If this is fo Is of all memb	r the whole ers the exte	group, check thi	S	
2	the tax year entered in line 1 is for less than 12 months Change in accounting period	s, check reasc	on: Initial return	Final retur	n			
	this application is for Forms 990-PF, 990-T, 4720, or 60)69, enter the	tentative tax, less					
-	ny nonrefundable credits. See instructions.			3a	\$	(0.	
	this application is for Forms 990-PF, 990-T, 4720, or 60	Зb	\$	(0.			
-	stimated tax payments made. Include any prior year over			30	ə	·	<u> </u>	
	alance due. Subtract line 3b from line 3a. Include your sing EFTPS (Electronic Federal Tax Payment System). §			3c	\$	(ο.	
	n: If you are going to make an electronic funds withdrav						-	
instruc	, , , , , , , , , , , , , , , , , , , ,	rai juncoi dei			u i onn 007:		•	
LHA	For Privacy Act and Paperwork Reduction Act Notic	e. see instru	ictions.		Form	8868 (Rev. 1-202	22)	

	t III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported.	180,217,160
1	(Code:) (Expenses \$142,125,521. including grants of \$16,000. (Revenue \$16,000. SEE SCHEDULE O 16,000. (Revenue \$16,000. <	100,217,100
		0.054.066
	(Code:)(Expenses \$14,016,359. including grants of \$) (Revenue \$) MEDSTAR MONTGOMERY PROVIDED \$14.0M IN SUBSIDIZED (MISSION DRIVEN)	9,954,862
	HEALTH SERVICES IN FISCAL YEAR 2022. 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 CARE,	
	(Code:) (Expenses \$4,696,963including grants of \$) (Revenue \$)	
	MEDSTAR MONTGOMERY PROVIDED \$4.7M IN CHARITY CARE SERVICES IN FISCAL	
	YEAR 2022. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S	
	FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS	
	BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED.	
	MEDSTAR MONTGOMERY'S CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT	
	PAYMENTS FROM THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE	
	EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT	
	SYSTEM.	
1	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 160,838,843.	- 000
		Form 990 (20

15470503 153541 07353X

Form		0646893	F	Page 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	for		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in	effect		
	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D	, Part I <u>6</u>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V			X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, o	or X,		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedul		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11k		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11</u> e	~	
f	5		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		v
	Schedule D, Parts XI and XII	<u>12</u> a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	10	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?		1	X
_			+	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busine investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,0			
				x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u>14b</u>		+
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lin			+
10	1c and 8a? If "Yes," complete Schedule G, Part II			x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			+
13	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		x	+
zua b				
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
132003				(2021)
		. 511		· · - · · /

132003 12-09-21

Form	990 (2021) MONTGOMERY GENERAL HOSPITAL, INC. 52-06468	93	Р	age 4			
Par	TIV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x				
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	^	<u> </u>			
248							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x			
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>			
U	any tax-exempt bonds?	24c					
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210					
200	transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		x			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x			
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v				
07	Part V, line 1	34	X	<u> </u>			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%	х				
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	л	<u> </u>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x			
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36					
37		37		x			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>			
30	Note: All Form 990 filers are required to complete Schedule O	38	х				
Par		1 00		L			
	Check if Schedule O contains a response or note to any line in this Part V						
		<u></u>	Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	5					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
-	(gambling) winnings to prize winners?	1c	х				
132004	12-09-21	Form	990	(2021)			

	990 (2021) MONTGOMERY GENERAL HOSPITAL, INC.		52-064689	3	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	1153				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s					
				3a	X	<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			•		x	
L	any contributions that were not tax deductible as charitable contributions?			6a			
D	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ch.			
-	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c). Did the examination receive a payment in success of C_{2}^{0} mode partly as a contribution and partly for goods and contributions are contributed as a contribution of the contribution		rouidad to the powerQ	7-		x	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?	•		7a 7b			
			uirod	10		<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7 7 7						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7f 7g			
•	If the organization received a contribution of qualined intellectual property, and the organization mere			79 7h		<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
-		-	-	8			
9	Sponsoring organizations maintaining donor advised funds.			-			
	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b				9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c					
				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16							
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					1	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		-	
	If "Yes," complete Form 6069.			Γ	000	(2021)	

Form	990 (2021) MONTGOMERY GENERAL HOSPITAL, INC. 52-064		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and t	or a "No" r	respon	ise
	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	<u></u>		X
Sec	tion A. Governing Body and Management			
		4 -	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		x	
6	Did the organization have members or stockholders?	6	Δ	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.	х	
	more members of the governing body?	<u>7a</u>	_A	<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.	x	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	Λ	
8		80	х	
	The governing body? Each committee with authority to act on behalf of the governing body?		X	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	uo		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)] J		
	(This occubil b requests information about policies not required by the internal revenue obde.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	? 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official		X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v	
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10	v	
Sec	exempt status with respect to such arrangements?	16 b	Х	
	List the states with which a copy of this Form 990 is required to be filed ▶MD			
17 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c		availal	blo
18	for public inspection. Indicate how you made these available. Check all that apply.	nois only) i	avaiidi	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finand	cial	
13	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			
20	JOEL BRYAN - 410-772-6721			
	10980 GRANTCHESTER WAY, COLUMBIA, MD 21044			
132006	3 12-09-21	Form	990	(2021)
705	7 03 153541 073539 2021 05080 MONTCOMEDY CENEDAL L		07	353

Form 990 (20	D21) MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
I	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	th or within the organization	n's tax year.
 List all 	of the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of compe	nsation.
Enter -0- in c	olumns (D), (E), and (F) if no compensation was paid.		
● Lict all	of the organization's ourrent key employees, if any See the instructions for definition of "key employ		

List all of the organization's current key employees, if any. See the instructions for definition of "key employee.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and thie Average hours per weak (Fight any hours for weak below Description and related organization below Description and related organization from related organization (W-2/1098-NEC) Reportable compensation from related organization (W-2/1098-NEC) Estimated aunual of the organization from related organization (1) KENNET A. SAMET 1.00 X 0 15,771,396. 96,287. (2) THOMAS EXERTER 40,00 X X 856,806. 0. 42,392. (3) SUTTHAR JAYARAJ-SUDARSAN, M.D. 40,00 X X 856,806. 0. 22,680. (4) RECTOR 0.00 X X 856,906. 0. 28,796. (5) DAVID BAVRILLA 40.00 X 401,698. 0. 28,796. (6) NOZU BAVRILLA 0.00 X 4041,698. 0. 28,796. (7) CLAIRE PLOCINILO 40.00 X 4041,698. 0. 28,796. (10) NUBRECOR 0.00 X 4047,014. 0. 11,474. (7) CLAIRE PLOCINILO <th>(A)</th> <th>(B)</th> <th colspan="4">(C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)	(C)						(D)	(E)	(F)
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(7) CLAIRE PICCIRILLO 40.00 x 267,004. 0.33,555. (8) NATHANIEL BARBO 40.00 x 267,004. 0.33,555. (8) NATHANIEL BARBO 40.00 x 257,756. 0. 18,474. (9) DEREK PROCHNICKI 40.00 x 257,756. 0. 18,474. (10) NAA AMARTEOKOR EVANS-ANFOM 40.00 x 249,007. 0. 17,428. (10) NAA AMARTEOKOR EVANS-ANFOM 40.00 x 193,816. 0. 26,549. (11) DENISE KINGSBURY 40.00 x 212,073. 0. 7,266. (12) KEVIN MEL 0.00 x 0. 135,559. 9,589. (13) CAROLINA CHAVARRIA 40.00 x 91,225. 0. 24,012. (14) JOSEPH BELL 1.00 X 0. 0. 0. 0. VICE CHAIR 0.000 x 0. 0. 0. 0. 0. 0. 0. VICE CHAIR 0.000 x 0. 0.	(6) NGOZI WEXLER	40.00									
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(9) DEREK PROCHNICKI 40.00 x 249,007. 0. 17,428. (10) NAA AMARTEOKOR EVANS-ANFOM 40.00 x 193,816. 0. 26,549. (11) DENISE KINGSBURY 40.00 x 193,816. 0. 26,549. (11) DENISE KINGSBURY 40.00 x 212,073. 0. 7,266. (12) KEVIN MELL 0.00 x 212,073. 0. 135,559. 9,589. (13) CAROLINA CHAVARRIA 40.00 x 91,225. 0. 24,012. (14) JOSEPH BELL 0.00 x 91,225. 0. 0. DIRECTOR 0.00 x 0. 0. 0. 0. VICE CHAIR 0.00 x 0. 0. 0. 0. 0. UICE CHAIR 0.00 x 0. <t< td=""><td>(8) NATHANIEL BARBO</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(8) NATHANIEL BARBO	40.00									
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(10) NAA AMARTEOKOR EVANS-ANFOM 40.00 x 193,816. 0.26,549. HEALTH CARE PROVIDER 0.00 x 193,816. 0.26,549. (11) DENISE KINGSBURY 40.00 x 212,073. 0.7,266. (12) KEVIN MELL 0.00 x 212,073. 0.7,266. (12) KEVIN MELL 0.00 x 0.135,559. 9,589. (13) CAROLINA CHAVARRIA 40.00 x 0.135,559. 9,589. (14) JOSEPH BELL 1.00 x 91,225. 0.24,012. (14) JOSEPH BELL 1.00 x 0.00. 0.0. 0.0. VICE CHAIR 0.00 x 0.00. 0.0. 0.0. 0.0. (16) JAMES BONIFANT 1.00 X 0.00. 0.0. 0.0. 0. (17) KATHERINE W. FARQUHAR, PH.D. 1.00 X 0.00. 0.0. 0. 0. (17) KATHERINE W. FARQUHAR, PH.D. 0.000 X 0.000 0.000 0.000 0.000 0.000 0.000 0.000	(9) DEREK PROCHNICKI	40.00									
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(11) DENISE KINGSBURY 40.00 x 212,073. 0. 7,266. SR DIR, CLIN SUPPORT SVCS 0.00 x 212,073. 0. 7,266. (12) KEVIN MELL 0.00 x 0. 135,559. 9,589. FORMER VP, OPERATIONS 40.00 x 0. 135,559. 9,589. (13) CAROLINA CHAVARRIA 40.00 x 91,225. 0. 24,012. (14) JOSEPH BELL 1.00 x 91,225. 0. 0. 0. DIRECTOR 0.00 x 0. 0. 0. 0. 0. VICE CHAIR 0.00 x 0. 0. 0. 0. 0. 0. DIRECTOR (UNTIL 10/31/2021) 0.00 x 0. 0. 0. 0. 0. 0. (17) KATHERINE W. FARQUHAR, PH.D. 1.00 0.	(10) NAA AMARTEOKOR EVANS-ANFOM	40.00									
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(12) KEVIN MELL 0.00 x 0.01 FORMER VP, OPERATIONS 40.00 x 0.135,559. 9,589. (13) CAROLINA CHAVARRIA 40.00 x 91,225. 0.24,012. (14) JOSEPH BELL 1.00 x 91,225. 0.24,012. (14) JOSEPH BELL 1.00 x 0.00. 0.00. 0.00. DIRECTOR 0.00 x 0.00. 0.00. 0.00. VICE CHAIR 0.00 x 0.00. 0.00. 0.00. VICE CHAIR 0.00 x 0.00. 0.00. 0.00. DIRECTOR (UNTIL 10/31/2021) 0.00 x 0.00. 0.00. 0.00. CHAIR 0.000 x 0.00. 0.00. 0.00. 0.00.	(11) DENISE KINGSBURY										
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(13) CAROLINA CHAVARRIA 40.00 x 91,225. 0. 24,012. SECRETARY 0.00 x 91,225. 0. 24,012. (14) JOSEPH BELL 1.00 x 0. 0. 0. DIRECTOR 0.00 x 0. 0. 0. (15) JOHN FERGUSON 1.00 x 0. 0. 0. VICE CHAIR 0.000 x 0. 0. 0. 0. (16) JAMES BONIFANT 1.00 x 0. 0. 0. 0. 0. (17) KATHERINE W. FARQUHAR, PH.D. 1.00 x 0. 0. 0. 0. CHAIR 0.000 x 0. 0. 0. 0. 0. 0.											
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(14) JOSEPH BELL 1.00 0.0	(13) CAROLINA CHAVARRIA										
DIRECTOR 0.00 X 0 0. <	SECRETARY				Х				91,225.	0.	24,012.
(15) JOHN FERGUSON 1.00 0.00 X 0.00	(14) JOSEPH BELL										
VICE CHAIR 0.00 X 0.			Х						0.	0.	0.
(16) JAMES BONIFANT 1.00 DIRECTOR (UNTIL 10/31/2021) 0.00 X (17) KATHERINE W. FARQUHAR, PH.D. 1.00 CHAIR 0.000 X											
DIRECTOR (UNTIL 10/31/2021) 0.00 x 0. 0. 0. 0. 0. (17) KATHERINE W. FARQUHAR, PH.D. 1.00 x 0. 0. 0. 0. 0. 0. 0. CHAIR 0.00 x 0. 0. 0. 0. 0. 0.		1	Х						0.	0.	0.
(17) KATHERINE W. FARQUHAR, PH.D. 1.00 CHAIR 0.00		L									
CHAIR 0.00 X 0. 0. 0.		1	х						0.	0.	0.
	,	L	-								
	CHAIR	0.00	Х						0.	0.	

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) MONTGOMERY GE			-						52-064	6893	3	P	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<u> </u>			
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average	(do			nore	than o	one	Reportable	Reportable			timate	
	hours per week					is both pr/trus		compensation	compensation			ount	
	(list any				Γ		,	_ from the	from related			other	
	hours for	direct						organization	organizations (W-2/1099-MISC	2/		oensa om th	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	″		anizat	
	organizations	ruste	al trus		/ee	mper		1099-NEC)	1000 (120)		•	l relat	
	below	In dividual trustee or director	Institutional trustee	5	Key employee	sst co oyee	er					nizati	
	line)	Indivi	In stit	Officer	Key el	Highest compensated employee	Former				Ū		
(18) RICHARD KURNOT	1.00				—								
DIRECTOR (UNTIL 10/31/2021)	0.00	х						0.		٥.			0.
(19) STEVEN SHIMOURA, M.D.	1.00												
, DIRECTOR	0.00	х						0.		٥.			0.
(20) CHRISTINE HILL WILSON	1.00									-+			
DIRECTOR	0.00	x						0.		٥.			0.
(21) ALOK MATHUR, M.D.	1.00									<u> </u>			
DIRECTOR	0.00	х						0.		٥.			0.
(22) RICHARD HOFFMAN	1.00	~			-	-		· · ·		<u> </u>			
													0
DIRECTOR	0.00	х						0.		0.			0.
(23) GARY FERNANDES	1.00												
DIRECTOR	0.00	х						0.		0.			0.
(24) DEBORAH ELLINGHAUS	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(25) MARK KOZAM, M.D.	1.00												
DIRECTOR	0.00	Х						0.		٥.			٥.
(26) NEIL R. OHORA, D.P.M	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
1b Subtotal								3,999,049.	15,906,95	55.		380,	214.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								3,999,049.	15,906,95	55.		380,	214.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization									•				105
												Yes	No
3 Did the organization list any former officer,	director. truste	ee. k	kev e	ame	love	e. or	hio	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for si	-		•	•	•		Ŭ	·····	•	- 1	3	х	
4 For any individual listed on line 1a, is the su										" h	-		
and related organizations greater than \$150										- 1	4	х	
5 Did any person listed on line 1a receive or a										···	-		
rendered to the organization? If "Yes," com										- 1	5		x
Section B. Independent Contractors			or si	ICH ,	pers	:011 -				<u></u>	5		
1 Complete this table for your five highest con	monopoted ind	lana	ndor	at of	ontr	ooto		hat reactived more than ¢	100 000 of compo		ion fro	<u></u>	
	-								-	IISali		111	
the organization. Report compensation for t	ne calendar ye	eare	nair	ig w		JIWI			ear.		(0	•	
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
							_				Sinper	ioutio	
AMN HEALTHCARE INC, 2735 COLLECTION (- EN I EK										c	000	120
DR, CHICAGO, IL 60693							_	STAFFING SERVICES			٥,	986,	130.
ROLYN COMPANIES INC									-				
5706 FREDERICK AVE., ROCKVILLE, MD 20852 FACILITIES SERVICES											861,	584.	
COMMUNITY RADIOLOGY ASSOCIATES INC													
10215 FERNWOOD RD #620, BETHESDA, MD 20817 MEDICAL SERVICES										674,	023.		
SODEXO INC & AFFILIATES, 9801													
WASHINGTONIAN BLVD, GAITHERSBURG, MD	20878							FOOD & FACILITIES	MANAGEMENT			659,	456.
CROTHALL SVCS GROUP													
1500 LIBERTY RIDGE DR #210, WAYNE, PA 19087 ENVIRONMENTAL SERVICES											639,	528.	
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization > 26													

132008 12-09-21

Form 990 (2021)

Form	99	0 (2	2021) MONTGOMERY GENERAL	HOSPITAL, INC	2.		52-064689	3 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
ant			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
iifts ar A			Related organizations 1d	225,000.				
s, G mila			Government grants (contributions)	1,131,381.				
rion		f	All other contributions, gifts, grants, and					
ibu1			similar amounts not included above 1f	2,297,895.				
d O		g	Noncash contributions included in lines 1a-1f	1,940,053.				
<u>a C</u>		h	Total. Add lines 1a-1f	🕨	3,654,276.			
				Business Code	100 100 101	100 100 151		
ice	2	a	PATIENT SERVICE REVENU	621300	190,138,171.			
Program Service Revenue		b	PHYSICIAN BILLING REVE	621110	33,851.	33,851.		
m S Ven		C						
grai Re		d						
jo Lo		e f	All other program service revenue					
-			Total. Add lines 2a-2f		190,172,022.			
	3	9	Investment income (including dividends, intere		, , ,			
	-		other similar amounts)		81,876.			81,876.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 634,628.					
		b	Less: rental expenses 6b 0.					
		С	Rental income or (loss) 6c 634,628.					
		d	Net rental income or (loss)		634,628.			634,628.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		_	assets other than inventory 7a	69,757.				
		b	Less: cost or other basis	0.				
evenue		_	and sales expenses 7b Gain or (loss) 7c	69,757.				
eve					69,757.			69,757.
er Re			Net gain or (loss) Gross income from fundraising events (not	·····				
Other	Ŭ	ŭ	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns					
		•	and allowances 10a					
			Less: cost of goods sold 10b					
		C	Net income or (loss) from sales of inventory	Business Code				
sn	11	2	OTHER REVENUE	900099	1,469,197.		111,279.	1,357,918.
neo			REBATE INCOME	900099	486,395.		,,	486,395.
ellaneo: evenue			EQUITY INTEREST IN AFF	900099	188,025.			188,025.
Miscellaneous Revenue			All other revenue		, ,			, ,
Σ			Total. Add lines 11a-11d	►	2,143,617.			
_	12		Total revenue. See instructions	🕨	196,756,176.	190,172,022.	111,279.	2,818,599.
13200	9 12-	09-	21					Form 990 (2021)

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ctic	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must corr	plete column (A).	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	46,000.	46,000.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	2,848,202.	2,511,674.	336,528.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	98,083,655.	86,409,305.	11,674,350.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,149,166.	1,009,018.	140,148.	
	Other employee benefits	10,684,890.	9,561,797.	1,123,093.	
	Payroll taxes	5,290,655.	4,746,671.	543,984.	
	Fees for services (nonemployees):				
a	Management	15,788,466.		15,788,466.	
b	Legal				
C	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,230.		7,230.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	12,687,580.	11,216,429.	1,471,151.	
	Advertising and promotion	626,868.	27,674.	599,194.	
	Office expenses	252,525.	720,456.	-467,931.	
	Information technology				
	Royalties				
	Occupancy	272,710.	1,031,219.	-758,509.	
	Travel	16,990.	14,781.	2,209.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u> </u>		
	Conferences, conventions, and meetings	41,323.	37,409.	3,914.	
	Interest	968,882.		968,882.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	10,511,155.	4,447,938.	6,063,217.	
	Insurance	4,126,660.	56,314.	4,070,346.	
	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 0.)				
а	MED /SURG SUPPLIES	23,079,604.	23,171,616.	-92,012.	
b	MAINTENANCE	5,660,022.	4,952,882.	707,140.	
C	IMPLANTS/PROSTHESES	4,092,637.	4,077,520.	15,117.	
d	UTILITIES	2,874,875.	2,798,425.	76,450.	
е	All other expenses	6,568,638.	4,001,715.	2,566,923.	
	Total functional expenses. Add lines 1 through 24e	205,678,733.	160,838,843.	44,839,890.	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021)

	990 (ź				52-06	46893 Page
^J ar	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part	<u>x</u>			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	75,116
	2	Savings and temporary cash investments		395,115.	2	383,350
	3	Pledges and grants receivable, net	F	,	3	
				26,204,040.	4	26,375,529
	4	Accounts receivable, net		20,201,010.	4	20,373,32.
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 35			-	
	•	controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B	F		6	
ŝ	7	Notes and loans receivable, net	F	2 662 692	7	
Assets	8	Inventories for sale or use	····· -	3,662,608.	8	4,160,538
<	9	Prepaid expenses and deferred charges		524,559.	9	395,24
	10a	Land, buildings, and equipment: cost or other				
			32,761.			
	b	Less: accumulated depreciation 10b 175,6	61,682.	73,604,762.	10c	74,271,079
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		3,551,647.	12	3,194,229
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		0.	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		107,942,731.	16	108,855,08
	17	Accounts payable and accrued expenses		11,457,302.	17	12,411,96
	18	Grants payable	[18	
	19	Deferred revenue		2,967,532.	19	2,884,84
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	I		21	
<i>~</i>	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%			
		controlled entity or family member of any of these persons			22	
Lia	23	O			23	
	24	Unsecured notes and loans payable to unrelated third parties	F		24	
	25	Other liabilities (including federal income tax, payables to related third				
	20	parties, and other liabilities not included on lines 17-24). Complete Part	x I			
				47,801,245.	25	23,175,390
	26	of Schedule D Total liabilities. Add lines 17 through 25	·····	62,226,079.	26	38,472,203
	20	Organizations that follow FASB ASC 958, check here X		,,,	20	,,,
ŝ						
ů	07	and complete lines 27, 28, 32, and 33.		45,716,652.	07	70,382,88
ala	27	Net assets without donor restrictions	Г	45,710,052.	27	70,302,00
9	28	Net assets with donor restrictions	F		28	
ŝ		Organizations that do not follow FASB ASC 958, check here				
5		and complete lines 29 through 33.				
13	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31	
Se	32	Total net assets or fund balances		45,716,652.	32	70,382,88
- 1	33	Total liabilities and net assets/fund balances		107,942,731.	33	108,855,088

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Form 990 (2021) MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	5,756	age 12
Check if Schedule O contains a response or note to any line in this Part XI		X
1 Total revenue (must equal Part VIII, column (A), line 12)	5 678	,176.
	- ,	,733.
	8,922	,557.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5,716	,652.
5 Net unrealized gains (losses) on investments 5	-486	,273.
6 Donated services and use of facilities 6		
7 Investment expenses7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9 3	4,075	,063.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
Column (B)) 10 7	0,382	,885.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	X
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?	Х	
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 X 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?	X	
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?	х	
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		

Form **990** (2021)

SCHEDULE A			Dublic Cha						OMB No. 1545-0047	
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2021		
			4947(a)(1) nonexempt charitable trust.						2021	
Department of the Treasury Internal Revenue Service					Attach to Form 990 or F //Form990 for instruction			oformation		Open to Public Inspection
Nar	ne of	the organization		de le ministre get				inormation.	Employer	identification number
		_		MERY GENERAL HO	1					52-0646893
Pa	art I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The	orgar		•	•	For lines 1 through 12, c					
1					on of churches described		on 170(b)([.]	1)(A)(i).		
2 3					Attach Schedule E (Forn		<u>/////////////////////////////////////</u>	::)		
4		-	-		anization described in se njunction with a hospital			-)(iii). Enter	the hospital's name.
•		city, and state	-		· · · · · · · · · · · · · · · · · · ·					···- ··- · · · · · · · · · · · · · · ·
5		An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, stat	e, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		•		•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
•		•		omplete Part II.)	(1)(A)(ui) (Complete Der	• 11 \				
8 9	\square				(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(,	ed in coniu	inction with a	land-grant	college
5		-		-	ulture (see instructions).		-		-	-
		university:		, , ,	, , , , , , , , , , , , , , , , , , ,			,	0	
10		An organizatio	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					-
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.
11				mplete Part III.)	ively to test for public sa	fatu Saa	section 50	1Q(a)(4)		
12	\square	-	•	-	ively for the benefit of, to	•			rrv out the	purposes of one or
		-	•	-	id in section 509(a)(1) o	-			•	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A su	pporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
			•	., .	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		¬ ĭ		complete Part IV, Se					······································	
k	•			-	l or controlled in connect anization vested in the sa			-		-
			÷	it complete Part IV,		arrie perso			ge the supp	bonce
c	; [¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its supporte	d organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
C	1	•••	-	• •	porting organization oper			• •	•	
				с С	ation generally must sat			•	an attentiv	/eness
_		_			nplete Part IV, Sections written determination fro					
e			•		nally integrated supporti			турет, туре	п, туре п	
1	Ente	er the number of								
				about the supporte	d organization(s).					
		 (i) Name of suppo organization 	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	Support (see ii	istructions)	
Tot	al									

Sch	edule A (Form 990) 2021 M	ONTGOMERY GENE	RAL HOSPITAL,	INC.		52-0646	³⁹³ Page 2
	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi	i)
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	or if the organizatio	on failed to qualify u	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part	III.)			
Se	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		L	4		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	l
12	Gross receipts from related activities,		,		veer ee e eetier F	12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
15	Public support percentage from 2020						%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021	MONTGOMERY GENI				52-0646	893 Page 3
Part III Support Schedule	-			. ,		
(Complete only if you ch			organization failed	to qualify under P	art II. If the organiz	ation fails to
qualify under the tests list Section A. Public Support	sted below, please com	plete Part II.)				
Calendar year (or fiscal year beginning	in) ▶ (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and		(0) 2010	(0) 2010	(4) 2020		
membership fees received. (Do						
include any "unusual grants.")						
2 Gross receipts from admissions merchandise sold or services p formed, or facilities furnished in any activity that is related to the organization's tax-exempt purport	er-					
3 Gross receipts from activities the are not an unrelated trade or but iness under section 513	IS-					
4 Tax revenues levied for the orga						
ization's benefit and either paid or expended on its behalf						
5 The value of services or facilitie	s					
furnished by a governmental un	it to					
the organization without charge	, <u></u>					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2,	and					
3 received from disqualified per						
b Amounts included on lines 2 and 3 receive from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from lin						
Section B. Total Support		1	1		1	
Calendar year (or fiscal year beginning	,	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received o securities loans, rents, royalties and income from similar source	,					
b Unrelated business taxable income (less section 511 taxes) from busin acquired after June 30, 1975	esses					
c Add lines 10a and 10b						
11 Net income from unrelated busi activities not included on line 10 whether or not the business is regularly carried on	ness Db,					
12 Other income. Do not include g or loss from the sale of capital assets (Explain in Part VI.)	ain					
13 Total support. (Add lines 9, 10c, 11, an						
14 First 5 years. If the Form 990 is	s for the organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of					T T	
15 Public support percentage for 2					15	%
16 Public support percentage from Section D. Computation of I					16	%
· · · · ·			no 10. oolumn (f)		17	0/
17 Investment income percentage18 Investment income percentage					18	<u> </u>
18 Investment income percentage19a 33 1/3% support tests - 2021.						
more than 33 1/3%, check this	-					
b 33 1/3% support tests - 2020.						
line 18 is not more than 33 1/39						
20 Private foundation. If the organ						
132023 01-04-22						A (Form 990) 2021

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1

2

3a

Yes No

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

MONTGOMERY GENERAL HOSPITAL, INC.

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

17

Sched	ule A (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Pa	ige 5
Part				
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
a /	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	prganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
ecu	on C. Type II Supporting Organizations			
			Yes	No
	Nere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
0	or management of the supporting organization was vested in the same persons that controlled or managed			
t Conti	the supported organization(s). on D. All Type III Supporting Organizations	1		
becu				
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	brganization'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		
	Nere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructior		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
Ι	now the organization was responsive to those supported organizations, and how the organization determined			
	hat these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
C	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
I	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
t	hese activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
al	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
t	rustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	01-04-22 S	chedule A (Fori	n 990)	202.

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	dule A (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	· · · · ·		52-0646893 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

	dule A (Form 990) 2021 MONTGOMERY GENERAL			52-0646893 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C,
32028 01-04-2	2	Schedule A (Form	990) 202

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No. 1545-0047

2021

Employer identification number

MC	NTGOMERY GENERAL HOSPITAL, INC.	52-0646893
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Part I	t 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		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4		\$87,386.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2021)

123452 11-11-21

2021.05080 MONTGOMERY GENERAL HOSPIT 07353X_1

23

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

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) (d) Total contributions Type of contribution					
7		\$\$ 23,419. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
8_		Sector Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
9							
(a) No.	(b)	(c) (d) Total contributions Type of contribution					
<u>10</u>	Name, address, and ZIP + 4	Total contributions Type of contribution					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
11		Sector contributions Person X					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
12		Sector contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Part I	rt 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				
		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
14_		- _ \$,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
15_		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
16_		- _ \$,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
17		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
18		- \$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990) (2021)

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2021.05080 MONTGOMERY GENERAL HOSPIT 07353X_1

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
19_		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
		\$5,000. \$\$5,000. (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
21		\$5,000. \$\$5,000. (Complete Part II for noncash contributions.)					
(a) No.	(b)	(c) (d) Total contributions Type of contribution					
22	Name, address, and ZIP + 4	Total contributions Type of contribution \$1,801,344. Person \$1,801,344. Payroll Noncash X (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
23_		\$51,069. \$51,069. (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
24		\$29,058. (Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2021)

15470503 153541 07353x

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC. Contributors

52-0646893

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$28,932.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$24,722.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$849,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of organization

Page 3

Employer identification number

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	SECURITIES		
22			
		\$1,801,344.	06/30/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
22	SECURITIES		
23			
		\$51,069.	06/30/22
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
24	SECURITIES		
		\$\$	06/30/22
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 41 11	SECURITIES		
25			
			06/30/22
		\$\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	SECURITIES		
26			
		\$ 24,722.	06/30/22
		Ψ	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	
		\$	
3453 11-1 ⁻	1.21		Schedule B (Form 990) (202

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123453 11-11-21

Page 4 Schedule B (Form 990) (2021) Name of organization Employer identification number MONTGOMERY GENERAL HOSPITAL, INC. 52 - 0646893Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Schedule B (Form 990) (2021)

	PUBLIC INSPECTION COPY									
60	HEDULE D Supplemental Financial Statements		OMB No. 1545-0047							
	(Form 990) Complete if the organization answered "Yes" on Form 990, 2021									
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.									
	P Attach to Form 990. Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection							
Nam	e of the organization	Em	ployer identification number							
_	MONTGOMERY GENERAL HOSPITAL, INC.		52-0646893							
Par		cour	its. Complete if the							
	organization answered "Yes" on Form 990, Part IV, line 6.	(h) [ide and other appoints							
		b) Fur	ids and other accounts							
1	Total number at end of year									
2 3	Aggregate value of contributions to (during year)									
4	Aggregate value of grants from (during year)									
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds.								
•	are the organization's property, subject to the organization's exclusive legal control?		Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o									
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	ing								
	impermissible private benefit?		Yes No							
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7								
1	Purpose(s) of conservation easements held by the organization (check all that apply).									
	Preservation of land for public use (for example, recreation or education)	orically	important land area							
	Protection of natural habitat	fied hi	storic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva								
	day of the tax year.		Held at the End of the Tax Year							
a	Total number of conservation easements	2a								
b	Total acreage restricted by conservation easements	2b								
C	Number of conservation easements on a certified historic structure included in (a)	2c								
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	2d								
3	listed in the National Register		l							
Ŭ	vear	Zution								
4	Number of states where property subject to conservation easement is located									
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of									
	violations, and enforcement of the conservation easements it holds?		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n ease	ements during the year							
	▶									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	semen	ts during the year							
	►\$									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)									
	and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem									
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at desc	cribes the							
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imila	r Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.									
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance s	neet works							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar									
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.									
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet	works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance									
	provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1		\$							
	(ii) Assets included in Form 990, Part X		·							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide	9							
	the following amounts required to be reported under FASB ASC 958 relating to these items:									
	Revenue included on Form 990, Part VIII, line 1									
	Assets included in Form 990, Part X									
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021							

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	~	-	~	~	~	_	_	_	_	 _	_	

		GENERAL HOSPITA	1			0.1	<u> </u>	52-064		P	eage 2
	t III Organizations Maintaining C								6 (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any o	of the fo	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
a											
b	Scholarly research	e									
c	Preservation for future generations	- U Ali	h						VIII		
4	Provide a description of the organization's co		-		-			ose in Part	XIII.		
5	During the year, did the organization solicit o										٦
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pal		te if the orga	nization	answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		any for contril	hutions	or other ass	ets not	included				
14	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XII							∟			
D.		and complete the foll	owing table.						Amoun	+	
•	Reginning balance						1c		7 1110 411		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
20	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •	L			
Par											
		(a) Current year	(b) Prior y		(c) Two years			years back	(e) Fou	r vears	back
10	Paginning of year balance	(u) ourient your		oui	(6) 110 your	o buok	(a) 11100	youro buok	(0) 1 00	yourd	buok
-	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	line 1g, colu	ımn (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are I	neld and	d administere	ed for th	ie organiz	ation	i		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedu	le R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.								
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line	11a. Se	e Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	• •	ccumulat		(d) Boo	k valu	ie
		basis (investm	nent)	basis (other)	de	preciatior	ר ו			
1a	Land				146,581.					146,	,581.
	Buildings				400,827.		62,248		49	,151	,989.
	Leasehold improvements				545,753.		2,607	,647.		-61	,894.
	Equipment			118,	950,161.		99,381	,958.	19	,568,	203.
	Other			16,	889,439.		11,423	,239.	5	466,	,200.
Total	Add lines 1a through 1e. (Column (d) must e	oual Form 990. Part >	(. column (B)	line 10	c.)	<u></u>		. 🕨	74	,271	,079.
	, <u> </u>							Schedule			

Schedul		AL HOSPITAL, INC.		52-0646893	Page 3
Part V					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market v	value
(1) Fina	ncial derivatives				
(2) Clos	ely held equity interests				
(3) Othe	er				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part V	/III Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part I	X Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.	
1.	(a) Description of liability			(b) Book v	alue
(1)	Federal income taxes				
(2)	ADVANCES			13,6	39,835.
(3)	OPERATING LEASE LIABILITIES			4,0	75,072.
	CREDIT BALANCES PATIENT AR				78,982.
	WORKERS COMPENSATION				07,342.
	GBR LIABILITY				08,577.
	UCC POOL LIABILITY				43,104.
	OTHER LIABILITIES				22,478.
(8)				<i>''</i>	
(0)					
(9)	Column (b) must equal Form 990. Part X. col. (B) line	e 25.)		23,1	75,390.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.		52-0646893 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	
Pa	rt XIII Supplemental Information.	•	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		
PAR	F X, LINE 2:		

33

FIN 48 FOOTNOTE

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

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX

CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT

CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE

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

ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO

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

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

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

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

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Paga 5
Schedule D (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. Part XIII Supplemental Information (continued)	51 0010050	Page 5
ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE.		
THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH		
THE FASE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES.		
THERE WAS NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30,		
2022.		

Schedule D (Form 990) 2021

132055 10-28-21

Uncernance Uncernance Perspective	SCHEDULE H		Hoopitala						OMB No. 1545-0047				
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	(Form 990)				Hospitals						2021		
berger developed for instructions and the latest information. Impaction Impact I Financial Assistance and Certain Other Community Benefits at Cost Part I Financial Assistance and Certain Other Community Benefits at Cost If the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a. If a bit the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a. If a bit the organization based at written policy If 'No,' skip to question 6a. If of the organization use Federal Poverty Quidelines (FPQ) as a factor in determining eligibility for providing freg care? If 'No,' skip to question 6a. If 'No,' skip to questi		Complete if the organization answered "Yes" on Form 990, Part IV, question 20.				20.	ZUZ I						
1000F00EFF GENERAL INCE_TINAL INC. 12-0646893 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes, Yes, Yes, No. 1a Did the organization have a financial assistance policy during the tax year? If 'No, '' sigh to question 0a. Image: Control of C				o to www.irs.gov/F			itest information.		•				
Part II Financial Assistance and Certain Other Community Benefits at Cost Ves No. 1a Did the organization have a financial assistance policy during the tax year? If "No." skip to question 6a 1a X No. 1b If "Yes," was it a written policy" Applied uniformly to all hospital facilities 1b X 1b X 2 white serve and plance to individual hospital facilities Applied uniformly to most hospital facilities 3a X 3 Access the totomy basis on the following was the FPO family income limit for eligibility for free care: 3a X 10 Did the organization use FPO as a factor in determining eligibility for providing discounted care? 3a X 2 Did the organization use FPO as a factor in determining eligibility for the ordiscounted care? 3a X 3a Did the organization use FPO as a factor in determining eligibility for the ordiscounted care? 3b X 3a The organization use fPO as a factor in determining eligibility for the ordiscounted care? 3a X 3a The organization used factors other than FPO in determining eligibility for the ordiscounted care? 3a X 3a The organization used factors other than FPO in determining eligibility for the ordiscounted care? </th <th>Nam</th> <th colspan="6">ame of the organization Employer identifi</th> <th>entificat</th> <th>ion nu</th> <th>mber</th>	Nam	ame of the organization Employer identifi						entificat	ion nu	mber			
Ves No. 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1a Yes No. 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1a X 1b X 2 testime during the x-max. The policy of the comparison of the organization on the optical facilities Applied unformly to most hospital facilities 1b X 3 Arrow the tolowing waters of the induced assettors eligible to the target number of the organization use Fode all Boundy during the PG family income limit for eligibility for providing discounted care? 3a X 1004 the organization use FOG as factor in determining eligibility core accounted care. 3b X 3b X 1005 of the organization used factors other than FOG in determining eligibility do reganization used factors other than FOG in determining eligibility. Genoche IP at V1 the orter association during the target in the value of the organization used matches explained ansistence explained assistence on discounted care. 3b X 1 Wes, 'notice which of the region considerations, was the organization used factors other than append the value at the description which in the organization used factors other than append the value at the description which is the organization used factors other than append the value at the descrinted amax. 4	_				,			52-06468	93				
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a is is </th <th>Par</th> <th>t I Financia</th> <th>I Assistance a</th> <th>ind Certain Ot</th> <th>her Commun</th> <th>ity Benefits at (</th> <th>Cost</th> <th></th> <th></th> <th></th> <th></th>	Par	t I Financia	I Assistance a	ind Certain Ot	her Commun	ity Benefits at (Cost						
b If "Yes," value is a written policy? In a second se											No		
Provide a system Provide a system code of the formation statement code of the system system code of the system code		•			0 ,	· ·					──		
2 Image: Control of the answer. Applied uniformity to most hospital facilities 3 Amount the transmission of universe intropend to the largest number of the agrestation's patients array for tax year. a) Did the organization use Fedoral Powerty Guidalines (FPG) as a factor in determining eligibility for providing free Care? b) Did the organization use FEG as a factor in determining eligibility for providing discounted care? 3a b) Did the organization use FEG as a factor in determining eligibility for providing discounted care? 3b c) 100% 100% 200% 00m c) 200% 200% 300% 350% 3d/00% 00m c) 10 the organization use FEG as a factor in determining eligibility for factor and therming eligibility for		If "Yes," was it a v If the organization had m	vritten policy?	indicate which of the follo	owing best describes a	pplication of the financial a	ssistance policy to its var	ious hospital	. <u>1b</u>	X			
Generally tailored to individual hospital facilities Image: Constraint of the individual hospital facilities 3 wave the toleway based on the linead accession eliphibic prices to the target number of the organization's patients aring the tax year. Image: Constraint on the following wase the FPG family income limit for eliphibity for providing 'regic care? If 'Yes,' indicate which of the following wase the FPG family income limit for eliphibity for the care: Image: Constraint on the following wase the FPG family income limit for eliphibity for the care? If 'Yes,' indicate which of the following wase the family income limit for eliphibity for discounted care? If 'Yes,' indicate which of the following wase the family income limit for eliphibity for discounted care? Image: Constraint on the constraint on the eliphibity for the constraint on each anset test or other three holds. The constraint on used factors ofther than FPG in determining eliphibity (describe in Part VI the criteria used for determining eliphibity for the or discounted care. Image: Constraint on the constraint on the description whether the organization used an asset test or other three holds. The constraint hold anomation three or discounted care. Image: Constraint on the constraint on the description wase the constraint on the constraint on use to other the ordiscounted care? Image: Constraint on the constraint on the constraint on use to not the ordiscounted care? Image: Constraint on the constraint on the constraint on use to constraint on the constraint on use to particular on table to provide free or discounted care in the "social H image: Constraint on use to particular on table to prove whether the organization used to thorget constraint on the Constrain	2	facilities during the tax year.											
3. Assar the following bases on the financial assistance elyblic priors that traphet to the togen trunter of the organization use Federal Poverty Guidelines (FFG) as a factor in determining eligblithy for providing fraze assarch to the following vas the FPG family income limit for eligblity for free care: 3a X b Did the organization use Federal Poverty Guidelines (FFG) as a factor in determining eligblithy for providing fraze values of the following vas the FPG family income limit for eligblity for providing discounted care: 3b X b Did the organization used factors other than FPG in determining eligblithy. describe in Part VI the criteria used for determining eligblithy for free or discounted care. 3b X c If the organization used factors other than FPG in determining eligblithy. describe in Part VI the criteria used on determining eligblithy for free or discounted care. 3a X b If the organization buget anot the determining eligblithy. describe in Part VI the criteria used on other three discounted care. 3a X b If the organization buget another darge in the organization used assistance policy that parts the the organization used an asset test or other three discounted care. 3a X b If the organization organization site fore or discounted care. 3a X X c If the organization program as contract of the behavel. 3a X X b If the organization buget anounts for free or discounted care. 3a													
a Did the organization use Federal Proverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3a X Indicate which of the following was the FPG family income limit for eligibility for providing discounted care? Indicate which of the following was the family income limit for eligibility for providing discounted care? Indicate which of the following was the family income limit for eligibility for providing discounted care? Indicate which of the following was the family income limit for eligibility for free or discounted care. Indicate which of the following was the family income limit for eligibility for free or discounted care. Indicate which of the following was the family income limit for eligibility for free or discounted care. Intervention of the ord of the family income limit for eligibility for the or discounted care. Intervention of the advance only in the provide family income limit for eligibility for the or discounted care. Intervention of the ord advance only in the provide family income limit for eligibility for the ordiscounted care. Intervention in the same following the tax year? If Yes, 'idd the organization make it available to the public? If Yes, 'idd the organization proves a community benefit report during the tax year? Intancial Assistance and Certain Other Community Benefit at COSt Intancial Assistance and Certain Other Community Benefit at COSt Intancial Assistance and Certain Other Community Benefit at COSt Intancial Assistance and Certain Other Community Benefit at COSt Intancial Assistance	3			•	at applied to the larges	t number of the organizatio	n'o notionto duving the to	(VOOT					
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 3a X I 100% 150% X 200% Other % D lot the organization use FPG as a factor in determining eligibility for discounted care: 3b X I 200% 250% 30.0% S0.0% Other % I the organization used factors other than FPG in determining eligibility for discounted care: 0 0 0 3b X I the organization used factors other than FPG in determining eligibility for a discounted care include in the description whether the organization used an asset test or other 4 X I The organization budget amounts for free or discounted care include under its linancial assistance poley during the tax year? 5a X I If Yes," idid the organization fancial assistance expenses exceed the budgeted amount? 5a X I If Yes," idid the organization make it available to the end discounted care. 5a X I If Yes," idid the organization make it available to the public? 5a X I If Yes," idid the organization make it available to the public? 5a X I If Yes," idid the or		-				-		-					
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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 of discounted care?. 3b X c If the organization used factors other than FPG in determining eligibility for free or discounted care. 400% Other % 1 the organization used factors other than FPG in determining eligibility for free or discounted care. 4 X 55 X 2 Did the organization used factors other than FPG in determining eligibility for free or discounted care. 5c X 55 X 56 X 56 X 56 X 56 X 56 X <th></th>													
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200% 250% 300% 350% X 400% Other % c If the organization used factors other than PFG in determining eligibility, describe in Part VI the criteria used for determining eligibility, describe in Part VI the criteria used for determining eligibility, describe in Part VI the criteria used for determining eligibility, describe in Part VI the criteria used for determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care to the 4 X 5a Did the organization budget amounts for free or discounted care to the or discounted care to the 4 X 5a X If "Yes", did the organization is financial assistance expenses exceed the budgeted amount? 5a X 5a X If "Yes", did the organization make it available to the public? 5a X 5a Did the organization make it available to the public? 5a X 5a X 5a Financial Assistance and Certain Other Community Benefit report during the tax year? 5a X 5b X 7 Financial Assistance and Certain Other Community Benefit report during the tax year? 5a X 5b X 7 Financial Assistance and Certain Other Community Benefit reports during bene									. 3b	х			
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. Include a guinage of the second assistance policy that applied to be larged number of its patients auring the tax yea provide to the regardless of income, as a factor in determining eligibility for free or discounted care to the the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax yea? 4 X X)					
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Treedeally indigent?? 4 A 5a Diff the organization budget amounts for the or discounted care provided under its financial assistance policy during the tax year? 5a X 5b X b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5a X 5b X c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care? 5a X 5b X 6a Did the organization prepare a community benefit report during the tax year? 6b X 6b X complete theolong table using the worksheet and the instructions. Do not submit these worksheets with the Schedule H. 6b X 6c X 7 Financial Assistance and Certain Other Community Benefits at Cost 6c) fotal community benefit reports 6c) fotal community benefit reports (f) Precent community contain community contain community benefit reports (f) Precent community contain comm	4							are to the					
bit No. 4 grant a sugarization's financial assistance expenses exceed the budgeted annount? 0 <th>•</th> <th>"medically indigent"?</th> <th></th> <th></th> <th>·····</th> <th></th> <th></th> <th></th> <th></th> <th>-</th> <th>──</th>	•	"medically indigent"?			·····					-	──		
c If "Yes" to line 5b, as a result of budget considerations, was the organization properties a community benefit report during the tax year? 5c X Ga Did the organization prepare a community benefit report during the tax year? 6a X 6b X Ga Did the organization prepare a community benefit report during the tax year? 6a X 6b X Ga Did the organization prepare a community benefit report during the tax year? 6a X 6b X 7 Financial Assistance and Certain Other Community Benefits at Cost Financial Assistance at cost (from worksheet 3, column a) (b) Preconst (optional) (c) Total community eventits expense		•	•		•				···	-	──		
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132091 11-22-21 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2021

35

Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893									age 2			
Par	t II Community E	Building A	ctivities Compl	ete this table if the	e organization	conducte	ed any co	ommui	nity building acti	vities du	uring th	ne
			VI how its commu									
			(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense		(d) Direct setting reve		(e) Net community building expense		Percent al expens	
1	Physical improvements and	I housing										
2	Economic development	0										
3	Community support											
4	Environmental improven	nents										
5	Leadership developmen											
	training for community n											
6	Coalition building				8,1	24.			8,124		.00	8
7	Community health impro	ovement										
	advocacy				33,8	81.			33,881		.02	8
8	Workforce development											
9	Other											
10	Total				42,0	05.			42,005	•	.02	8
Par	rt III Bad Debt, Me	edicare, 8	Collection Pr	actices								
Secti	ion A. Bad Debt Expense	е									Yes	No
1	Did the organization rep	ort bad debt	expense in accord	dance with Healtho	care Financial I	Managem	nent Ass	ociatio	on			
	Statement No. 15?									1	х	
2	Enter the amount of the											
	methodology used by th	e organizatio	on to estimate this	amount			2		4,257,554	<u>.</u>		
3	Enter the estimated amo	ount of the o	rganization's bad c	lebt expense attrib	outable to							
	patients eligible under th	ne organizati	on's financial assis	tance policy. Expl	ain in Part VI tl	ne						
	methodology used by th	e organizatio	on to estimate this	amount and the ra	ationale, if any	,						
	for including this portion	of bad debt	as community ber	nefit			3					
4	Provide in Part VI the tex	xt of the foot	note to the organiz	zation's financial st	tatements that	describe	es bad de	ebt				
	expense or the page nur	mber on whi	ch this footnote is	contained in the at	ttached financ	ial staten	nents.					
Secti	ion B. Medicare											
5	Enter total revenue recei	ived from Me	edicare (including [OSH and IME)			5					
6	Enter Medicare allowable	e costs of ca	are relating to payn	nents on line 5			6					
7												
8												
	Also describe in Part VI	the costing r	nethodology or so	urce used to deter	mine the amou	unt repor	ted on lir	ne 6.				
	Check the box that desc	ribes the me	ethod used:									
Cost accounting system X Cost to charge ratio Other												
Secti	ion C. Collection Practic	es										
	9a Did the organization have a written debt collection policy during the tax year?							9a	Х			
b	If "Yes," did the organization											
D.	collection practices to be fo									9b	X	
Par	TIV Management	Compan	ies and Joint V	ventures (owned	d 10% or more by of	ficers, direc	tors, trustee	es, key e	mployees, and physic	ians - see	instructio	ons)
	(a) Name of entity			scription of primary		c) Organ		(d) 🤇	Officers, direct-		nysicia	
			activity of entity					s, trustees, or y employees'	•	ofit % o	or	
						owners	snip %	pro	fit % or stock		stock ership	%
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132092 11-22-21

Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL,	INC.									52-0646893	Page 3	
Part V Facility Information												
Section A. Hospital Facilities		Τ				Critical access hospital						
(list in order of size, from largest to smallest)		_	àen. medical & surgical	Ы		spi						
How many hospital facilities did the organization operate		icensed hospital	surç	Children's hospital	oita	s hc	ity					
during the tax year? 1		S	8	hos	losp	sese	Research facility	ő				
Name, address, primary website address, and state license number		Ե	dica	١'s ا	lg h	acc	sh fi	ER-24 hours	ř		Facility	
(and if a group return, the name and EIN of the subordinate hospital		lse	me	drer	hin	cal	earc	4 h	ER-other		reporting	
organization that operates the hospital facility)		ice.	en.	hild	eac	Critio	lese	R-2	ц	Other (describe)	group	
1 MONTGOMERY GENERAL HOSPITAL			-0	0		0	<u> </u>					
18101 PRINCE PHILIP DRIVE												
OLNEY, MD 20832												
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132093 11-22-21	1									Schedule H (Form 9	90) 2021	

Backbord Pacifican and Pacifican Complete a separate Section B for each of the hospital facility or facility reporting groups listed in Part V, Section A): Name of hospital facility or liter on the oblight and liter or facility reporting groups listed in Part V, Section A): Image: Section B for each of the hospital facility or porting group of from Part V, Section A): Image: Section B for each of the s		2-0646893	Pa	age 4
Ecomplete a separate Section B for each of the hospital facility corporting group INTROMENTY GENERAL HOSPITAL Line number of hospital facility, or line numbers of hospital facility and the number of hospital facility, or line numbers of hospital facility reporting group (from Part V, Section A): 1 Community Health Needs Assessment Image: Section B intervention (intervention (interventintervention (intervention (intervention (intervention (i	Part V Facility Information (continued)			
Name of hospital facility or letter of facility reporting group XOPTODERLY GENERAL NOPTICAL Line number of hospital facility corporting group (from Part V, Section A): 1 Zeromanity Health Needs Assessment Yes 1 Was the hospital facility reporting group (from Part V, Section A): 1 Zeromanity Health Needs Assessment 1 X 2 Was the hospital facility facility reporting taxy year? 2 X 3 Was the hospital facility acquired or placed into service as a tax exempt hospital in the current tax year or the immodiately preceding tax year? 2 X 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a 3 X 4 X A definition of the community served by the hospital facility 3 X 5 Demographics of the community 1 X 6 X Demographics of the community 4 X 7 Was the hospital facility web interves representing the community heath needs 4 X 8 The process for onsatifies and resources within the community in interests 3 X 8 The process for onsatifies and escluse and other heabit issues of uninsured parsons, low-income persons, and mininfy	Section B. Facility Policies and Practices			
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Image: The second sec	Name of hospital facility or letter of facility reporting group			
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		120		
	for all of its hospital facilities? \$			

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Sche	dule H	(Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. 52-064	6893	Pa	age 5
	rt V	Facility Information (continued)			3
Fina	ncial A	ssistance Policy (FAP)			
Nam	e of ho	Despital facility or letter of facility reporting group			
				Yes	No
	Did the	e hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explair	ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes	," indicate the eligibility criteria explained in the FAP:			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %			
		and FPG family income limit for eligibility for discounted care of %			
b	X	Income level other than FPG (describe in Section C)			
С	X	Asset level			
d	X	Medical indigency			
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h		Other (describe in Section C)		_	
		ned the basis for calculating amounts charged to patients?	14	X	
		ned the method for applying for financial assistance?	15	Х	
		," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	Ċ.	ned the method for applying for financial assistance (check all that apply):			
а	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part of his			
	T v	or her application			
с	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be sources			
		of assistance with FAP applications			
e		Other (describe in Section C)	10	x	
		ridely publicized within the community served by the hospital facility?	16	^	
	T Yes	," indicate how the hospital facility publicized the policy (check all that apply):			
a ⊾	X	The FAP was widely available on a website (list url): <u>HTTP://WWW.MEDSTARMONTGOMERY.ORG/</u>			
b	X	The FAP application form was widely available on a website (list url): HTTP://WWW.MEDSTARMONTGOMERY.ORG/			
C h	X	A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>			
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е		The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	X	facility and by mail) A plain language summary of the EAR was available upon request and without charge (in public locations in			
f		A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
~	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
g		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			
		displays of other measures reasonably calculated to attract patients attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
- ''	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
	<u> </u>	spoken by Limited English Proficiency (LEP) populations			
i		Other (describe in Section C)			
		Schedule	H (Forr	n 990)	2021

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Sch	edule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. 52-0646	893	Pa	age 6
_	art V Facility Information (continued)			<u> </u>
Billi	ng and Collections			
Nan	ne of hospital facility or letter of facility reporting group MONTGOMERY GENERAL HOSPITAL			
			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?	17	х	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	• Other similar actions (describe in Section C)			
f	X 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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	e Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
a	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		on C)		
c				
c	Made presumptive eligibility determinations (if not, describe in Section C)			
e	Other (describe in Section C)			
f	None of these efforts were made			
Poli	cy 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?	21	Х	
	If "No," indicate why:			
a	· · · · · · · · · · · · · · · · · · ·			
b				
c	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			

d Other (describe in Section C)

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Sche	dule H (Form 990) 2021 MONTO	GOMERY GENERAL HOSP	ITAL,	INC.	52-0646	893	Pa	age 7
Pa	rt V Facility Information (co	ntinued)						
Cha	ges to Individuals Eligible for Assist	ance Under the FAP (FA	P-Elig	ible Individuals)				
Nam	e of hospital facility or letter of facil	ity reporting group _1	IONTGO	MERY GENERAL HOSPITAL				
							Yes	No
22	Indicate how the hospital facility deter individuals for emergency or other me		ar, the	maximum amounts that can be	e charged to FAP-eligible			
а	The hospital facility used a loc 12-month period	ok-back method based or	n claim	s allowed by Medicare fee-for-s	service during a prior			
b	The hospital facility used a lo	ok-back method based or	n claim	s allowed by Medicare fee-for-s	service and all private			
	health insurers that pay claim	s to the hospital facility d	uring a	prior 12-month period				
С	The hospital facility used a lo	ok-back method based or	n claim	s allowed by Medicaid, either a	alone or in combination			
	with Medicare fee-for-service	and all private health insu	irers th	at pay claims to the hospital fa	acility during a prior			
	12-month period							
d	X The hospital facility used a pr	ospective Medicare or M	edicaid	method				
23	During the tax year, did the hospital fa	acility charge any FAP-eli	gible in	dividual to whom the hospital	facility provided			
	emergency or other medically necess	ary services more than th	e amoi	unts generally billed to individu	als who had			
	insurance covering such care?	•				23		x
	If "Yes," explain in Section C.							
24	During the tax year, did the hospital fa	acility charge any FAP-eli	gible in	dividual an amount equal to th	e gross charge for any			
	service provided to that individual?					24		X
	If "Yes," explain in Section C.							

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Schedule H (Form 990) 2021 MONTGOMERY Part V Facility Information (continued)

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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.

MONTGOMERY GENERAL HOSPITAL:

PART V, SECTION B, LINE 5: CHNA INPUT

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE

COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS.

HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK

FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS

ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH

REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND

GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE

REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: DIANA SALADINI AND ANDREA MOCCA/DAIRY MARROQUIN

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: NGOZI WEXLER, MD

ADVISORY TASK FORCE

ROLE DESCRIPTION

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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.		
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 : DIANA SALADINI		
TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, POPULATION HEALTH (LEAD)		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : ANDREA MOCCA		
TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY OUTREACH COORDINATOR (LEAD)		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : DAIRY MARROQUIN		
TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY OUTREACH COORDINATOR (LEAD)		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : NGOZI WEXLER, MD		
TITLE/AFFILIATION WITH HOSPITAL : VP, MEDICAL AFFAIRS (EXECUTIVE SPONSOR)		

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Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. Part V Facility Information (continued)	52-0646893	Page 8
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.		
NAME : DEANA CHO		
TITLE/AFFILIATION WITH HOSPITAL : SOCIAL WORKER, CENTER FOR SUCCESSFUL		
AGING		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : DEBBIE OTANI		
TITLE/AFFILIATION WITH HOSPITAL : CANCER NURSE NAVIGATOR		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : LISA KING		
TITLE/AFFILIATION WITH HOSPITAL : PATIENT FAMILY ADVISORY COUNCIL MEMBER		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : LYNDA SUH		
TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, QUALITY AND RISK		
NAME OF ORGANIZATION : MEDSTAR MONTGOMERY MEDICAL CENTER		
NAME : AUDREY PARTINGTON		
TITLE/AFFILIATION WITH HOSPITAL : CHAIR, OUTREACH		
NAME OF ORGANIZATION : OLNEY HOME FOR LIFE		
NAME : DANIELLE DENNIS		

TITLE/AFFILIATION WITH HOSPITAL : READMISSIONS REDUCTION CASE MANAGER

NAME OF ORGANIZATION : MINDOULA

NAME : DEBBIE ELLINGHAUS

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY REPRESENTATIVE

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Part V Facility Information (continued)		
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.		
NAME OF ORGANIZATION : OLNEY THEATER		
NAME : EDITH WILLIAMS		
TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY REPRESENTATIVE		
NAME OF ORGANIZATION : MILLIAN UNITED METHODIST CHURCH		
NAME : FELICIA HUGEE		
TITLE/AFFILIATION WITH HOSPITAL : PLANNING SPECIALIST		
NAME OF ORGANIZATION : HEALTHY MONTGOMERY/ DHHS OFFICE		
NAME : JACQUELINE WILLIAMS-HUBBARD		
TITLE/AFFILIATION WITH HOSPITAL : CENTER ADMINISTRATOR		
NAME OF ORGANIZATION : HOLY CROSS HEALTH CENTER-ASPEN HILL		
NAME : MARSHA BATISTA		
TITLE/AFFILIATION WITH HOSPITAL : RESIDENT COUNSELOR III		
NAME OF ORGANIZATION : HOUSING OPPORTUNITIES COMMISSION		
NAME . MARY TANE TOCERU		
NAME : MARY JANE JOSEPH		
TITLE/AFFILIATION WITH HOSPITAL : PROJECT MANAGER		

NAME OF ORGANIZATION : PRIMARY CARE COALITION

NAME : PAOLA FERNAN-ZAGARRA

TITLE/AFFILIATION WITH HOSPITAL : PLANNING AND QUALITY ASSURANCE MANAGER

NAME OF ORGANIZATION : LATINO HEALTH INITIATIVE

NAME : REINA GUERRERO

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Part V Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines		
2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide		
separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.		
TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY SCHOOL COORDINATOR		
NAME OF ORGANIZATION : EVERYMIND-LINKAGES TO LEARNING		
NAME : SANJANA QUSEM		
TITLE/AFFILIATION WITH HOSPITAL : PROGRAM MANAGER		
NAME OF ORGANIZATION : ASIAN AMERICAN HEALTH INITIATIVE		
NAME : SUSAN MONTGOMERY		
TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF SOCIAL SERVICES		
NAME OF ORGANIZATION : LEISURE WORLD OF MARYLAND CORPORATION		
MONTGOMERY GENERAL HOSPITAL:		
PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIES		
THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT		
RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE		
TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND		
VULNERABLE POPULATIONS IN THE REGIONS WE SERVE. THREE-YEAR IMPLEMENTATION		
STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S		
COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION		
OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY		
QUANTITATIVE DATA AND COMMUNITY INPUT, AS WELL AS ON HOSPITAL EXPERTISE,		
RESOURCES, STRENGTHS OF EXISTING PROGRAMMING AND PARTNERSHIPS, AND		
ALIGNMENT WITH NATIONAL, STATE, AND LOCAL HEALTH GOALS. THE MEDSTAR HEALTH		
CORPORATE COMMUNITY HEALTH DEPARTMENT WILL PROVIDE SYSTEM-WIDE		
COORDINATION AND OVERSIGHT OF COMMUNITY BENEFIT PROGRAMMING. HOSPITAL		
ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR PROGRESS OF	Cohodula 11/17	000) 000
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Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 8
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.		
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.		
MONTGOMERY GENERAL HOSPITAL		
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:		
HTTP://WWW.MEDSTARMONTGOMERY.ORG/		
	Cohodulo II (Form	0001 000 1

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Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. Part V Facility Information (continued)		52-0646893	Page 9
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Sin	nilarly Recognized as a Hospita	l Facility	
(list in order of size, from largest to smallest)			
How many non-hospital health care facilities did the organization operate during the t	ax year?	0	
Name and address	Type of Facility (describe)		

Schedule H (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.

Provide the following information.

Part VI Supplemental 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.

PART I, LINE 7:
CHARITY CARE AT COST
MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT
THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW
COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND
ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE
SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR
SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH
PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY
OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.
UNREIMBURSED MEDICAID
PART I, LINE 7B
MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT
THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW
COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND
ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE
SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR
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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC. Part VI Supplemental Information (Continuation)	52-0646893	Page 10
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. COMMUNITY BENEFIT		
EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET		
EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS		
SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND		
HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS		
THROUGH THE RATE-SETTING SYSTEM.		
PART III, LINE 4:		
MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE IN		
ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO		
CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING		
THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM		
AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF		
CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER, MEDSTAR AND ITS AFFILIATED		
ENTITIES DO NOT MAKE A DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE		
COLLECTIBLE IN DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH		
HAVE BEEN DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE		
ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO		
ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD		
DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO		
SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.		
PART III, LINE 8:		
MEDICARE		
MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT		

THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW

Schedule H (Form 990)

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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC. Part VI Supplemental Information (Continuation)	52-0646893	Page 10
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. 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.		
PART VI, LINE 2		
IN FY21, MEDSTAR MONTGOMERY MEDICAL CENTER (MMMC) CONDUCTED A COMMUNITY		
HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE GUIDELINES		
ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE		
INTERNAL REVENUE SERVICE. THE HOSPITAL'S CHNA AND THREE-YEAR		
IMPLEMENTATION STRATEGIES WERE ENDORSED BY MMMC'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, 2021 AND WILL		
GUIDE PROGRAMMING PRIORITIES IN FISCAL YEARS 2022-2024.		
THE CATEGORIES HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL		
DETERMINANTS OF HEALTH WERE USED TO DETERMINE WHAT PROGRAMMING TO		
PRIORITIZE FOR THE CHNA. TWO TO THREE STRATEGIES IN EACH CATEGORY WERE		
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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC. Part VI Supplemental Information (Continuation)	52-0646893	Page 10
SELECTED AS PRIORITIES DUE TO THE SIZE AND SCALE OF IMPACT AND		
MEASURABLE 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) IS BASED ON THE		
ADVISORY TASK FORCE (ATF) RECOMMENDATION. THE HOSPITAL IDENTIFIED ITS		
CBISA AS ALL RESIDENTS LIVING IN ZIP CODE 20906. 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.		
HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS (CHRONIC		
DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH AND AGING AND		
OLDER ADULT HEALTH), ACCESS TO HEALTH CARE SERVICES (ACCESS TO		
AFFORDABLE HEALTH CARE AND INSURANCE) AND SOCIAL DETERMINANTS OF HEALTH		
(FOOD INSECURITY).		
AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM THE HOSPITAL		
ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY HEALTH WORKGROUP.		
THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH PROFESSIONALS WHO		
REPRESENT ALL TEN MEDSTAR HOSPITALS. THE TEAM ANALYZES LOCAL AND		
REGIONAL COMMUNITY HEALTH DATA, ESTABLISHES SYSTEM-WIDE COMMUNITY	Schedule H	(Eorm 990)
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Part VI Supplemental Information (Continuation)		
HEALTH PROGRAMMING PERFORMANCE AND EVALUATION MEASURES AND SHARES BEST		
PRACTICES.		
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		
PART VI, LINE 3		
AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS,		
MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED AND UNDERINSURED		
PATIENTS MEETING ELIGIBILITY CRITERIA, AND PATIENTS DETERMINED ELIGIBLE		
FOR PRESUMPTIVE ELIGIBILITY WITHIN THE COMMUNITIES WE SERVE WHO LACK		
FINANCIAL RESOURCES HAVE ACCESS TO MEDICALLY NECESSARY HOSPITAL		
SERVICES. MEDSTAR HEALTH HOSPITALS AND HOSPITAL BASED-PHYSICIAN		
PRACTICES WILL:		
. TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION.		
. SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR		
MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES		
REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.		
. ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSION PROCESS		
FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR THE CARE		
THEY RECEIVE.		
. BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER		
FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR		
ALL WHO MAY NEED CARE IN THE COMMUNITY.		
IN MEETING ITS COMMITMENTS, MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED		
PHYSICIAN PRACTICES WILL WORK WITH THEIR PATIENTS SEEKING EMERGENCY AND		
MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH PATIENT'S		
FINANCIAL RESOURCES. BASED ON THIS INFORMATION, MEDSTAR HEALTH		

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Part VI Supplemental Information (Continuation)		
HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL MAKE ELIGIBILITY		
DETERMINATIONS FOR FINANCIAL ASSISTANCE FOR PATIENTS WHO RESIDE WITHIN		
THE COMMUNITIES THAT WE SERVE. IN DETERMINING ELIGIBILITY FOR FINANCIAL		
ASSISTANCE, MEDSTAR HEALTH HOSPITALS AND HOSPITAL-BASED PHYSICIAN		
PRACTICES WILL:		
. DETERMINE WHETHER THE PATIENT HAS HEALTH INSURANCE.		
. DETERMINE WHETHER THE PATIENT IS PRESUMPTIVELY ELIGIBLE FOR FREE OR		
REDUCED-COST CARE.		
. DETERMINE WHETHER UNINSURED PATIENTS ARE ELIGIBLE FOR PUBLIC OR		
PRIVATE HEALTH INSURANCE.		
. TO THE EXTENT POSSIBLE, OFFER ASSISTANCE TO UNINSURED PATIENTS IF THE		
PATIENT CHOOSES TO APPLY FOR PUBLIC OR PRIVATE HEALTH INSURANCE.		
. TO THE EXTENT PRACTICABLE, DETERMINE WHETHER THE PATIENT IS ELIGIBLE		
FOR OTHER PUBLIC PROGRAMS THAT MAY ASSIST WITH HEALTH CARE COSTS.		
. USE INFORMATION IN THE POSSESSION OF THE HOSPITAL, IF AVAILABLE, TO		
DETERMINE WHETHER THE PATIENT IS QUALIFIED FOR FREE OR REDUCED-COST		
CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.		
MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE		
POLICY BY:		
. PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY,		
FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION		
SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS.		
. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY,		
MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT		

INFORMATION SHEET TO PATIENTS UPON REQUEST.

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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 10
Part VI Supplemental Information (Continuation)		
. 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, INCLUDING THE BUSINESS OFFICE, INFORMING		
PATIENTS OF THEIR RIGHTS TO APPLY FOR FINANCIAL ASSISTANCE AND WHO TO		
CONTACT AT THE HOSPITAL FOR ADDITIONAL INFORMATION.		
- TRANSLATING THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM		
FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR PATIENT INFORMATION		
SHEET INTO PRIMARY LANGUAGES THAT CONSTITUTE THE LESSER OF 1000		
INDIVIDUALS OR 5% OF THE OVERALL POPULATION WITHIN THE CITY OR COUNTY		
IN WHICH THE HOSPITAL IS LOCATED AS MEASURED BY THE MOST RECENT CENSUS.		
. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS		
SERVING ALL HOSPITAL TARGET POPULATIONS.		
THE MEDSTAR HEALTH PATIENT INFORMATION SHEET SHALL BE PROVIDED TO THE		
PATIENT, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED		
REPRESENTATIVE:		
. BEFORE DISCHARGE;		
. WITH THE HOSPITAL BILL;		
. ON REQUEST; AND		

. IN EACH WRITTEN COMMUNICATION TO THE PATIENT REGARDING COLLECTION OF

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PUBLIC INSPECTION COPY MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893 Schedule H (Form 990) Page **10** Part VI Supplemental Information (Continuation) THE HOSPITAL BILL. MEDSTAR HEALTH WILL PROVIDE A FINANCIAL ASSISTANCE PROBABLE AND LIKELY ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM RECEIPT OF THE INITIAL MEDSTAR HEALTH UNIFORM FINANCIAL ASSISTANCE APPLICATION. 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 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

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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 10
Part VI Supplemental Information (Continuation)		
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		
FINANCIAL 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 CALLING CUSTOMER		
SERVICE AT 1-800-280-9006.		
PATIENTS OF MEDSTAR HEALTH'S HOSPITALS AND HOSPITAL-BASED PHYSICIAN		
PRACTICES MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL		
SLIDING-SCALE FINANCIAL ASSISTANCE AS SET FORTH UNDER THIS POLICY. THE		
PATIENT ADVOCATE AND PATIENT FINANCIAL SERVICES STAFF WILL DETERMINE		
ELIGIBILITY FOR FULL FINANCIAL ASSISTANCE AND PARTIAL SLIDING-SCALE		
FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND		
THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE		
PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO		
BE INCURRED BY THE PATIENT.		
COMMUNITY INFORMATION		
PART VI, LINE 4		
GEOGRAPHIC:		
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Part VI Supplemental Information (Continuation)		
MMMC'S CBSA INCLUDES RESIDENTS IN THE ASPEN HILL/BEL PRE/ROCKVILLE		
NEIGHBORHOODS OF MONTGOMERY COUNTY, MARYLAND (ZIP CODES 20906 AND		
20853). THIS GEOGRAPHIC AREA WAS SELECTED BASED ON HOSPITAL UTILIZATION		
AND SECONDARY PUBLIC HEALTH DATA, AS WELL AS ITS PROXIMITY TO THE		
HOSPITAL, COUPLED WITH A HIGH DENSITY OF LOW-INCOME RESIDENTS,		
UNDERSERVED SENIORS, AND AN ETHNICALLY DIVERSE POPULATION.		
DEMOGRAPHICS:		
ACCORDING TO THE CENSUS BUREAU, THE ASPEN HILL/BEL PRE AREA ENCOMPASSED		
BY ZIP CODE 20906 HAS 48,759 RESIDENTS. 12.8% OF RESIDENTS ARE AGE 65		
AND OLDER, COMPARED TO 16.1% OF MONTGOMERY COUNTY. THE POPULATION IS		
RACIALLY DIVERSE, WITH 43.1% WHITE, 20.3% BLACK/AFRICAN AMERICAN, 9.6%		
ASIAN, WHILE 33.8% ARE OF HISPANIC ORIGIN. RELATIVE TO MONTGOMERY		
COUNTY, THERE IS A LARGER PROPORTION OF BLACK/AFRICAN AMERICAN AND		
HISPANIC RESIDENTS. THE MEDIAN INCOME (\$83,876) IS LOWER THAN THE		
COUNTYWIDE MEDIAN (\$106,287) AND A HIGHER PROPORTION OF FAMILIES IN		
ASPEN HILL/BEL PRE LIVE IN POVERTY 10.6% COMPARED TO 6.9% IN MONTGOMERY		
COUNTY.		
THE ROCKVILLE AREA ENCOMPASSED BY ZIP CODE 20853 HAS 68,079 RESIDENTS.		
15.6% OF RESIDENTS ARE AGE 65 AND OLDER, COMPARED TO 16.1% OF		
MONTGOMERY COUNTY. THE POPULATION IS RACIALLY DIVERSE, WITH 56.5%		
WHITE, 11.2% BLACK/AFRICAN AMERICAN, 20.4% ASIAN, WHILE 15.9% ARE OF		
HISPANIC ORIGIN.		
PROMOTION OF COMMUNITY HEALTH		
PART VI, LINE 5		
AS A COMMUNITY PARTNER, MMMC ENGAGES IN SEVERAL COMMUNITY BENEFIT		

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Part M Supplemental Information (Continuation) TIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE MEUNITY, FRIGRITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE MEAS OF FOCUS INCLUDING HEALTH AND WELLBESS, ACCESS TO CARE, AND DALLA DETERMINANTS OF HEALTH, PROGRAMS INCLUDE (BUT ARE NOT LIMITED DOLLA DALLA DETERMINANTS OF HEALTH, PROGRAMS INCLUDE (BUT ARE NOT LIMITED DOLLA MAILTH AND WELLBESS INFERSON EVENTS REMAINED SUSPENDED DUE TO COVID-19 REFRICTIONS UNTIL MAILTH AND WELLBESS INFERSON EVENTS REMAINED SUSPENDED DUE TO COVID-19 REFRICTIONS UNTIL MAILT OF OPENATS TO HOST EVENTS INCLUDING WEB-BASED PLATFORMS, AS WID-19 RESTRICTIONS WERE LIFTED, WE BESAN RELAUNCHING OUTERACH TEAMS DI PARTICIPATING IN OUTDOOR COMMUNITY EVENTS, INCLUDED PARTHERSHIPS EVENTS AND MORE, COMMUNITY ACTIVISTS, FAITH-BASED MARTIZATIONS, AND SOCIAL SERVICE ORGANIZATIONS, SOME COMMUNITY MORRAME PREVIOUSLY CANCELLED WERE RELAUNCHED, AND SOME VIRTUAL MORRAME PREVIOUSLY CANCELLED WERE RELAUNCHED, AND SOME VIRTUAL MAINTERFENT AND SERVICES FOCUS ON CREANIC DISEASE MENTERFENTION TO OR ADDING IN-PRESON PORTOS. MAINTERFENTION TO OR ADDING IN-PRESON PORTOS. MUDARIMENES AGED SS. AND SERVICES FOCUS ON CREANIC DISEASE </th <th></th> <th></th> <th></th>			
TIVITIES TO INFROVE AND FRONOTE THE HEALTH AND WELLBEING OF THE MOUNITY. PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE MOUNITY. PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE NOUNITY. PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE NOUNITY. PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE CIALT DETERMINANTS OF HEALTH. PROGRAMS INCLUDE (BUT ARE NOT LIMITED)). CALT AND WELLNESS PERSON EVENTS REMAINED SUSPENDED DUE TO COVID-19 RESTRICTIONS UNTIL HERE OF 2022. AS A RESULT, TO MEET OUR COMMUNITY NEEDS, WE USED A METETY OF FORMATS TO HOST EVENTS INCLUDING WEB-BASED FLATTORMS. AS NUTD-19 RESTRICTIONS WERE LIPTED, WE BEGAN RELAUNCHING OUTREACH TEAMS DD PARTICIPATING IN OUTDOOR COMMUNITY BUENTS INCLUDED FLATTORMS. AS NUTD-19 RESTRICTIONS WERE LIPTED, WE BEGAN RELAUNCHING OUTREACH TEAMS DD PARTICIPATING IN OUTDOOR COMMUNITY BUENTS INCLUDED FLATTORMS. AS NUTD-19 RESTRICTIONS WERE LIPTED, WE BEGAN RELAUNCHING OUTREACH TEAMS DD PARTICIPATING IN OUTDOOR COMMUNITY BUENTS INCLUDED FLATTORMS. AS NUTD-19 RESTRICTIONS WERE LIPTED, WE BEGAN RELAUNCHING PROPENSIPS THE PUBLIC HEALTH ORGANIZATIONS, COMMUNITY ACTIVISTS, FAITH-BAAED NORAMENTING BEGAN SMITCHING TO READING IN-PERSON FORUMS. NORAMENTIM BEGAN SWITCHING TO OR ADDING IN-PERSON FORUMS. ENTOR WELLNESS FROORAME AND SERVICES FOCUS ON CHRONIC DISEASE HEVENTION AND MANAGEMENT AMONG HIGH-RIGK POPULATIONS. EXERCISE IS A NY FACTOR IN MANAGING CHRONICI HILMESSES AND IMPROVING QUALITY OF LIPS. MURKITY MEMBERS ARED 55, AND UP CAN PARTICIPATE IN FREE PHYSICAL THESES CLASSES SUCH AS SENIOR STRENOTH 4 BALANCE AND SERVICE FLOW YOGA D INCREASE FLEXIBILITY, BALANCE, COORDINATION, AND CARDIOVASCULAR HURANCE. THE CENTER FOR SUCCESSFUL AGING INCREASED THE MEMBER OF HURANCE. THE CENTER FOR SUCCESSFUL AGING INCREASED THE MEMBER OF HURCHING WELLNESS ON FALL FREVENTION, STROKE, HEART HEALTH,		52-0646893	Page 10
MNUNITY, PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE MNUNITY, PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE MAUNITY, PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE CIAL DETERMINANTS OF HEALTH. FROORAMS INCLUDE (BUT ARE NOT LIMITED D): MALTH AND WELLNESS MALTH AND WERK LIPTED, WE BEGAN RELAUNCHING OUTREACH TEAMS MALTH AND WORK, COMMUNITY EVENTS INCLUDED PARTWERSHIPS TH PUBLIC HEALTH OROMALIZATIONS, COMMUNITY EVENTS INCLUDED PARTWERSHIPS THE PUBLIC HEALTH OROMALIZATIONS, COMMUNITY ACTIVISTS, FAITH-BAASED MALTIZATIONS, AND SOCIAL SERVICES ORGANIZATIONS, SOME COMMUNITY MORAMS PREVIOUSLY CANCELED WERE RELAUNCHED, AND SOME VIRTUAL MALTHESS FROGRAME AND SERVICES POCUS ON CHRONIC DISEASE NATOR MELLNESS PROGRAME AND SERVICES POCUS ON CHRONIC DISEASE MAUNITY MEMBERS AGED 554 AND UP CAN PARTICIPATE IN PREE PHYSICAL MAUNITY MEMBERS AGED 554 AND UP CAN PARTICIPATE IN PREE PHYSICAL MAUNITY MEMBERS AGED 554 AND UP CAN PARTICIPATE IN PREE PHYSICAL MAUNITY MEMBERS AGED 554 AND UP CAN PARTICIPATE IN PREE PHYSICAL MAUNITY MEMBERS AGED 554 AND UP CAN PARTICIPATE IN CREASED			
EAS OF FOCUS INCLUDING HEALTH AND WELLNESS, ACCESS TO CARE, AND CIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE (BUT ARE NOT LIMITED)): CIALTH AND WELLNESS (A-FERSON EVENTS REMAINED SUSPENDED DUE TO COVID-19 RESTRICTIONS UNTIL ARCH OF 2022, AS A RESULT, TO MEET OUR COMMUNITY NEEDS, WE USED A URLETY OF FORMATS TO HOST EVENTS INCLUDING WEB-BASED PLATFORMS. AS NULD-19 RESTRICTIONS WERE LIFTED, WE BEGAN RELAUNCHING OUTREACH TEAMS ID PARTICIPATING IN OUTDOOR COMMUNITY EVENTS, REACHING FEOPLE WHERE EVELIVE AND WORK. COMMUNITY ENERGY REACHING FEOPLE WHERE EVELOUGLY CANCELED WERE RELAUNCHED, AND SOME VIRTUAL KOGRAMMING BEGAN SWITCHING TO OR ADDING IN PERSON FORUMS. ENTOR MELLNESS PROGRAMS AND SERVICES FOCUS ON CHRONIC DISEASE EVENTION AND MANAGEMENT AMONG HIGH-RISK FOPULATIONS, EXERCISE IS A EVENTION AND MANAGEMENT AMONG HIGH-RISK FOPULATIONS, EXERCISE IS A EVENTION AND MANAGEMENT AMONG HIGH-RISK FOPULATIONS, EXERCISE IS A EVENTION AND MANAGEMENT AND SERVICES FOCUS ON CHRONIC DISEASE EVENTION AND MANAGEMENT AND SERVICES FOR PARTICIPATE IN FREE FHYSICAL EXTERS CLASSES SUCH AS SENIOR STRENGTH & BALANCE AND SENIOR FLOW YOGA D INGRAGE FLEXIBILITY, BALANCE, COORDINATION, AND CARDIOVASCULAR IDURANCE, THE CENTER FOR SUCCESSFUL ASING INCREASED THE NUMBER OF DUCATIONAL WORKSHOPS ON FALL FREVENTION, FROKE, HEART HEALTH,	ACTIVITIES TO IMEROVE AND FROMOTE THE HEALTH AND WELLBEING OF THE		
CIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE (BUT ARE NOT LIMITED)): PALTH AND WELLNESS PERSON EVENTS REMAINED SUSPENDED DUE TO COVID-19 RESTRICTIONS UNTIL RECH OF 2022. AS A RESULT, TO MEET OUR COMMUNITY NEEDS, WE USED A NETETY OF PORMATS TO HOST EVENTS INCLUDING WEB-BAGED FLATFORMS. AS VID-19 RESTRICTIONS WERE LIFTED, WE BEGAN RELAUNCHING OUTREACH TEAMS DI PARTICIPATING IN OUTDOOR COMMUNITY EVENTS, REACHING PEOPLE WHERE HEY LIVE AND WORK, COMMUNITY ENGAGEMENT EVENTS INCLUDED PARTNERSHIPS TH FUELIC HEALTH ORGANIZATIONS, COMMUNITY ACTIVISTS, FAITH-BASED KGANIZATIONS, AND SOCIAL SERVICE ORGANIZATIONS. SOME COMMUNITY COORAMS PREVIOUSLY CANCELED WERE RELAURCHED, AND SOME VIRTUAL COORAMS PREVIOUSLY CANCELES FOCUS ON CHRONIC DISEASE ENVENTION AND MANAGEMENT AMONG HIGH-RISK POPULATIONS, EXERCISE IS A INTOR WELLNESS FROGRAMS AND SERVICES FOCUS ON CHRONIC DISEASE ENVENTION AND MANAGEMENT AMONG HIGH-RISK POPULATIONS, EXERCISE IS A INTOR WELLNESS FROGRAMS AND SERVICES POULS ON CHRONIC DISEASE ENVENTION AND MANAGEMENT AMONG HIGH-RISK POPULATIONS, EXERCISE IS A INTOR MELLNESS FROGRAMS AND SERVICES FOCUS ON CHRONIC DISEASE ENVENTION AND MANAGEMENT AMONG HIGH-RISK POPULATIONS, EXERCISE IS A INTOR MELLNESS FROGRAMS AND SERVICES FOCUS ON CHRONIC DISEASE ENVENTION AND MANAGEMENT AMONG HIGH-RISK POPULATIONS, EXERCISE IS A INTOR WELLNESS FROGRAMS AND SERVENT HEAD HIGH AND SENIOR PLON YOGA D INCREASE SUCH AS SENIOR STREMOTH & BALANCE AND SENIOR PLON YOGA D INCREASE FLEXIBLITY, BALANCE, COORDINATION, AND CANDI	COMMUNITY. PRIORITY AREAS, AS DETERMINED BY THE CHNA, FALL UNDER THREE		
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	ENDURANCE. THE CENTER FOR SUCCESSFUL AGING INCREASED THE NUMBER OF		
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	DEMENTIA, AND CAREGIVING/CAREGIVER EDUCATION.		

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Part VI Supplemental Information (Continuation)		
SUPPORT GROUPS ARE OFFERED ON TOPICS INCLUDING DIABETES, NEW		
MOMS/BREASTFEEDING, CANCER, AND YOGA. BEHAVIORAL HEALTH, SUBSTANCE		
ABUSE AND SENIOR RESOURCES ARE SHARED WITH SUPPORT GROUP PARTICIPANTS.		
STAFF PARTICIPATE IN ALL TYPES OF COMMUNITY HEALTH OUTREACH WHERE		
HEALTH EDUCATION IS GIVEN AND HEALTH RESOURCES ARE SHARED. HEALTH		
EVENTS FOR FY22 HAVE BEEN LIMITED TO OUTSIDE EVENTS WITH COMMUNITY		
GROUPS (CHURCHES, SCHOOLS, LOCAL ORGANIZATIONS, ETC.) AND VIRTUALLY IN		
FORUMS WHERE HOSPITAL STAFF SHARED THEIR KNOWLEDGE WITH THE COMMUNITY		
THROUGH ENGAGING INTERVIEWS, SEMINARS, BLOGS, AND VIDEOS.		
ACCESS TO CARE		
MMMC IS COMMITTED TO MEETING THE NEEDS OF VULNERABLE POPULATIONS BY		
ESTABLISHING STRATEGIC PARTNERSHIPS AND ALLIANCES WITH SAFETY-NET		
CLINICS. THE HOSPITAL CONTINUES TO PROVIDE FINANCIAL SUPPORT TO HOLY		
CROSS HEALTH CENTER- ASPEN HILL, WHICH ENABLES THE CLINIC TO TREAT		
LOW-INCOME, UNINSURED, ETHNICALLY DIVERSE RESIDENTS AT FREE OR LOW		
COST. THE HOSPITAL ALSO PROVIDES IN-KIND SPACE FOR DAY-TO-DAY OPERATION		
OF PROYECTO SALUD'S CLINICAL SPACE. WITH A FOCUS ON PERSONS WHO SPEAK		
SPANISH AS A PRIMARY LANGUAGE, SERVICES INCLUDE PHYSICAL EXAMINATIONS,		
HEALTH COUNSELING, EDUCATION, AND LABORATORY SERVICES. IN ADDITION,		
PROYECTO SALUD OFFERS A SEASONAL FLU CLINIC. PRESCRIPTION MEDICATIONS		
ARE MADE AVAILABLE THROUGH THE MONTGOMERY CARES PROGRAM. THE CLINIC		
ALSO PROVIDES REFERRALS FOR COUNTY SPECIALTY SERVICES, SEXUALLY		
TRANSMITTED INFECTIONS, AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)		
PROGRAMS, WOMEN'S CANCER CONTROL PROGRAM, FAMILY PLANNING, AND ALCOHOL		
TREATMENT AND REHABILITATION.		

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Schedule H (Form 990)

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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC. Part VI Supplemental Information (Continuation)	52-0646893	Page 10
MMMC IS A MEMBER OF THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP (NMRP), A		
COLLABORATION AMONG MONTGOMERY COUNTY'S HOSPITALS THAT INVESTS IN		
PROGRAMS AND INITIATIVES THAT WILL IMPROVE THE HEALTH OF PEOPLE WHO ARE		
AT HIGH RISK OF AN ADVERSE HEALTH EVENT, OR WHO HAVE COMPLEX NEEDS.		
PROGRAMS SUPPORTED BY NMRP INCLUDE COLLABORATION WITH COMMUNITY		
PARTNERS TO ESTABLISH CRISIS BED HOUSES AND MEDICAL RESPITE CENTERS, AN		
ADVANCE DIRECTIVES AWARENESS PROGRAM, AND COUNTY-WIDE COLLABORATION		
WITH MONTGOMERY COUNTY SKILLED NURSING FACILITIES TO IMPROVE QUALITY OF		
CARE AND STREAMLINE CARE TRANSITIONS.		
MEDSTAR HEALTH HAS BEEN RECOGNIZED AS A LEADER IN THE SCREENING, BRIEF		
INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) PROGRAM IN MARYLAND.		
STAFF SCREEN PARTICIPANTS FOR SUBSTANCE USE DISORDERS WITH THE GOAL OF		
INCREASING ACCESS TO TREATMENT, PREVENTING OVERDOSES, AND IMPROVING		
HEALTH OUTCOMES. THOSE WHO SCREEN POSITIVE FOR HIGH-RISK BEHAVIORS ARE		
CONNECTED TO PEER RECOVERY COACHES WHO CONDUCT A BRIEF INTERVENTION AND		
REFER TO TREATMENT IF APPROPRIATE. THE SYSTEM EMPLOYS PRCS EMBEDDED IN		
THE EMERGENCY DEPARTMENT (ED), INPATIENT, OUTPATIENT AND MOTHER BABY		
DEPARTMENTS.		
MINDOULA BEHAVIORAL HEALTH PROGRAM WAS ALSO IMPLEMENTED TO IMPROVE		
ACCESS TO MENTAL HEALTH SERVICES AND IMPROVE HEALTH OUTCOMES. MINDOULA		
OFFERS 30 DAYS OF VIRTUAL OR IN-PERSON POST-DISCHARGE CASE MANAGEMENT		
SERVICES TO THE FIRST THIRTY PATIENTS WITH A DIAGNOSIS OF DEPRESSION,		
SCHIZOPHRENIA AND AND/OR BIPOLAR DISORDER. STAFF WORK DIRECTLY WITH		
THE HOSPITAL SOCIAL WORK TEAM TO DEVELOP DISCHARGE AND TREATMENT PLANS,		
AS WELL AS PROVIDE PATIENT EDUCATION AND COACHING. IN ADDITION,		
MINDOULA PROVIDES PERIODIC HEALTH CHECKS THAT TRACK PATIENTS' ADHERENCE	Schedule H	(Earm 000)

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Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC. Part VI Supplemental Information (Continuation)	52-0646893	Page 10
TO PLANS AND IDENTIFY RED FLAGS.		
THE HOSPITAL SUBSIDIZES HEALTH SERVICES TO ENSURE RESIDENTS HAVE ACCESS		
TO THE CLINICAL CARE THEY NEED. ALSO, FINANCIAL ADVOCATES PROVIDE		
FINANCIAL ASSISTANCE TO UNINSURED PATIENTS WHO RESIDE IN THE COMMUNITY		
BY ASSISTING WITH ENROLLMENT IN PUBLICLY FUNDED ENTITLEMENT PROGRAMS		
(E.G., MEDICAID, MEDICARE) OR REFERRING PATIENTS TO STATE OR FEDERAL		
INSURANCE EXCHANGE NAVIGATOR RESOURCES, WITH CONSIDERATION OF FUNDING		
THAT MAY BE AVAILABLE FROM OTHER CHARITABLE ORGANIZATIONS.		
SOCIAL DETERMINANTS OF HEALTH		
MEDSTAR HEALTH, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS, IS		
ADDRESSING THE SOCIAL NEEDS FACTORS THAT IMPACT INDIVIDUALS BEYOND THE		
HOSPITAL ROOM WALLS. SCREENING TOOLS SUCH AS THE FINDHELP PLATFORM		
HELPED FACILITATE SENSITIVE CONVERSATIONS BETWEEN PATIENTS AND CARE		
TEAMS ABOUT NONMEDICAL BARRIERS TO GOOD HEALTH. WITH THIS INFORMATION,		
CASE MANAGERS, SOCIAL WORKERS AND COMMUNITY HEALTH ADVOCATES (CHAS)		
CONNECT THE COMMUNITY TO RESOURCES SUCH AS FOOD BANKS, HOUSING		
ASSISTANCE AND TRANSPORTATION.		
NEW TO MEDSTAR MONTGOMERY MEDICAL CENTER FOR FY22 IS OUR COMMUNITY		
HEALTH ADVOCATES (CHAS) PROGRAM. THE ROLE OF THE CHA IS TO CONDUCT		
SOCIAL NEEDS ASSESSMENTS AND CONNECT VULNERABLE RESIDENTS TO COMMUNITY		
RESOURCES THAT BEST FIT THEIR NEEDS. IN FY22, ASSISTANCE WITH FINANCES,		
FOOD, TRANSPORTATION, HOUSING, EMPLOYMENT, AND UTILITIES WERE THE TOP		
IDENTIFIED NEEDS. IN ADDITION, THE CHA PROGRAM SUPPORTS FOOD EDUCATION		
AND FOOD ACCESS BY CONDUCTING SOCIAL NEEDS SCREENINGS AT FOOD		
DISTRIBUTION EVENTS THROUGH A COLLABORATIVE PARTNERSHIP BETWEEN MEDSTAR		/
132271 04-01-21	Schedule H	(Form 990)

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62 2021.05080 MONTGOMERY GENERAL HOSPIT 07353X_1

Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 10
Part VI Supplemental Information (Continuation)	51 0010055	Fage IU
MONTGOMERY MEDICAL CENTER AND MANNA FOOD CENTER.		
OUR HOSPITAL PARTNERS WITH UBER HEALTH TO PROMOTE ACCESS TO CARE FOR		
VULNERABLE POPULATIONS. THROUGH THIS PARTNERSHIP, RIDES ARE PROVIDED TO		
FAMILIES WITH FINANCIAL NEED. THE TRANSPORTATION ASSISTANCE ENABLES		
PATIENTS TO ATTEND NECESSARY APPOINTMENTS WITH THEIR HEALTH CARE		
PROVIDERS AND OTHER COMMUNITY-BASED RESOURCES LIKE FOOD BANKS.		
IN FY22, A STEERING COMMITTEE AND COUNCIL WAS CREATED TO FOCUS ON		
EQUITY, INCLUSION AND DIVERSITY (EI&D) AND COME UP WITH A SHARED		
PURPOSE AND GOALS. FIVE SPECIFIC AREAS WERE IDENTIFIED FOR EI&D		
IMPROVEMENTS TO BUILD STRENGTH: WORKFORCE; WORKPLACE; COMMUNITY;		
PROVIDER OF CHOICE AND CLINICAL CARE; AND FINANCIAL AND OPERATIONAL		
RESULTS. IMPLEMENTATION OF THE ENTITY COUNCIL INFRASTRUCTURE IS		
UNDERWAY. THERE ARE VARIOUS OPPORTUNITIES FOR ASSOCIATES TO ENGAGE WITH		
THE COUNCIL AND COMMUNITY TO LOOK AT CHALLENGES, SUBMIT IDEAS AND		
RECOMMENDATIONS, CELEBRATE SUCCESSES, AND HELP OUR COMMUNITY. OUR		
SHARED FOCUS IS ON AWARENESS COMMUNICATION, EDUCATION AND DEVELOPMENTS,		
COMMUNITY INVOLVEMENT, AND HEALTH EQUITY.		
AFFILIATED HEALTH CARE SYSTEM		
PART VI, LINE 6		
AS A PROUD MEMBER OF MEDSTAR HEALTH, MMMC 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		

UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY

HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MMMC WITH TECHNICAL SUPPORT TO

132271 04-01-21

Schedule H (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 10
Part VI Supplemental Information (Continuation)		
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 MMMC IS FILED IN THE STATE OF		
MARYLAND.		
120271 04 01 01	Schedule H	(Form 990)
132271 04-01-21		

132271 04-01-21

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service			Attach to For				Open to Public Inspection		
Name of the organization MONTGOMERY G	ENERAL HOSPITAI	, INC.					Employer identification number 52-0646893		
Part I General Information on Grants									
 Does the organization maintain records criteria used to award the grants or as Describe in Part IV the organization's p 	sistance?						on 🔀 Yes 🗌 No		
Part II Grants and Other Assistance to recipient that received more than	o Domestic Organia	zations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
HOLY CROSS HEALTH NETWORK 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910-1484	52-0738041	501(C)(3)	40,000.	0.			SUPPORT HOLY CROSS ASPEN HILL HEALTH CENTER		
2 Enter total number of section 501(c)(3)3 Enter total number of other organization			l line 1 table		l	I	⊥ 		

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Schedule I (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893

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 noncash assistance

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

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.

Page 2

PUBLIC	INSPECTION	COPY
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SCHEDULE J Compensation Information					1545-004	47
(Fo	orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021		
•	-	Compensated Employees		ZU	2	
Dana	where each of the Transmiss	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public		ic
	rtment of the Treasury nal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ection	
Nan	ne of the organizatio	1	Employer ider	tificati	on nui	nber
_		MONTGOMERY GENERAL HOSPITAL, INC.	52-0646	893		
Pa	art I Question	s Regarding Compensation				
				_	Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form §	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees				
	Discretionary	spending account Personal services (such as maid, chauffeur	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
			mmittaa			
	Form 990 01 0	ther organizations	ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		Х
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lir	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า			
	contingent on the r					
а	-			5a		х
		ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	n			
	contingent on the r					
а	-	-		6a		х
		ation?		6b		Х
		r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		х
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
		advestion Act Nation, and the Instructions for Form 000				

 ${\sf LHA} \ \ {\rm For} \ {\rm Paperwork} \ {\rm Reduction} \ {\rm Act} \ {\rm Notice}, \ {\rm see} \ {\rm the} \ {\rm Instructions} \ {\rm for} \ {\rm Form} \ {\rm 990}.$

Schedule J (Form 990) 2021

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Schedule J (Form 990) 2021 MONTGOMERY GE

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH A. SAMET	(i)	0.	0.	0.	0.	0.	0.	٥.
DIRECTOR	(ii)	2,030,199.	7,462,050.	6,279,147.	59,518.	36,769.	15,867,683.	0.
(2) THOMAS SENKER	(i)	425,960.	430,846.	0.	8,700.	33,692.	899,198.	0.
HOSPITAL PRESIDENT & SVP M	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUJITHRA JAYARAJ-SUDARSAN, M.D.	(i)	436,343.	84,998.	50,750.	8,700.	20,980.	601,771.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD WEINSTEIN, M.D.	(i)	377,323.	83,625.	750.	7,656.	21,140.	490,494.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID HAVRILLA	(i)	278,111.	140,771.	11,677.	17,781.	16,931.	465,271.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NGOZI WEXLER	(i)	309,311.	83,703.	14,000.	8,700.	2,774.	418,488.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLAIRE PICCIRILLO	(i)	203,756.	53,248.	10,000.	12,703.	20,852.	300,559.	0.
CNO, VP PATIENT CARE SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NATHANIEL BARBO	(i)	205,817.	51,939.	0.	7,769.	10,705.	276,230.	0.
AVP, PROFESSIONAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEREK PROCHNICKI	(i)	244,177.	4,080.	750.	2,525.	14,903.	266,435.	0.
REGISTERED NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NAA AMARTEOKOR EVANS-ANFOM	(i)	193,066.	0.	750.	5,998.	20,551.	220,365.	0.
HEALTH CARE PROVIDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DENISE KINGSBURY	(i)	206,323.	5,000.	750.	6,362.	904.	219,339.	0.
SR DIR, CLIN SUPPORT SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KEVIN MELL	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER VP, OPERATIONS	(ii)	135,559.	0.	0.	4,121.	5,468.	145,148.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<u>Schedule</u> J (Form 990) 2021	MONTGOMERY GENERAL HOSPITAL,	INC.	52-0646893	Page 3
Part III Supplemental Information	n			

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

SCHEDULE J, PART III

DETAILED BELOW ARE SEVERAL ONE-TIME PAYMENTS TO CERTAIN EXECUTIVES

RELATED TO VARIOUS RETIREMENT, RETENTION AND LONG-TERM INCENTIVE PLANS.

THESE PLANS AND PAYMENTS ARE NOT A ROUTINE PART OF THE TYPICAL MEDSTAR

EXECUTIVE COMPENSATION PROGRAM, AND SUPPORTED IMPORTANT OBJECTIVES OF

OUR ORGANIZATION.

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

AND (III) INCLUDES A PAYMENT OF \$4,215,823, WHICH REPRESENTS BENEFITS

ACCRUED THROUGH AN EXECUTIVE RETIREMENT PLAN THAT IS COMPRISED OF

TARGET BENEFITS CALCULATED ANNUALLY USING COMPENSATION AND YEARS OF

SERVICE, \$1,500,823, WHICH REPRESENTS THE EXERCISED VALUE OF OPTION

PLAN SHARES, BASED ON DEFERRED COMPENSATION EARNED APPROXIMATELY 20

YEARS AGO AND INVESTMENT RETURNS ON THIS COMPENSATION EARNED OVER THIS

PERIOD OF TIME, AND \$4,740,000 REPRESENTING A LONG-TERM RETENTION

ARRANGEMENT.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

OMB No. 1545-0047

Inspection

Department of the Treasury	Attach t
Internal Revenue Service	Go to w

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

Name of the organization

Employer	identification number
	52-0646893

MONTGOMERY	GENERAL	HOSPITAL,	INC.	
Turnen of Dreenerthy				1

Pa	rt I Types of Property		-		•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art			, , 				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	1,940,053.	FMV			
10	Securities - Closely held stock			_,,				
11	Securities - Partnership, LLC, or							
••								
12	securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Augulified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
20 21	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
	Archeological artifacts							
25 06								
26 07	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	ation during	l the tax year for a					
29	for which the organization completed Form 828							
	for which the organization completed Form 826	DO, Fart V, D	onee Acknowledg	ement 29			Yes	No
200	During the year did the ergenization receive h	, contributio	n ony proporty rop	ortad in Dart I lines 1 throug	h 29. that it		165	No
30a	During the year, did the organization receive by must hold for at least three years from the date		•••••					
	-			•		30a		х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
b 21		olicy that re	quires the review (of any ponstandard contribut	ions?	24	x	
31 222	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash I							
JZd						20-		x
Ŀ						32a		
о 33	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (o) for	a tuno of property	for which column (a) is she	kod			
00	in the organization upon the port an amount in C		a type of property	ion which column (a) is chec	neu,			

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Schedule M (Form 990) 2021

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<u>Schedule M</u>	(Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30 is reporting in Part I, column (b), the number of contributions, the number of items rece this part for any additional information.	o, 32b, and 33, and whether the organi ived, or a combination of both. Also co	zation
CHEDULE	M, PART I, COLUMN (B):		
HIS COLU	MN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF		
TEMS CON	TRIBUTED.		
		Calcadada 18/F	···· 000\ 000
32142 11-17-2		Schedule M (For	m 99 0) 202

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Open to Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: MEDSTAR MONTGOMERY MEDICAL CENTER IS DEDICATED TO ENHANCING OUR COMMUNITY'S HEALTH BY OFFERING HIGH QUALITY, COMPASSIONATE AND PERSONALIZED CARE FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR MONTGOMERY MEDICAL CENTER'S (MEDSTAR MONTGOMERY) MISSION IS TO ENHANCE OUR COMMUNITY'S HEALTH AND WELL-BEING BY OFFERING HIGH QUALITY, COMPASSIONATE AND PERSONALIZED CARE. MEDSTAR MONTGOMERY IS LOCATED IN OLNEY, IN NORTHEASTERN MONTGOMERY COUNTY MARYLAND A SUBURB OF WASHINGTON D.C. THE HOSPITAL REMAINS TRUE TO ITS ROOTS, AFTER OVER 90 YEARS OFFERING A WIDE RANGE OF WELLNESS PROGRAMS AND OUTPATIENT SERVICES IN ADDITION TO INPATIENT TREATMENT. IN FISCAL YEAR 2022, MEDSTAR MONTGOMERY HAD 5,578 INPATIENT ADMISSIONS AND 106,470 OUTPATIENT VISITS INCLUDING 31,492 EMERGENCY VISITS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MEDSTAR MONTGOMERY'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF NORTHEASTERN MONTGOMERY COUNTY, MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR MONTGOMERY INCURRED \$44.8M OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. THE ACUTE CARE HOSPITAL OFFERS A CARDIAC AND VASCULAR PROGRAM, GENERAL SURGERY, ORTHOPEDICS, CANCER CARE, AND OBSTETRICS. WITH THE ADDITION OF SPECIALISTS FROM MEDSTAR GEORGETOWN UNIVERSITY

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2021.05080 MONTGOMERY GENERAL HOSPIT 07353X_1

Schedule O (Form 990) 2021 Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.	Employer identification number 52-0646893
MONIGOMERI GENERAL HOSPITAL, INC.	52-0040895
HOSPITAL AND MEDSTAR WASHINGTON HOSPITAL CENTER, MEDSTAR MONTGOMERY	
BRINGS SPECIALTY CARE CLOSER TO ITS PATIENTS. MEDSTAR MONTGOMERY	
DELIVERS SPECIALIZED CARE FOR SENIORS AND IS NATIONALLY RECOGNIZED FOR	
ITS COMMITMENT TO PROVIDING HIGH QUALITY STROKE CARE, AS WELL AS	
OFFERING INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES. MEDSTAR	
MONTGOMERY INCLUDES AN EMERGENCY DEPARTMENT WITH A DEDICATED PEDIATRIC	
CENTER, A FAST-TRACK UNIT AND A SEPARATE UNIT FOR CRISIS EVALUATION.	
MEDSTAR MONTGOMERY IS A BABY-FRIENDLY DESIGNATED HOSPITAL, HAS ACHIEVED	
NICHE EXEMPLAR STATUS, AND HAS BEEN NOTED AS ONE OF BLUE DISTINCTION	
CENTERS FOR BARIATRIC SURGERY.	
SINCE MARCH 2020, MEDSTAR HEALTH HAS CARED FOR 1 IN 4 COVID-19 PATIENTS	
IN THE REGION. OPERATING AS ONE MEDSTAR AND ALIGNING WITH GUIDANCE FROM	
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND LOCAL	
DEPARTMENTS OF HEALTH, MEDSTAR HEALTH COVID-19 PREPARATIONS AND	
RESPONSE CONTINUE TO BE GUIDED BY THREE CRITICAL DRIVERS: PROVIDE A	
SAFE CARE ENVIRONMENT FOR PATIENTS AND ASSOCIATES; MITIGATE COMMUNITY	
SPREAD OF COVID-19; AND ENSURE OPERATIONAL CONTINUITY TO FULFILL OUR	
CORE MISSION OF CARING FOR OUR COMMUNITIES.	
THESE EFFORTS HAVE EVOLVED AND TRANSITIONED IN MULTIPLE WAYS THROUGHOUT	
THE DURATION OF THE COVID-19 PANDEMIC, LEADING TO A NUMBER OF	
INTEGRATED CARE APPROACHES IN PLACE TODAY: UTILIZATION OF MEDSTAR	
HEALTH URGENT CARE, MEDSTAR EVISIT AND OUR DIGITAL CAPABILITIES TO	
REATE ACCESS, TESTING SITES, AND TELEHEALTH FOR PRIMARY CARE AND	
FOLLOW-UP VISITS; EXPANDED MANAGEMENT OF CARE CONTINUUM NEEDS FOR	
PATIENTS THROUGH MEDSTAR HEALTH HOME CARE; EXECUTION OF INNOVATIVE	
LABORATORY APPROACHES INTEGRATED WITH OCCUPATIONAL HEALTH TO BETTER	
132212 11-11-21 7 3	Schedule O (Form 990) 20

Schedule O (Form 990) 2021	Page 2
Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.	Employer identification number 52-0646893
SUPPORT ASSOCIATES MANAGING THROUGH COVID-19 EXPOSURES; DEPLOYMENT OF	
COMMUNITY MOBILE UNITS AND CLINICS FOR COVID-19 VACCINATIONS/BOOSTERS;	
INCREASED MANAGEMENT OF SUPPLY AND ACQUISITION OF PERSONAL PROTECTIVE	
EQUIPMENT (PPE), N95 RESPIRATORS, COVID-19 VACCINES AND BOOSTERS;	
REINFORCEMENT OF A MANDATORY COVID-19 VACCINATION POLICY RESULTING IN	
COMPLIANCE OF 99% OF ASSOCIATES AND PHYSICIANS; AND ADMINISTRATION OF	
MORE THAN 36,800 COVID-19 VACCINATIONS/BOOSTERS TO MEDSTAR HEALTH	
ASSOCIATES AND PHYSICIANS AND MORE THAN 74,500 TO PATIENTS ACROSS THE	
REGION IN FY 2022.	
FORM 990, PART VI, SECTION A, LINE 6:	
ORGANIZATION MEMBERS	
ORGANIZATION MEMDERS	
THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC.	
MEDSTAR HEALTH, INC., OR ONE OF ITS AFFILIATES AND SUBSIDIARIES, IS THE	
SOLE MEMBER OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
DESCRIPTION OF MEMBERS	
AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., THE ORGANIZATION	
MAY RECOMMEND PERSON(S) FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING	
BODY. ANY SUCH RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY	
THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC.	
THE BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY	
TO THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DECISIONS OF GOVERNING BODY	
AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH INC. THE BYLAWS OF THE	

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.	Employer identification number 52-0646893
ORGANIZATION ARE SUBJECT TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE	
SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING	
BUT NOT LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR	
PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND	
CORPORATE GOVERNANCE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
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.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY	
APPOINTMENT OF BOARDS OF DIRECTORS	
MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS,	
PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR	
POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN A	
CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE	
GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH	
DETERMINES HOW THE MATTER SHOULD BE RESOLVED.	

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Schedule O (Form 990) 2021	Page 2
Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.	Employer identification number 52-0646893
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).	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE COMPENSATION PROCESS	
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR	
HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OF THE EXECUTIVE COMPENSATION	
PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL	
COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERSAND KEY EMPLOYEES OF	
MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE	
COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY	
ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE	
PARTICIPANTS IN THE PROGRAM.	
THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL	
COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG	
PAY-FOR-PERFORMANCE LINKAGE, PERFORMANCE IS EVALUATED AT THE	

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.	Employer identification number 52-0646893
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.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENT AVAILABILITY	
MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL	
REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE	
ORGANIZATION ALSO E-MAILS ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS	
OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS	
AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS	
CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.	

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Schedule O (Form 990) 2021		Page 2
Name of the organization MONTGOMERY GENERAL HOSPITAL, INC.		Employer identification number 52-0646893
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
EQUITY TRANSFERS	34,075,063.	
		0-b
132212 11-11-21	78	Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

21 **Open to Public**

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Employer identification number

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
MEDSTAR HEALTH ANESTHESIA SERVICES E LLC -					
26-2918268, 18101 PRINCE PHILIP DRIVE,					
OLNEY, MD 20832	HEALTH SVCS	MARYLAND	0.	0.	мдн

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CHURCH HOME CORPORATION - 23-7374724							
10980 GRANTCHESTER WAY							
COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	PF	N/A	х	
FRANKLIN SQUARE HOSPITAL CENTER, INC							
52-0608007, 9000 FRANKLIN SQUARE DRIVE,							
BALTIMORE, MD 21237	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	х	
HARBOR HOSPITAL, INC 52-0491660							
3001 SOUTH HANOVER STREET							
BALTIMORE, MD 21225	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	x	
MEDSTAR HEALTH, INC 52-2087445							
10980 GRANTCHESTER WAY				LINE 12C,			
COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	III-FI	N/A		х

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

Schedule R (Form 990) 2021

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, -							
52-0591607, 5601 LOCH RAVEN BLVD, BALTIMORE,	7						
MD 21239	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	х	
THE UNION MEMORIAL HOSPITAL - 52-0591685							
201 EAST UNIVERSITY PARKWAY	7						
BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	х	
MEDSTAR HEALTH RESEARCH INSTITUTE -							
52-6056274, 108 IRVING STREET NW,	7						
WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 4	N/A	х	
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I -							
52-2218584, HOPSITAL ADMIN, 1 MAIN BLDG,	-						
WASHINGTON, DC 20007	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	х	
WASHINGTON HOSPITAL CENTER CORPORATION -							
52-1272129, 110 IRVING STREET NW,	-						
WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	х	
HH MEDSTAR HEALTH, INC 52-1542230							
10980 GRANTCHESTER WAY	-			LINE 12C,			
COLUMBIA, MD 21044	MEDICAL SVCS	MARYLAND	501(C)(3)	III-FI	N/A	х	
MEDSTAR AMBULATORY SERVICES, INC							
52-1132992, 10980 GRANTCHESTER WAY,	-			LINE 12C,			
COLUMBIA, MD 21044	ADMIN SVCS	MARYLAND	501(C)(3)	III-FI	N/A	х	
BAY LIFE SERVICES, INC 52-1496539							
10980 GRANTCHESTER WAY	7						
COLUMBIA, MD 21044	MENTAL HEALTH	MARYLAND	501(C)(3)	LINE 10	N/A	х	
CHURCH HOME AND HOSPITAL OF THE CITY OF -							
52-0591600, 10980 GRANTCHESTER WAY,	7						
COLUMBIA, MD 21044	MEDICAL FUND	MARYLAND	501(C)(3)	LINE 12A, I	N/A	х	
GOOD SAMARITAN NURSING CENTER, INC							
52-1672866, 5601 LOCH RAVEN BLVD, BALTIMORE,	7						
MD 21239	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	х	
GS HOUSING, INC 52-1481656							
5601 LOCH RAVEN BLVD							1
BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	x	1
GS PROPERTIES, INC 52-1429853				l l			
5601 LOCH RAVEN BLVD	1						1
BALTIMORE, MD 21239	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	х	1

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

52 - 0646893

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
MEDSTAR HEALTH VISITING NURSES ASSOCIATI -	_						
53-0196597, 4061 POWDERMILL ROAD, CALVERTON,	<u> </u>						
MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MEDSTAR VNA HEALTHCARE - 52-1458516	_						
4061 POWDERMILL ROAD, SUITE 21	_						
CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MGH WOMEN'S BOARD - 52-6039600							
18101 PRINCE PHILIP DRIVE							
OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	12C III	N/A	х	
NATIONAL REHABILITATION HOSPITAL -							
52-1369749, 102 IRVING STREET NW,							
WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	x	
REGIONAL REHAB AT OLNEY, INC 52-2310902							
18101 PRINCE PHILIP DRIVE	7						
OLNEY_MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 3	N/A	x	
SUBURBAN / NRH MEDICAL REHABILITATION, I -							
52-1931151, 102 IRVING STREET NW,	-						
WASHINGTON, DC 20010	MEDICAL SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	x	
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F -							
52-1104382, 5601 LOCH RAVEN BLVD, BALTIMORE,	-						
MD 21239		MARYLAND	501(C)(3)	12D III	N/A	x	
4061 POWDERMILL ROAD, SUITE 21	-						
CALVERTON, MD 20705	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	x	
WOODBOURNE WOODS INC 52-2299070							
5601 LOCH RAVEN BLVD	-						
BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	x	
HOSPICE OF ST. MARY'S, INC 52-2153926			501(0)(3)				
PO BOX 527	-						
LEONARDTOWN, MD 20650	SUPPORT ORG	MARYLAND	501(C)(3)	LINE 12A, I	N/A	x	
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY -			501(0)(3)	<u>ртир так, т</u>	IV/ 11	^ 	
52-0619006, 25500 POINT LOOKOUT ROAD,	-1						
	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	x	
LEONARDTOWN, MD 20650 MEDSTAR SOUTHERN MD HOSPITAL CENTER -	IN THE INCLUSION OF THE INCLUS OF T		DOT(C)(3)	птие р		~	
46-0726303, 7503 SURRATTS ROAD, CLINTON, MD			F01(0)(2)	- TNT - 2	AT ()		
20735	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	Х	

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organi	rolled zation?
				501(c)(3))		Yes	No
MEDSTAR HEALTH INC AND AFFILIATES -							
46-7454613, 10980 GRANTCHESTER WAY,							
COLUMBIA, MD 21044	RETIREMENT TR	MARYLAND	501(A)	N/A	N/A	Х	
				1			
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Schedule R (Form 990) 2021 MONTGOMERY GENERAL HOSPITAL, INC.

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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)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	aging	Percentage ownership
		country)		sections 512-514)		400010	Yes	No		Yes	No	
MEDSTAR SHAH MSO, LLC -												
46-2700536, 10980												
GRANTCHESTER WAY, COLUMBIA,												
MD 21044	MGMT SVCS	MD	N/A	N/A				x	N/A		x	
22590 SHADY COURT, LLC -	1											
47-3361777, 24035 THREE NOTCH	1											
ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				x	N/A		x	
	-											
24035 THREE NOTCH ROAD, LLC -	4											
47-3375076, 24035 THREE NOTCH	4											
ROAD, HOLLYWOOD, MD 20636	REAL ESTATE	MD	N/A	N/A				x	N/A		x	
37767 MARKET DRIVE, LLC												
37767 MARKET DRIVE												
CHARLOTTE HALL, MD 20622	REAL ESTATE	MD	N/A	N/A				x	N/A		x	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(b contr	(i) ction (b)(13) trolled tity?
		country)				455615		Yes	No
MEDSTAR PHARMACIES, INC 52-1513056									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					Х
EXTENCARE, INC 52-1556228									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					х
HELIX RESOURCES MANAGEMENT, INC									
52-1913070, 10980 GRANTCHESTER WAY ,									
COLUMBIA, MD 21044	ADMIN SVCS	MD	N/A	C CORP					х
HELIXCARE MEDICAL GROUP, LLC - 52-1955580									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					х
HELIXCARE PROPERTIES, LLC - 52-1966695									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	MEDICAL SVCS	MD	N/A	C CORP					х

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

52 - 0646893

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortion-	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	ations?	amount in box 20 of Schedule		aging ner?	ownership
		country)		sections 512-514)		400010	Yes	No		Yes	No	
26840 POINT LOOKOUT ROAD, LLC												
- 47-3393670, 24035 THREE												
NOTCH ROAD, HOLLYWOOD, MD												
20636	REAL ESTATE	MD	N/A	N/A				х	N/A		х	
MONTGOMERY COMMUNITY MRI LP -												
52-1534253, 4110 ASPEN HILL												
ROAD, ROCKVILLE, MD 20853	MRI SCREENING	MD	N/A	N/A				Х	N/A		х	
PHYSIOTHERAPY ASSOCIATES NRH												
REHAB, LLC - 52-2212036, 4714												
GETTYSBURG ROAD,												
MECHANICSBURG, PA 17055	PHYSIOTHERAPY	PA	N/A	N/A				х	N/A		х	
PHYSICIAN IMAGING OF												
WASHINGTON HOSPITAL CENTER,												
LLC - 56-2616090, 840												
CRESCENT CENTRE DR, FRANKLIN,	RADIOLOGY SVC	TN	N/A	N/A				х	N/A		х	
FRANKLIN IMAGING, LLC -												
52-1588688, 7253 AMBASSADOR												
RD., BALTIMORE, MD 21244	IMAGING	MD	N/A	N/A				X	N/A		х	
10 ST. PATRICK'S DRIVE, LLC -	-											
83-2261766, 10 ST. PATRICK'S												
DRIVE, WALDORF, MD 20603	REAL ESTATE	MD	N/A	N/A				Х	N/A		х	
MEDSTAR ENDOSCOPY CTR AT												
LUTHERVILLE,LLC - 82-3193901,												
1300 BELLONA AVE,	1											
LUTHERVILLE, MD 21093	SURGERY	MD	N/A	N/A				Х	N/A		x	
CAPITAL ENDOSCOPY, LLC -	1									1		
13-4244093, 6475 NEW												
HAMPSHIRE AVE, HYATTSVILLE,												
MD 20783	SURGERY	MD	N/A	N/A				х	N/A		х	
4240 ALTAMONT PLACE, LLC -]			1		
86-1202310, 103 CENTENNIAL												
STREET, SUITE K, LA PLATA, MD												
20646	REAL ESTATE	MD	N/A	N/A				х	N/A		х	

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

52 - 0646893

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year		portion-	Code V-UBI	Gene	eral or aging	Percentage ownership
or related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	assets		cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ner?	ownersnip
MEDSTAR ENDOSCOPY		country)		360110113 3 12-3 14)			Yes	No	K-1 (F0IIII 1003)	Yes	NO	
CENTER-SILVER SPRING, LLC -	-											
87-2341245, 12002 VEIRS MILL	1											
ROAD, SILVER SPRING, MD	SURGERY	MD	N/A	N/A				x	N/A		x	
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Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l contr	(i) ction b)(13) rolled tity?
		foreign country)		or trust)		assets			No
PARKWAY VENTURES, INC 52-1893569									
10980 GRANTCHESTER WAY	-								
COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					х
PHYSICIANS ADMINISTRATIVE SERVICES, INC									
23-7042074, 10980 GRANTCHESTER WAY ,									
COLUMBIA, MD 21044	BILLING SVCS	MD	N/A	C CORP					х
MEDSTAR FAMILY CHOICE, INC 52-1995521									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					х
MEDSTAR ENTERPRISES, INC 52-2139841									
4061 POWDERMILL ROAD, SUITE 210	-								
CALVERTON, MD 20705	ADMIN SERVICE	MD	N/A	C CORP					х
SITEL, INC 90-0753340									
10980 GRANTCHESTER WAY									
COLUMBIA, MD 21044	EDUCATIONAL	MD	N/A	C CORP					х
STAR BILLING, INC 52-1850113									
4061 POWDERMILL ROAD, SUITE 210									
CALVERTON, MD 20705	BILLING SVCS	MD	N/A	C CORP					х
WASHINGTON RISK NETWORK MANAGEMENT, INC									
52-2132677, 4061 POWDERMILL ROAD, SUITE 210,	-								
CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					х
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS -									
52-1931000, 100 IRVING STREET NW,									
WASHINGTON, DC 20010	MEDICAL SVCS	DC	N/A	C CORP					х
MEDSTAR PHYSICIAN PARTNERS, INC									
52-2030809, 4061 POWDERMILL ROAD, SUITE 210,	-								
CALVERTON, MD 20705	MEDICAL SVCS	MD	N/A	C CORP					х
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA -									
76-0756352, 10980 GRANTCHESTER WAY,									
COLUMBIA, MD 21044	CONDOMINIUM	MD	N/A	C CORP					х
MGH DIVERSIFIED SERVICES, INC 52-1943602									
18101 PRINCE PHILIP DRIVE									
OLNEY, MD 20832	MEDICAL SVCS	MD	N/A	C CORP	112,820.	7,003,249	. 100%	x	
ST. MARY'S HEALTH ALLIANCE, INC									
52-1930331, 25500 POINT LOOKOUT ROAD,	1								
LEONARDTOWN, MD 20650	MEDICAL SVCS	MD	N/A	C CORP					х

Schedule R (Form 990) MONTGOMERY GENERAL HOSPITAL, INC.

52 - 0646893

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	b)(13) rolled ity?
GREENSPRING FINANCIAL INSURANCE LIMITED - 98-0188617, 878 WEST BAY RD., PO BOX 1159,	-	CAYMAN						Yes	No
GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	ISLANDS	N/A	C CORP					x
ST MARY'S CONDO ASSOCIATION - 27-3377216	INDONANCE	TOTANDO	N/ A	C COM					
25500 POINT LOOKOUT RD	-								1
LEONARDTOWN, MD 20650	CONDOMINIUMS	MD	N/A	C CORP					x
MEDSTAR HEALTH MASTER RETIREMENT TRUST -									
98-1371657, 103 SOUTH CHURCH ST., GRAND	-	CAYMAN							1
CAYMAN, CAYMAN ISLANDS KY1-1002	- INVESTMENTS	ISLANDS	N/A	C CORP					x
MEDSTAR HEALTH, INC INVESTMENT FUND I -									
98-1310273, 103 SOUTH CHURCH ST., GRAND	-	CAYMAN							1
CAYMAN, CAYMAN ISLANDS KY1-1002	INVESTMENTS	ISLANDS	N/A	C CORP					x
	-								1
	-								1
	-								1
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MONTCOMERY CENERAL HOCETTAL INC S

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Par	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
No	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HH MEDSTAR HEALTH	Р	26,173,601.	FMV
(2) MEDSTAR AMBULATORY SERVICES, INC.	Q	603,900.	FMV
(3) FRANKLIN SQUARE HOSPITAL CENTER INC.	Р	67,058.	FMV
(4) NATIONAL REHABILITATION HOSPITAL	Р	53,094.	FMV
(5) WASHINGTON HOSPITAL CENTER CORPORATION	Р	136,202.	FMV
_(6)			

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(€ Are partne 501(i org	all rs sec.	Share of	Share of	Dispr tior alloca	opor- nate		Genera	or Percentage
of entity		(state or foreign country)	excluded from tax under	org	s.?	total income	end-of-year assets		tions?	of Schedule K-1	partne	r? ownership
		country)	sections 512-514)	Yes	No	income	235613	Yes	No	(FORM 1065)	Yes I	
											$\left \right $	

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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.		
ART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
AME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
HYSICIAN IMAGING OF WASHINGTON HOSPITAL CENTER, LLC		
IN: 56-2616090		
40 CRESCENT CENTRE DR		
RANKLIN, TN 37067		
AME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
EDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC		
IN: 87-2341245		
2002 VEIRS MILL ROAD		
ILVER SPRING, MD 20906		
32165 11-17-21 90	Schedule R (Form	990) 20