

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form header section containing B (Check if applicable), C (Name of organization: MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.), D (Employer identification number: 46-0726303), E (Telephone number: 301-868-8000), F (Name and address of principal officer: STEPHEN T. MICHAELS, M.D.), G (Gross receipts \$: 280,270,366), H(a) (Is this a group return for subordinates? Yes No), H(b) (Are all subordinates included? Yes No), I (Tax-exempt status: 501(c)(3)), J (Website: MEDSTARSOUTHERNMARYLAND.ORG), K (Form of organization: Corporation), L (Year of formation: 2012), M (State of legal domicile: MD)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 (Mission: SEE SCHEDULE O), 2-7 (Governance metrics), 8-12 (Revenue: Total 280,270,366), 13-19 (Expenses: Total 307,154,942), 20-22 (Net Assets or Fund Balances: Total 134,942,150)

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block containing: Sign Here (Signature of officer: JOEL BRYAN, VP/TREASURER/CIO, Date: 5/2/24), Paid Preparer (Print/Type preparer's name: SHAWN HUTCHINSON, Preparer's signature: Shawn Hutchinson, Date: 4/26/24, Firm's name: KPMG LLP, Firm's address: 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102, Firm's EIN: 13-5565207, Phone no. 703-286-8000)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

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.

Type or print	Name of exempt organization or other filer, see instructions. MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Taxpayer identification number (TIN) 46-0726303
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7503 SURRATTS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLINTON, MD 20735	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

JOEL BRYAN

- The books are in the care of ▶ 10980 GRANTCHESTER WAY - COLUMBIA, MD 21044

Telephone No. ▶ 410-772-6721

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 188,935,995. including grants of \$) (Revenue \$ 251,175,895.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 33,622,261. including grants of \$) (Revenue \$ 18,793,989.)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$33.6M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2023. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EMERGENCY SERVICES, NEONATAL INTENSIVE CARE, WOMEN'S AND CHILDREN'S CARE, AND BEHAVIORAL HEALTH.

4c (Code:) (Expenses \$ 8,599,166. including grants of \$) (Revenue \$)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$8.6M IN CHARITY CARE SERVICES IN FISCAL YEAR 2023. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS MEDSTAR SOUTHERN MARYLAND'S CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT PAYMENTS FROM THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 231,157,422.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 JOEL BRYAN - 410-772-6721
 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH A. SAMET DIRECTOR	1.00 39.00	X						0.	5,361,626.	97,941.
(2) DANIEL M. HAMPTON, M.D. DIRECTOR (UNTIL 1/1/23)	40.00 0.00	X					1,118,135.	0.		29,856.
(3) STEPHEN T. MICHAELS, M.D. PRESIDENT/DIRECTOR	40.00 0.00	X		X			990,365.	0.		30,888.
(4) WILLIAM O. SUDDATH, M.D. DIRECTOR	40.00 0.00	X					650,788.	0.		29,735.
(5) CLYDE PRAY, M.D. DIRECTOR	40.00 0.00	X					609,926.	0.		25,423.
(6) ROBERT LALLY FORMER OFFICER	0.00 40.00					X	0.	455,284.		46,023.
(7) SEEMA PAI, M.D. DIRECTOR (AS OF 1/1/23)	40.00 0.00	X					461,360.	0.		18,186.
(8) DAVID HAVRILLA FORMER OFFICER	0.00 40.00					X	0.	418,550.		34,981.
(9) MICHAEL MEISEL CFO/TREASURER	1.00 39.00			X			0.	382,735.		30,050.
(10) SALLU MUNU REGISTERED NURSE	40.00 0.00				X		381,956.	0.		7,097.
(11) ALHASSAN KABIA REGISTERED NURSE	40.00 0.00				X		355,648.	0.		27,507.
(12) BELEN BASILAN REGISTERED NURSE	40.00 0.00				X		323,417.	0.		23,415.
(13) ARIAM YITBAREK VP, CNO	40.00 0.00				X		300,898.	0.		29,068.
(14) MANDEEP KAUR REGISTERED NURSE	40.00 0.00				X		315,402.	0.		13,320.
(15) DANIEL FEELEY FORMER OFFICER	0.00 40.00					X	0.	298,113.		29,495.
(16) ANNETTE BRONER SECRETARY	1.00 39.00			X			0.	279,097.		30,431.
(17) GRANT MCCLURE FORMER VP, PROF SVCS & PLANT OPS	40.00 0.00					X	305,665.	0.		0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINE R. WRAY FORMER PRESIDENT/DIRECTOR	1.00 39.00						X	0.	289,364.	8,875.
(19) TAMMY L. JONES DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) ROSALIND E. BISHOP VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(21) ANTONIO POAG DIRECTOR (UNTIL 10/31/22)	1.00 0.00	X						0.	0.	0.
(22) KERRY R. WATSON, JR. CHAIR	1.00 0.00	X		X				0.	0.	0.
(23) SONYA WILLIAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) THOMAS GRAHAM DIRECTOR (AS OF 4/6/23)	1.00 0.00	X						0.	0.	0.
(25) JOHN W. ROLLINS, JR. DIRECTOR (UNTIL 10/31/22)	1.00 0.00	X						0.	0.	0.
(26) DEBBORAH T. COLLINS DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								5,813,560.	7,484,769.	512,291.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,813,560.	7,484,769.	512,291.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 202

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMN HEALTHCARE INC, 2735 COLLECTION CENTER DR, CHICAGO, IL 60693	STAFFING SERVICES	40,017,741.
DIAMOND HEALTHCARE CORPORATION PO BOX 670755, DALLAS, TX 75267-0755	HEALTHCARE MANAGEMENT SERVICES	5,698,248.
AYA HEALTHCARE INC, PO BOX 123519 DEPT 3519, DALLAS, TX 75312-3519	STAFFING SERVICES	4,478,439.
TOTAL RENAL CARE INC, PO BOX 8500-1607, PHILADELPHIA, PA 19178-1607	MEDICAL SERVICES	1,435,102.
MEDICAL SOLUTIONS LLC PO BOX 850737, MINNEAPOLIS, MN 55485-0737	STAFFING SERVICES	1,168,193.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	34	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	8,390,371.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	894,055.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,427.				
	h	Total. Add lines 1a-1f		9,284,426.				
Program Service Revenue	2 a	NET PATIENT SERVICE RE	Business Code	621300	269,969,884.	269,969,884.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			269,969,884.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			28,419.		28,419.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				7,799.	9,048.			
	b	Less: cost or other basis and sales expenses	7b	0.	0.			
c	Gain or (loss)	7c	7,799.	9,048.				
d	Net gain or (loss)			16,847.		16,847.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	REBATE INCOME	Business Code	900099	517,895.		517,895.	
	b	GIFT SHOP SALES		900099	70,225.		70,225.	
	c	CAFETERIA AND VENDING		900099	48,821.		48,821.	
	d	All other revenue			333,849.		333,849.	
	e	Total. Add lines 11a-11d			970,790.			
12	Total revenue. See instructions			280,270,366.	269,969,884.	0.	1,016,056.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,964,661.	3,620,063.	344,598.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	305,665.	286,290.	19,375.	
7 Other salaries and wages	139,335,028.	130,503,168.	8,831,860.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,193,024.		1,193,024.	
9 Other employee benefits	13,591,949.	3,273,448.	10,318,501.	
10 Payroll taxes	6,577,296.	5,952,721.	624,575.	
11 Fees for services (nonemployees):				
a Management	26,000,908.		26,000,908.	
b Legal	12,500.		12,500.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,750,166.	33,241,271.	1,508,895.	
12 Advertising and promotion	448,959.	92.	448,867.	
13 Office expenses	2,066,371.	1,493,779.	572,592.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	124,553.	123,246.	1,307.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,733.	549.	2,184.	
20 Interest	6,643,034.		6,643,034.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,318,786.	5,014,945.	10,303,841.	
23 Insurance	5,791,214.	-2,971.	5,794,185.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MED/SURG SUPPLIES	26,074,255.	26,182,659.	-108,404.	
b IMPLANTS/PROSTHESES	7,191,631.	7,191,631.		
c MAINTENANCE	6,280,158.	5,889,660.	390,498.	
d UTILITIES	3,277,760.	2,786,413.	491,347.	
e All other expenses _____	8,204,291.	5,600,458.	2,603,833.	
25 Total functional expenses. Add lines 1 through 24e	307,154,942.	231,157,422.	75,997,520.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,432.	1	6,729.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	293,803.	3	71,822.
	4 Accounts receivable, net	34,658,361.	4	31,512,530.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,273,361.	8	4,755,472.
	9 Prepaid expenses and deferred charges	817,733.	9	654,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 220,529,626.		
	b Less: accumulated depreciation	10b 108,810,554.	114,634,056.	10c 111,719,072.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	628,576.	12	737,378.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	18,443,811.	14	16,673,811.
	15 Other assets. See Part IV, line 11	0.	15	4,332,592.
16 Total assets. Add lines 1 through 15 (must equal line 33)	173,756,133.	16	170,463,790.	
Liabilities	17 Accounts payable and accrued expenses	18,931,171.	17	18,640,471.
	18 Grants payable		18	
	19 Deferred revenue	79,252.	19	512,779.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	28,604,212.	25	16,368,390.
	26 Total liabilities. Add lines 17 through 25	47,614,635.	26	35,521,640.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	125,365,168.	27	134,135,398.
	28 Net assets with donor restrictions	776,330.	28	806,752.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	126,141,498.	32	134,942,150.
33 Total liabilities and net assets/fund balances	173,756,133.	33	170,463,790.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,270,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,154,942.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,884,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,141,498.
5	Net unrealized gains (losses) on investments	5	55,883.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	35,629,345.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,942,150.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 15,427.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SECURITIES _____ _____ _____	\$ 15,427.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,140,000.		3,140,000.
b Buildings		101,827,974.	26,703,202.	75,124,772.
c Leasehold improvements		3,620,897.	1,949,602.	1,671,295.
d Equipment		106,310,520.	79,765,959.	26,544,561.
e Other		5,630,235.	391,791.	5,238,444.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				111,719,072.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES	9,005,808.
(3) CREDIT BALANCES PATIENT AR	2,219,127.
(4) PENDING PFS REFUNDS	25,982.
(5) OTHER LIABILITIES	5,117,473.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

FIN 48 FOOTNOTE

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

DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX

CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT

CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE

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

ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO

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

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

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

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

Part XIII Supplemental Information *(continued)*

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

THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH

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

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

2023.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			8,599,166.		8,599,166.	2.80%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			8,599,166.		8,599,166.	2.80%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,484,077.		1,484,077.	.48%
f Health professions education (from Worksheet 5)			1,114,199.		1,114,199.	.36%
g Subsidized health services (from Worksheet 6)			33,622,261.	18,793,989.	14,828,272.	4.83%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			49,771.		49,771.	.02%
j Total. Other Benefits			36,270,308.	18,793,989.	17,476,319.	5.69%
k Total. Add lines 7d and 7j			44,869,474.	18,793,989.	26,075,485.	8.49%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

MEDSTAR SOUTHERN MD HOSPITAL CENTER:

PART V, SECTION B, LINE 5: CHNA INPUT

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS.

HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS

ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND

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

REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: CHARMAINE SCARLETT

EXECUTIVE SPONSOR

ROLE DESCRIPTION

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

NAME OF EXECUTIVE SPONSOR: DR. CHILEDUM AHAGHOTU

ADVISORY TASK FORCE

ROLE DESCRIPTION

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

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.

AS AMBASSADORS FOR THE CHNA PROCESS, THE ATF MEMBERS SUPPORT EFFORTS TO

OPTIMIZE COMMUNITY PARTICIPATION.

NOTE: THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND

STAFF. COMMUNITY REPRESENTATIVES SHOULD MAKE UP AT LEAST 50% OF TOTAL

PARTICIPANTS.

NAME : DR. CHILEDUM AHAGHOTU

TITLE/AFFILIATION WITH HOSPITAL : VP OF MEDICAL AFFAIRS

NAME OF ORGANIZATION : MSMHC

NAME : DR. STEPHEN MICHAELS

TITLE/AFFILIATION WITH HOSPITAL : PRESIDENT MSMHC, SR. VP MEDSTAR HEALTH

NAME OF ORGANIZATION : MSMHC

NAME : RAQUEL LAMPTEY

TITLE/AFFILIATION WITH HOSPITAL : SR. DIRECTOR, COMMUNITY HEALTH

NAME OF ORGANIZATION : MEDSTAR HEALTH CORPORATE

NAME : DR. KEVIN REED

TITLE/AFFILIATION WITH HOSPITAL : PHYSICIAN, ED

NAME OF ORGANIZATION : MSMHC

NAME : GLORIA BROWN-BURNETT

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF SOCIAL SERVICES

NAME OF ORGANIZATION : PRINCE GEORGE'S HEALTH DEPT.

NAME : CHERYL RICHARDSON

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR MARKETING

NAME OF ORGANIZATION : MSMHC

NAME : LORI WERRELL

TITLE/AFFILIATION WITH HOSPITAL : REGIONAL DIRECTOR, POPULATION AND

COMMUNITY HEALTH

NAME OF ORGANIZATION : MSMHC

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 : DR. CHARMAINE SCARLETT

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY HEALTH LEAD

NAME OF ORGANIZATION : MSMHC

NAME : JEAN (JB) MOORE

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : NATIONAL ALLIANCE ON MENTAL ILLNESS - PRINCE

GEORGE'S COUNTY

NAME : JESSICA GAMERO

TITLE/AFFILIATION WITH HOSPITAL : PROGRAM COORDINATOR

NAME OF ORGANIZATION : MSMHC

NAME : LINDA WRIGHT

TITLE/AFFILIATION WITH HOSPITAL : NURSE II, NSG-OBSTETRICS

NAME OF ORGANIZATION : MSMHC

NAME : KRISTIN QUADE

TITLE/AFFILIATION WITH HOSPITAL : NURSING DIRECTOR, ED

NAME OF ORGANIZATION : MSMHC

NAME : REV. DR. DARRELL GASKIN

TITLE/AFFILIATION WITH HOSPITAL : REVEREND/PASTOR

NAME OF ORGANIZATION : BETH SHALOM AME ZION CHURCH

NAME : ROBYN OWENS

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY RESOURCE SPECIALIST

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY OFFICE OF COMMUNITY

RELATIONS

NAME : ANGELA R. JONES

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF CONSTITUENT SERVICES,

COUNCIL MEMBER SYDNEY J. HARRISON, DISTRICT 9

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY COUNCIL

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 : DOROTHY CAROLYN LOWE

TITLE/AFFILIATION WITH HOSPITAL : DISTRICT V COFFEE CLUB FACILITATOR

NAME OF ORGANIZATION : DISTRICT V COFFEE CLUB

NAME : EURAINE BROOKS

TITLE/AFFILIATION WITH HOSPITAL : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : DAVINA RICHARDSON

TITLE/AFFILIATION WITH HOSPITAL : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : PAULA HUGHES

TITLE/AFFILIATION WITH HOSPITAL : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : PASTOR COLIN PUGH

TITLE/AFFILIATION WITH HOSPITAL : PASTOR

NAME OF ORGANIZATION : CLINTON BAPTIST CHURCH

NAME : PASTOR SAM TARVER

TITLE/AFFILIATION WITH HOSPITAL : PASTOR

NAME OF ORGANIZATION : MAPLE SPRINGS BAPTIST CHURCH

NAME : ELDER GWENDOLYN GANTT

TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY OUTREACH AND SPECIAL EVENTS

DIRECTOR

NAME OF ORGANIZATION : ST. STEVEN'S BAPTIST CHURCH

NAME : TAMMY JONES

TITLE/AFFILIATION WITH HOSPITAL : SPOKESPERSON/COMMUNICATIONS

STRATEGIST/PR

NAME OF ORGANIZATION : FEDERAL AVIATION ADMINISTRATION

NAME : ROSALIND BISHOP

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 : STATESIDE RETAIL OPERATIONS MANAGER

NAME OF ORGANIZATION : ANDREWS FCU

NAME : ANTHONY NOLAN

TITLE/AFFILIATION WITH HOSPITAL : DIVISION CHIEF, SPECIAL PROGRAMS

DIVISION

NAME OF ORGANIZATION : M-NCPPC

NAME : STACI TYLER

TITLE/AFFILIATION WITH HOSPITAL : HEALTH & WELLNESS COORDINATOR, SPECIAL

PROGRAMS DIVISION

NAME OF ORGANIZATION : M-NCPPC

NAME : JULIA DEMARAIS

TITLE/AFFILIATION WITH HOSPITAL : HEALTH & WELLNESS COORDINATOR, SPECIAL

PROGRAMS DIVISION

NAME OF ORGANIZATION : M-NCPPC

NAME : NANA DONKOR

TITLE/AFFILIATION WITH HOSPITAL : HEALTH EDUCATION SUPERVISOR

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

NAME : DR. TRACI JONES

TITLE/AFFILIATION WITH HOSPITAL : SUPERVISOR, NURSING SERVICES

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

NAME : DR. INGRID HORTON

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF COMMUNITY SCHOOLS

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

NAME : DR. REGINA SPRUILL

TITLE/AFFILIATION WITH HOSPITAL : EDUCATIONAL LEADER

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS CTE

NAME : JOHN BAILEY

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 : EXECUTIVE DIRECTOR

NAME OF ORGANIZATION : THE ARCH OF KNOWLEDGE

NAME : TITIANA BAILEY

TITLE/AFFILIATION WITH HOSPITAL : PRESIDENT

NAME OF ORGANIZATION : THE ARCH OF KNOWLEDGE

NAME : DENISE WOODS

TITLE/AFFILIATION WITH HOSPITAL : PARTNERSHIP MANAGER

NAME OF ORGANIZATION : DMV FOOD JUSTICE

NAME : SANAH JIVANI

TITLE/AFFILIATION WITH HOSPITAL : COLLEGE AND CAREER SUCCESS MANAGER

NAME OF ORGANIZATION : GENERATION HOPE

NAME : MELONEE CLARK

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF EDUCATION & COMMUNITY

ENGAGEMENT

NAME OF ORGANIZATION : ARC OF PRINCE GEORGE'S COUNTY

NAME : GREG TAYLOR

TITLE/AFFILIATION WITH HOSPITAL : FOUNDER AND PRESIDENT

NAME OF ORGANIZATION : VIBRANT HEALTH AND WELLNESS FOUNDATION

NAME : ANGELA BROWN

TITLE/AFFILIATION WITH HOSPITAL : CLINTON RESIDENT

NAME OF ORGANIZATION : CLINTON RESIDENT

NAME : JELANI GINYARD

TITLE/AFFILIATION WITH HOSPITAL : AQUATIC ASSISTANT FACILITY MANAGER

NAME OF ORGANIZATION : SOUTHERN AQUATIC CENTER

NAME : VANECIA DAVIS

TITLE/AFFILIATION WITH HOSPITAL : PROGRAM SPECIALIST

NAME OF ORGANIZATION : PG PARKS AND REC

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 : DENISE PEAK

TITLE/AFFILIATION WITH HOSPITAL : CANCER PROGRAM COORDINATOR

NAME OF ORGANIZATION : MSMHC

NAME : ISIEJAH ALLEN

TITLE/AFFILIATION WITH HOSPITAL : OUTREACH AND DEVELOPMENT MANAGER

NAME OF ORGANIZATION : HOPE CONNECTIONS

NAME : DEACON TILLMAN

TITLE/AFFILIATION WITH HOSPITAL : FAITH BASED LEADER

NAME OF ORGANIZATION : NEW HOPE BAPTIST CHURCH

NAME : KRISTINA WILLIAMS

TITLE/AFFILIATION WITH HOSPITAL : PROGRAM AND COMMUNITY HEALTH COORDINATOR

NAME OF ORGANIZATION : CLINTON BAPTIST

NAME : KIMBERLY ELLIOTT

TITLE/AFFILIATION WITH HOSPITAL : CENTER DIRECTOR

NAME OF ORGANIZATION : JOHN E. HOWARD SENIOR CENTER

NAME : RACHEL STAFFORD

TITLE/AFFILIATION WITH HOSPITAL : WELLNESS MINISTRY COORDINATOR

NAME OF ORGANIZATION : ZION BAPTIST CHURCH

NAME : REGINA GIBBONS

TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR AND FOUNDER

NAME OF ORGANIZATION : Y-KNOT INC

NAME : CORPORAL TERRY GORDON

TITLE/AFFILIATION WITH HOSPITAL : POLICE CORPORAL

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY POLICE DEPARTMENT RISK

MANAGEMENT UNIT

NAME : WHITNEY ASHEAD

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF SOCIAL IMPACT PARTNERSHIPS

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 : HUNGRY HARVEST

NAME : DR. TORRANCE BROWN

TITLE/AFFILIATION WITH HOSPITAL : PARTICIPANT

NAME OF ORGANIZATION : KAPPA ALPHA PSI

NAME : CINDY CONANT

TITLE/AFFILIATION WITH HOSPITAL : PARTICIPANT

NAME OF ORGANIZATION : CARE FOR YOUR HEALTH

NAME : SAVANNAH NIELSEN

TITLE/AFFILIATION WITH HOSPITAL : HEALTH & WELLNESS ASSISTANT

NAME OF ORGANIZATION : PG COUNTY PARKS AND RECREATION

NAME : ANGELICA CARPENTER

TITLE/AFFILIATION WITH HOSPITAL : MINISTRY LEAD

NAME OF ORGANIZATION : MAPLE SPRINGS BAPTIST CHURCH

NAME : SHEENA LEWIS & CARLA GIBSON

TITLE/AFFILIATION WITH HOSPITAL : CHAIRPERSON/CEO & PRESIDENT

NAME OF ORGANIZATION : POWERFUL DIVAS

NAME : HEAVAN JORDAN

TITLE/AFFILIATION WITH HOSPITAL : PROGRAM ASSOCIATE

NAME OF ORGANIZATION : PRINCE GEORGE'S COUNTY FOOD EQUITY COUNCIL

NAME : KELLY HAYNIE

TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF OPERATIONS

NAME OF ORGANIZATION : MSMHC

MEDSTAR SOUTHERN MD HOSPITAL CENTER:

PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIES

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT

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.

RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE

TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND

VULNERABLE POPULATIONS IN THE REGIONS WE SERVE.

THREE-YEAR IMPLEMENTATION STRATEGIES WITH MEASURABLE OBJECTIVES WERE

DEVELOPED FOR EACH HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC

COMMUNITY OR TARGET POPULATION OF FOCUS. PRIORITIES WERE BASED ON

COMMUNITY NEED AS DETERMINED BY QUANTITATIVE DATA AND COMMUNITY INPUT, AS

WELL AS ON HOSPITAL EXPERTISE, RESOURCES, STRENGTHS OF EXISTING

PROGRAMMING AND PARTNERSHIPS, AND ALIGNMENT WITH NATIONAL, STATE, AND

LOCAL HEALTH GOALS. THE MEDSTAR HEALTH CORPORATE COMMUNITY HEALTH

DEPARTMENT WILL PROVIDE SYSTEM-WIDE COORDINATION AND OVERSIGHT OF

COMMUNITY BENEFIT PROGRAMMING.

HOSPITAL ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR

PROGRESS OF STRATEGY EXECUTION AND TO PROVIDE ONGOING RECOMMENDATIONS

RELATED TO OUTCOMES ACHIEVEMENT, PROGRAM DEVELOPMENT, PARTNERSHIP

APPROACHES, AND OVERALL IMPLEMENTATION IMPROVEMENT.

FOR SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT THE HOSPITAL HAS NOT

PRIORITIZED AS FOCUS AREAS THROUGH ITS IMPLEMENTATION STRATEGY, THESE

NEEDS WILL BE ADDRESSED BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS,

AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE

SCOPE OF THE HOSPITAL'S STRENGTHS. ARE BEYOND THE SCOPE OF THE HOSPITAL'S

STRENGTHS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AND CERTAIN OTHER BENEFITS AT COST

PART I, LINE 7

MEDICARE COST REPORT DATA AS WELL AS COST-TO-CHARGE RATIO WERE USED TO

CALCULATE FIGURES REPORTED (WHERE APPLICABLE). THE COST-TO-CHARGE RATIO

WAS DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST-TO-CHARGES.

BAD DEBT

PART III, LINES 2 & 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE

IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE

ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY

RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT

SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT

SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER,

MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO

WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE

RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON

232100 11-18-22

Part VI Supplemental Information (Continuation)

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.

DEBT COLLECTION POLICY

PART III, LINE 8

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A

RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING

UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

UNCOMPENSATED CARE. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES AND

REVENUES IN MARYLAND IS ZERO.

PART III, LINE 9B

IF IT IS DETERMINED THAT A PATIENT MAY POTENTIALLY QUALIFY FOR A

CHARITABLE/FINANCIAL PROGRAM, A HOLD IS PLACED ON THE ACCOUNT TO

PREVENT IT FROM BEING REPORTED AS BAD DEBT UNTIL PROGRAM APPROVALS HAVE

BEEN OBTAINED. IF IT IS APPROVED, THE ACCOUNT IS DOCUMENTED AND THE

NECESSARY ADJUSTMENTS ARE MADE TO CLOSE THE ACCOUNT.

NEEDS ASSESSMENT

PART VI, LINE 2

Part VI Supplemental Information (Continuation)

IN FY21, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER (MSMHC) CONDUCTED A
 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE
 GUIDELINES ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE
 ACT AND THE INTERNAL REVENUE SERVICE. THE HOSPITAL'S CHNA AND
 THREE-YEAR IMPLEMENTATION STRATEGIES WERE ENDORSED BY MSMHC'S BOARD OF
 DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE
 DOCUMENT BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE ON JUNE 30, 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
 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
 SOUTHERN PRINCE GEORGES COUNTY AS ITS CBSA, WHICH INCLUDES ALL
 RESIDENTS LIVING IN ZIP CODE 20748. 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

Part VI Supplemental Information (Continuation)

ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS.

MSMHC'S HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS

(CHRONIC DISEASE PREVENTION AND MANAGEMENT AND BEHAVIORAL HEALTH),

ACCESS TO HEALTH CARE AND SERVICES (TRANSPORTATION AND ACCESS TO

AFFORDABLE HEALTH CARE AND INSURANCE) AND SOCIAL DETERMINANTS OF HEALTH

(EMPLOYMENT).

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

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 HOSPITALS 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

Part VI Supplemental Information (Continuation)

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 PATIENT'S SEEKING EMERGENCY

AND MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH PATIENT'S

FINANCIAL RESOURCES. BASED ON THIS INFORMATION, MEDSTAR HEALTH

HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL MAKE ELIGIBILITY

DETERMINATIONS FOR FINANCIAL ASSISTANCE FOR PATIENTS WHO RESIDE WITHIN

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.

Part VI Supplemental Information (Continuation)

. USE INFORMATION IN THE POSSESSION OF THE HOSPITAL, IF AVAILABLE, TO DETERMINE WHETHER THE PATIENT IS QUALIFIED FOR FREE OR REDUCED-COST CARE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

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

. PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS.

. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT INFORMATION SHEET TO PATIENTS UPON REQUEST.

. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT 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

Part VI Supplemental Information (Continuation)

INDIVIDUALS OR 5% OF THE OVERALL POPULATION WITHIN THE CITY OR COUNTY

IN WHICH THE HOSPITAL IS LOCATED AS MEASURED BY THE MOST RECENT CENSUS.

. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS

SERVING ALL HOSPITAL TARGET POPULATIONS.

THE MEDSTAR HEALTH PATIENT INFORMATION SHEET SHALL BE PROVIDED TO THE

PATIENT, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED

REPRESENTATIVE:

. BEFORE DISCHARGE;

. WITH THE HOSPITAL BILL;

. ON REQUEST; AND

. IN EACH WRITTEN COMMUNICATION TO THE PATIENT REGARDING COLLECTION OF

THE HOSPITAL BILL.

MEDSTAR HEALTH WILL PROVIDE FINANCIAL ASSISTANCE PROBABLE AND LIKELY

ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM

RECEIPT OF THE INITIAL MEDSTAR HEALTH UNIFORM FINANCIAL ASSISTANCE

APPLICATION. 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 PLAN AVAILABLE UNDER

THIS POLICY WILL NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL

THEIR RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT

RESPONSIBILITIES INCLUDE:

Part VI Supplemental Information (Continuation)

. COMPLY WITH PROVIDING THE NECESSARY FINANCIAL DISCLOSURE FORMS TO

EVALUATE THEIR ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS,

CHARITY CARE PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE

DISCLOSURE FORMS MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY

TO ALLOW MEDSTAR HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS

CONCERNING THE AVAILABILITY OF FINANCIAL ASSISTANCE.

. WORKING WITH MEDSTAR HOSPITAL PATIENT ADVOCATES AND PATIENT FINANCIAL

SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE

PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.

. MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION,

INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT

SCHEDULES.

. PROVIDING UPDATED FINANCIAL INFORMATION TO MEDSTAR HOSPITAL PATIENT

ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES ON A TIMELY BASIS AS THE

PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.

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

PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD

ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER

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, COLLECTION EFFORTS ARE DEFINED IN

THE MEDSTAR BILLING AND COLLECTION POLICY. A FREE COPY IS AVAILABLE ON

ALL HOSPITAL WEBSITES AND PATIENT PORTALS VIA THE FOLLOWING URL:

WWW.MEDSTARHEALTH.ORG/FINANCIALASSISTANCE, OR BY CALLING CUSTOMER

SERVICE ON 1-800-280-9006.

Part VI Supplemental Information (Continuation)

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:

THE ORGANIZATION SERVES THE COMMUNITY OF TEMPLE HILLS IN PRINCE GEORGE'S COUNTY, WITH A ZIP CODE OF 20748. THIS COUNTY IS A DIVERSE AREA THAT INCLUDES URBAN, SUBURBAN, AND RURAL REGIONS, AND IT IS HOME TO AROUND 966,689 RESIDENTS WITH AN AVERAGE INCOME OF \$94,507. 8.59% OF RESIDENTS HAVE AN INCOME BELOW THE FEDERAL POVERTY GUIDELINE, WHICH IS LOWER THAN THE NATIONAL AVERAGE OF 12.8%. IN ADDITION, 10.8% OF THE POPULATION IS UNINSURED, WHILE 17.2% RECEIVE MEDICAID AND 8.77% RECEIVE MEDICARE. BETWEEN 2019 AND 2020, THE PERCENTAGE OF UNINSURED CITIZENS IN TEMPLE HILLS, MD GREW FROM 9.54% TO 9.76%. THERE ARE EIGHT HOSPITALS IN THE COMMUNITY, AND SIX AREAS OR POPULATIONS IN THE COUNTY ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED.

TEMPLE HILLS, MD'S POPULATION HAS GROWN BY 3.72% FROM 2019 TO 2020, REACHING 8,220 PEOPLE WITH A MEDIAN AGE OF 36. THE MEDIAN HOUSEHOLD INCOME INCREASED BY 3.95%, FROM \$65,821 TO \$68,418. THE LARGEST ETHNIC

Part VI Supplemental Information (Continuation)

GROUP IN TEMPLE HILLS, MD, IS BLACK OR AFRICAN AMERICAN (NON-HISPANIC),
 ACCOUNTING FOR 79.9% OF THE POPULATION. HISPANIC OR LATINO IS THE
 SECOND-LARGEST ETHNIC GROUP, REPRESENTING 9.8% OF THE PEOPLE, FOLLOWED
 BY TWO OR MORE RACES (HISPANIC) AT 3.59%, WHITE (NON-HISPANIC) AT 2.2%,
 AND BLACK OR AFRICAN AMERICAN (HISPANIC) AT 1.97%. ADDITIONALLY, 89.7%
 OF TEMPLE HILLS RESIDENTS HAVE A HIGH SCHOOL DIPLOMA, AND 18.9% HAVE A
 BACHELOR'S DEGREE OR HIGHER. MOREOVER, THE MEDIAN AGE IN TEMPLE HILLS
 IS 36 YEARS, 43.64% ARE MALES, AND 56.36% ARE FEMALES.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

MSMHC IS COMMITTED TO BEING A COMMUNITY PARTNER AND ENGAGING IN VARIOUS
 COMMUNITY BENEFIT ACTIVITIES TO ENHANCE AND PROMOTE THE OVERALL HEALTH
 AND WELL-BEING OF THE COMMUNITY. THESE ACTIVITIES ARE DETERMINED BASED
 ON THE CHNA'S PRIORITY AREAS, WHICH INCLUDE HEALTH AND WELLNESS, ACCESS
 TO CARE, AND SOCIAL DETERMINANTS OF HEALTH. A WIDE RANGE OF PROGRAMS
 ARE OFFERED, INCLUDING BUT NOT LIMITED TO:

HEALTH AND WELLNESS

EDUCATIONAL PROGRAMS ARE OFFERED WITH THE GOAL OF IMPROVING COMMUNITY
 HEALTH AND WELL-BEING. FOR EXAMPLE, THE NATIONAL DIABETES PREVENTION
 PROGRAM IS A FREE YEAR-LONG PROGRAM THAT IS DELIVERED IN PERSON,
 ONLINE, OR THROUGH A COMBINATION APPROACH. THE GOAL IS FOR PRE-DIABETIC
 PARTICIPANTS TO MAKE LIFESTYLE CHANGES SUCH AS EATING HEALTHIER,
 REDUCING STRESS, AND GETTING MORE PHYSICAL ACTIVITY TO REDUCE THE RISK
 OF DEVELOPING TYPE 2 DIABETES.

OUR STAFF ACTIVELY ENGAGES IN COMMUNITY AND FAITH-BASED HEALTH EVENTS,

Part VI Supplemental Information (Continuation)

INCLUDING HEALTH FAIRS, PANELS, FESTIVALS, AND EXPOSITIONS. WE PROVIDE SCREENINGS, SHARE HEALTH INFORMATION, AND EDUCATION WITH ATTENDEES. OUR OUTREACH EFFORTS EXTEND BOTH IN-PERSON AND VIRTUALLY THROUGH ENGAGING INTERVIEWS, SEMINARS, BLOGS, AND VIDEOS, ENABLING OUR HOSPITAL STAFF TO SHARE THEIR KNOWLEDGE WITH THE COMMUNITY.

MSMHC IS COMMITTED TO PROMOTING HEALTH AND WELLNESS WITHIN THE COMMUNITY. TO ACHIEVE THIS GOAL, WE REGULARLY HOST "ASK THE DOC" SESSIONS THAT FEATURE HOSPITAL STAFF, PROVIDERS, AND SUBJECT MATTER EXPERTS AS GUEST SPEAKERS. THESE SESSIONS PROVIDE COMMUNITY MEMBERS WITH VALUABLE INFORMATION ON A VARIETY OF HEALTH TOPICS, RANGING FROM PREVENTIVE CARE AND NUTRITION TO CHRONIC DISEASE MANAGEMENT AND MENTAL HEALTH. BY PARTICIPATING IN THESE SESSIONS, COMMUNITY MEMBERS CAN GAIN A BETTER UNDERSTANDING OF THEIR HEALTH AND WELL-BEING, AS WELL AS LEARN HOW TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTHCARE.

ACCESS TO CARE
PATIENT FINANCIAL SERVICES OFFERS INVALUABLE FINANCIAL AID TO UNINSURED INDIVIDUALS LIVING WITHIN THE COMMUNITY BY FACILITATING ENROLLMENT IN PUBLICLY FUNDED ENTITLEMENT PROGRAMS, DIRECTING PATIENTS TO STATE OR FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES, AND ASSISTING WITH EXPLORING FUNDING FROM OTHER CHARITABLE ORGANIZATIONS.

THE HOSPITAL PROVIDES SUBSIDIES FOR HEALTH SERVICES TO GUARANTEE THAT RESIDENTS CAN OBTAIN ESSENTIAL CLINICAL CARE.

TO ENHANCE PUBLIC HEALTH, MSMHC HAS PARTNERED WITH THE AMERICAN RED CROSS TO HOST MONTHLY BLOOD DRIVES ON THE HOSPITAL CAMPUS TO MEET THE

Part VI Supplemental Information (Continuation)

INCREASING DEMAND AND HELP REPLENISH THE CRUCIAL BLOOD SHORTAGE. THE
 RED CROSS PROVIDES ABOUT 40% OF THE WHOLE NATION'S BLOOD AND BLOOD
 COMPONENTS, ALL FROM VOLUNTEER DONORS - SUCH AS THE ONES ATTENDING OUR
 BLOOD DRIVES. SUPPLY CANNOT ALWAYS MEET THE INCREASED DEMAND BECAUSE
 ONLY ABOUT 3% OF AGE-ELIGIBLE PEOPLE DONATE BLOOD YEARLY. PROVIDING A
 SPACE AND TIME FOR DONORS TO GIVE BACK CAN MAKE DONATING MORE
 ACCESSIBLE AND DOABLE. ON AVERAGE, EACH DRIVE SEES ABOUT 25-30 DONORS
 AND COLLECTS ABOUT 25 UNITS OF BLOOD. EACH UNIT HAS THE POTENTIAL TO
 HELP THREE PATIENTS.

SOCIAL DETERMINANTS OF HEALTH

WE CONTINUE THE IMPLEMENTATION OF THE SCREENING, BRIEF INTERVENTION,
 AND REFERRAL TO TREATMENT (SBIRT) PROGRAM TO SUPPORT THOSE STRUGGLING
 WITH SUBSTANCE ABUSE AND TO ENSURE THEY HAVE ACCESS TO BEHAVIORAL
 HEALTH PROGRAMS. THIS PROGRAM CONSISTS OF THREE MAIN COMPONENTS:
 SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT. THOSE WHO ARE
 IDENTIFIED AS HIGH-RISK RECEIVE PEER RECOVERY COACHES WHO PROVIDE A
 BRIEF INTERVENTION AND REFERRAL TO TREATMENT IF NECESSARY. TO PREVENT
 FUTURE OVERDOSES, THE OPIOID OVERDOSE SURVIVOR OUTREACH AND PEER
 RECOVERY COACHES CONNECT COMMUNITY MEMBERS WITH A HISTORY OF SUBSTANCE
 ABUSE TO THE RESOURCES THEY NEED.

THE COMMUNITY HEALTH ADVOCATES, ALSO KNOWN AS COMMUNITY HEALTH WORKERS,
 WORK TOWARDS IMPROVING THEIR COMMUNITY'S HEALTH BY EDUCATING OTHERS ON
 DISEASE AND INJURY PREVENTION AND LINKING COMMUNITY MEMBERS TO
 HEALTHCARE AND SOCIAL SERVICES. THESE SERVICES INCLUDE FOOD ACCESS,
 TRANSPORTATION, HOUSING, AND UTILITY ASSISTANCE. WE ALSO PROVIDE SOCIAL
 NEEDS SCREENINGS TO IDENTIFY AND ADDRESS FOOD AND HOUSING INSECURITY,

Part VI Supplemental Information (Continuation)

TRANSPORTATION, EMPLOYMENT, AND UTILITY BARRIERS. FINDHELP.ORG, OUR

COMMUNITY PARTNER, OFFERS AN ONLINE PLATFORM TO TRACK AND MANAGE

REFERRALS WITH LOCAL NONPROFIT GROUPS.

TO ADDRESS FOOD INSECURITY, WE HAVE CONTINUED OUR PARTNERSHIP WITH

HUNGRY HARVEST TO OFFER FREE BOXES OF FRESH PRODUCE, BREAD, AND EGGS

WEEKLY OR BI-WEEKLY TO INDIVIDUALS WHO REQUIRE FOOD ASSISTANCE. THE

FOOD BOX IS PROVIDED FOR EIGHT WEEKS, OR UNTIL THE INDIVIDUAL CAN

CONNECT WITH OTHER FOOD RESOURCES SUCH AS SNAP OR LOCAL FOOD PANTRIES.

MOREOVER, WE HAVE PARTNERED WITH A COMMUNITY ORGANIZATION, FOOD JUSTICE

DMV, WHO PROVIDES US WITH SHELF-STABLE PANTRY STAPLES, SUCH AS BEANS,

RICE AND OIL, AND OCCASIONAL PRODUCE AND BREAD TO DISTRIBUTE TO

PATIENTS WHO ARE EXPERIENCING FOOD INSECURITY.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MSMHC IS ABLE TO EXPAND ITS

CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER

MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES

ASSIST THE HOSPITAL IN COMMUNITY HEALTH PLANNING TO MEET THE NEEDS OF

THE UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY

HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MSMHC WITH TECHNICAL SUPPORT

TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S

CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND

PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH-QUALITY

HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY.

STATE FILING OF COMMUNITY BENEFIT REPORT

Part VI Supplemental Information (Continuation)

PART VI, LINE 7

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

MARYLAND.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH A. SAMET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	2,106,059.	3,176,567.	79,000.	62,059.	35,882.	5,459,567.	0.
(2) DANIEL M. HAMPTON, M.D. DIRECTOR (UNTIL 1/1/23)	(i)	761,199.	356,936.	0.	8,700.	21,156.	1,147,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN T. MICHAELS, M.D. PRESIDENT/DIRECTOR	(i)	554,183.	436,182.	0.	8,700.	22,188.	1,021,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM O. SUDDATH, M.D. DIRECTOR	(i)	548,653.	102,135.	0.	8,700.	21,035.	680,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CLYDE PRAY, M.D. DIRECTOR	(i)	594,926.	15,000.	0.	8,700.	16,723.	635,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT LALLY FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	130,691.	69,708.	254,885.	39,002.	7,021.	501,307.	0.
(7) SEEMA PAI, M.D. DIRECTOR (AS OF 1/1/23)	(i)	412,259.	49,101.	0.	8,700.	9,486.	479,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID HAVRILLA FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	273,968.	132,905.	11,677.	18,235.	16,746.	453,531.	0.
(9) MICHAEL MEISEL CFO/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,402.	92,333.	0.	5,199.	24,851.	412,785.	0.
(10) SALLU MUNU REGISTERED NURSE	(i)	43,770.	330,686.	7,500.	6,684.	413.	389,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALHASSAN KABIA REGISTERED NURSE	(i)	292,829.	55,319.	7,500.	7,686.	19,821.	383,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BELEN BASILAN REGISTERED NURSE	(i)	245,367.	70,550.	7,500.	3,420.	19,995.	346,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ARIAM YITBAREK VP, CNO	(i)	239,273.	61,625.	0.	8,700.	20,368.	329,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MANDEEP KAUR REGISTERED NURSE	(i)	307,902.	0.	7,500.	4,759.	8,561.	328,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DANIEL FEELEY FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,456.	54,657.	0.	8,700.	20,795.	327,608.	0.
(16) ANNETTE BRONER SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	226,156.	52,941.	0.	10,023.	20,408.	309,528.	0.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GRANT MCCLURE FORMER VP, PROF SVCS & PLANT OPS	(i)	25,074.	0.	280,591.	0.	0.	305,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHRISTINE R. WRAY FORMER PRESIDENT/DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	70,459.	128,786.	90,119.	8,700.	175.	298,239.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART III

DETAILED BELOW ARE SEVERAL ONE-TIME PAYMENTS TO CERTAIN EXECUTIVES

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

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

EXECUTIVE COMPENSATION PROGRAM, AND SUPPORTED IMPORTANT OBJECTIVES OF

OUR ORGANIZATION.

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

INCLUDES A CASH LUMP-SUM PAYMENT OF \$79,000, WHICH REPRESENTS THE

ANNUAL PREMIUM FOR A SPLIT DOLLAR LIFE INSURANCE POLICY.

CHRISTINE WRAY'S COMPENSATION IS FOR SERVICES PROVIDED AS PRESIDENT TO

BOTH MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER AND MEDSTAR ST. MARY'S

HOSPITAL PRIOR TO HER RETIREMENT.

MICHAEL MEISEL'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO BOTH

MEDSTAR ST. MARY'S HOSPITAL AND MEDSTAR SOUTHERN MARYLAND HOSPITAL

CENTER.

Part III Supplemental Information

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

GRANT MCCLURE'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN

(B)(III) INCLUDES \$244,024 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY

MR. MCCLURE.

ROBERT LALLY'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO MEDSTAR

FRANKLIN SQUARE MEDICAL CENTER, MEDSTAR HARBOR HOSPITAL, MEDSTAR ST.

MARY'S HOSPITAL, AND MEDSTAR SOUTHERN MD HOSPITAL CENTER INC. MR.

LALLY'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III)

INCLUDES \$208,190 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY MR.

LALLY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEDSTAR SOUTHERN MD HOSPITAL CENTER UPHOLDS ITS TRADITION OF CARING BY

(CONTINUED ON SCH. O) CONTINUOUSLY PROMOTING, MAINTAINING AND IMPROVING

HEALTH THROUGH EDUCATION AND SERVICE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR SOUTHERN MARYLAND HOSPITAL

CENTER'S (MEDSTAR SOUTHERN MARYLAND) MISSION IS TO UPHOLD ITS

COMMITMENT TO THE COMMUNITY BY CONTINUOUSLY PROMOTING, MAINTAINING, AND

IMPROVING HEALTH THROUGH EDUCATION AND SERVICE WHILE ASSURING FISCAL

INTEGRITY. MEDSTAR SOUTHERN MARYLAND IS LOCATED IN SOUTHERN PRINCE

GEORGE'S COUNTY, MARYLAND.

IN FISCAL YEAR 2023, MSMHC HAD 11,176 INPATIENT ADMISSIONS, 75,688

OUTPATIENT VISITS, AND 43,054 EMERGENCY VISITS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDSTAR SOUTHERN MARYLAND'S LARGEST PROGRAM IS ACCESS TO AND THE

PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF PRINCE

GEORGE'S, CHARLES AND CALVERT COUNTY, MARYLAND AND THE SURROUNDING

AREAS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE,

MEDSTAR SOUTHERN MARYLAND INCURRED \$76M OF MANAGEMENT AND GENERAL

EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. THE HOSPITAL OFFERS

A FULL RANGE OF SERVICES AND IS KNOWN FOR ITS CARDIOVASCULAR AND

ORTHOPAEDIC PROGRAMS. THE HOSPITAL ALSO HAS THE WOMEN & NEWBORNS

CENTER, WHICH INCLUDES AN OBSTETRICS AND GYNECOLOGY PROGRAM WITH A

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

Schedule O (Form 990) 2022

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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LEVEL 2 SPECIAL CARE NURSERY AND PRIVATE PATIENT ROOMS. OTHER SPECIALTY SERVICES INCLUDE AN EMERGENCY DEPARTMENT AND CRITICAL CARE UNIT, BREAST HEALTH PROGRAM, SURGICAL CENTER, SLEEP DISORDERS LAB, INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS, AND REHABILITATIVE MEDICINE THE HOSPITAL HAS SEVERAL RECOGNITIONS AND CERTIFICATIONS. MEDSTAR SOUTHERN MARYLAND HAS A COMMISSION ON CANCER ACCREDITATION FOR OUR CANCER PROGRAM. THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS) RE-DESIGNATED MEDSTAR SOUTHERN MARYLAND AS A PRIMARY STROKE CENTER IN APRIL 2022. THIS IS THE FOURTH TIME MIEMSS HAS AWARDED THE PRIMARY STROKE CENTER TO MSMHC SINCE 2007. THE PROGRAM ALSO RECEIVED THE AMERICAN HEART ASSOCIATION'S GOLD PLUS GET WITH THE GUIDELINES STROKE QUALITY ACHIEVEMENT AWARD. MSMHC WAS DESIGNATED A BABY-FRIENDLY HOSPITAL IN JUNE 2023. MSMHC RECEIVED DESIGNATION AS A PATHWAY TO EXCELLENCE ORGANIZATION FROM THE AMERICAN NURSES CREDENTIALING CENTER IN OCTOBER 2022. MIEMSS HAS ALSO DESIGNATED MSMHC AS A CARDIAC INTERVENTION CENTER. MSMHC RECEIVED HEALTHGRADES AMERICA'S 100 BEST HOSPITALS FOR CORONARY INTERVENTION AWARD (2023) FOR SUPERIOR CLINICAL OUTCOMES IN CORONARY INTERVENTION PROCEDURES. THE CORONARY INTERVENTION PROGRAM ALSO RECEIVED HEALTHGRADES CORONARY INTERVENTION EXCELLENCE AWARD FOR SUPERIOR CLINICAL OUTCOMES IN CORONARY INTERVENTION PROCEDURES.

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

ORGANIZATION MEMBERS

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

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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FORM 990, PART VI, SECTION A, LINE 7A:

DESCRIPTION OF MEMBERS

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

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF GOVERNING BODY

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT
MARYLAND NON-STOCK CORPORATION, THE BYLAWS OF THE ORGANIZATION ARE SUBJECT
TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE SOLE MEMBER OF THE
ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING BUT NOT LIMITED TO
MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY,
CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

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

PROCESS FOR REVIEWING FORM 990

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

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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GIVEN AN OPPORTUNITY TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM

990 PRIOR TO ITS FILING.

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

CONFLICT OF INTEREST POLICY

APPOINTMENT OF BOARDS OF DIRECTORS MEDSTAR HEALTH (AND ITS SUBSIDIARIES)

REQUIRE ALL NOMINATED DIRECTORS, PRIOR TO THEIR APPOINTMENT OR ELECTION, TO

DISCLOSE THE EXISTENCE OF (OR POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH

MEDSTAR THAT WOULD RESULT IN A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF

ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD

OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS ALL

OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN

ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR

RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH

DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE

MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE

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

NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION

RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE

REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

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

DESCRIPTION OF EXECUTIVE COMPENSATION

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR

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

PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES

OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE

COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY

ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE

PARTICIPANTS IN THE PROGRAM.

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

COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG

PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM,

OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION

PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR

COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE

ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED

(GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT

CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G.,

INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR

ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN 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.

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENT AVAILABILITY

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

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

PHARMACY SERVICES:

PROGRAM SERVICE EXPENSES	100.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100.

SUBSIDY EXPENSE - INTERCOMPANY:

PROGRAM SERVICE EXPENSES	15,069,157.
MANAGEMENT AND GENERAL EXPENSES	72,089.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,141,246.

PURCHASED PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	9,868,388.
MANAGEMENT AND GENERAL EXPENSES	694,415.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,562,803.

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

PROGRAM SERVICE EXPENSES	4,046,271.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,046,271.

MISC PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	135,848.
MANAGEMENT AND GENERAL EXPENSES	2,893,833.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,029,681.

NON-PHYS INTERCO PURCH SRVS:

PROGRAM SERVICE EXPENSES	19,756.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,756.

COMMERCIAL LAUNDRY:

PROGRAM SERVICE EXPENSES	442,830.
MANAGEMENT AND GENERAL EXPENSES	3,226.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	446,056.

PROTECTION SERVICES:

PROGRAM SERVICE EXPENSES	288,990.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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TOTAL EXPENSES 288,990.

LAB SERVICES:

PROGRAM SERVICE EXPENSES 453,355.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 453,355.

PRINTING SERVICES:

PROGRAM SERVICE EXPENSES 117.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 117.

PATIENT TRANSPORTATION:

PROGRAM SERVICE EXPENSES 42,235.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 42,235.

COMPUTER SERVICES:

PROGRAM SERVICE EXPENSES 35,864.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 35,864.

BANK FEES:

PROGRAM SERVICE EXPENSES 0.

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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MANAGEMENT AND GENERAL EXPENSES	85,576.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,576.

MISCELLANEOUS FEES FOR SVCS:

PROGRAM SERVICE EXPENSES	2,805,547.
MANAGEMENT AND GENERAL EXPENSES	-2,240,244.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	565,303.

SECURITY SYSTEM-CONTRACT SVC:

PROGRAM SERVICE EXPENSES	32,813.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,813.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	34,750,166.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFERS	35,629,345.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.</p>	Employer identification number <p align="center">46-0726303</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDSTAR HEALTH VISITING NURSES ASSOCIATI - 53-0196597, 4061 POWDERMILL ROAD, CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MEDSTAR VNA HEALTHCARE - 52-1458516 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 10	N/A	X	
MGH WOMEN'S BOARD - 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A	X	
NATIONAL REHABILITATION HOSPITAL - 52-1369749, 102 IRVING STREET NW, WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
NRH REGIONAL REHAB AT OLNEY, INC. - 52-2310902, 18101 PRINCE PHILIP DRIVE, OLNEY, MD 20832	MEDICAL SVCS	MARYLAND	501(C)(3)	LINE 3	N/A	X	
SUBURBAN / NRH MEDICAL REHABILITATION, I - 52-1931151, 102 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SVCS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F - 52-1104382, 5601 LOCH RAVEN BLVD, BALTIMORE, MD 21239	FOUNDATION	MARYLAND	501(C)(3)	12D III	N/A	X	
VNA, INC. - 52-1332411 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SVCS	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
WOODBOURNE WOODS, INC. - 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MARYLAND	501(C)(3)	LINE 10	N/A	X	
HOSPICE OF ST. MARY'S, INC. - 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MARYLAND	501(C)(3)	LINE 12A, I	N/A	X	
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY - 52-0619006, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A	X	
WASHINGTON HOSPITAL CENTER CORPORATION - 52-1272129, 110 IRVING STREET, N.W., WASHINGTON, DC 20010	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MEDSTAR HEALTH INC AND AFFILIATES MASTER - 46-7454613, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	RET. TRUST	MARYLAND	501(A)	N/A	N/A	X	

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC - 87-2341245, 12002 VEIRS MILL ROAD, SILVER SPRING, MD	SURGERY	MD	N/A	N/A				X		N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PHYSICIANS ADMINISTRATIVE SERVICES, INC. - 23-7042074, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	BILLING SCVS	MD	N/A	C CORP					X
MEDSTAR FAMILY CHOICE, INC. - 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					X
MEDSTAR ENTERPRISES, INC. - 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SCVS	MD	N/A	C CORP					X
SITEL, INC. - 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL SVCS	MD	N/A	C CORP					X
STAR BILLING, INC. - 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SCVS	MD	N/A	C CORP					X
WASHINGTON RISK NETWORK MANAGEMENT, INC. - 52-2132677, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					X
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS - 52-1931000, 100 IRVING STREET NW, WASHINGTON, DC 20010	MEDICAL SCVS	DC	N/A	C CORP					X
MEDSTAR PHYSICIAN PARTNERS, INC. - 52-2030809, 4061 POWDERMILL ROAD, SUITE 210, CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					X
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA - 76-0756352, 10980 GRANTCHESTER WAY, COLUMBIA, MD 21044	CONDOMINIUMS	MD	N/A	C CORP					X
MGH DIVERSIFIED SERVICES, INC. - 52-1943602 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SCVS	MD	N/A	C CORP					X
ST. MARY'S HEALTH ALLIANCE, INC. - 52-1930331, 25500 POINT LOOKOUT ROAD, LEONARDTOWN, MD 20650	MEDICAL SCVS	MD	N/A	C CORP					X
GREENSPRING FINANCIAL INSURANCE LIMITED - 98-0188617, 878 WEST BAY RD., PO BOX 1159, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST MARY'S CONDO ASSOCIATION - 27-3377216 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	CONDOMINIUMS	MD	N/A	C CORP					X
MEDSTAR HEALTH MASTER RETIREMENT TRUST - 98-1371657, 103 SOUTH CHURCH ST., GRAND CAYMAN, CAYMAN ISLANDS KY1-1002	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X
MEDSTAR HEALTH, INC. - INVESTMENT FUND I - 98-1310273, 103 SOUTH CHURCH ST., GRAND CAYMAN, CAYMAN ISLANDS KY1-1002	INVESTMENTS	CAYMAN ISLANDS	N/A	C CORP					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PHYSICIAN IMAGING OF WASHINGTON HOSPITAL CENTER, LLC

EIN: 56-2616090

840 CRESCENT CENTRE DR

FRANKLIN, TN 37067

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MEDSTAR ENDOSCOPY CENTER-SILVER SPRING, LLC

EIN: 87-2341245

12002 VEIRS MILL ROAD

SILVER SPRING, MD 20906