в.,		C Name
B Che	ock if applicable:	MEI
	Address change	Doing
	Name change	Num

A For the 2014 calendar year, or tax year beginning

C Name of organization

990

Department of the Treasury

Internal Revenue Service

Form

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

07/01, 2014, and ending

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

OMB No. 1545-0047 2014 Open to Public

Inspection

06/30,2015

D Employer identification number

<b></b>	песк парр	L	MEDS	TAR SOUT	HERN	MD H	OSPITAL (	CENTER	INC.						
		Address charge         Doing Business As         46-0726303           Name charge         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E Telephone number													
	Name o	change		•			not delivered to	street addres:	5)	Roon	n/suite				
	Initial r	rélum		SURRAT									(301) 80	58-8	000
	-	rminated City or town, state or province, country, and ZIP or foreign postal code													
	Amende	L		TON, MD									G Gross recei		226,118,846.
	Applica pending			and address of	• •			INE WRA	Y				i(a) is this a gr subordinate	s?	
					·		INTON, MI			· · · ·			H(b) Are all subor		
<u> </u>	Tax-exe			K 501(c)(3)	50	01(c) (	) ┥ (inse	ert no.)	4947(a)(1)	) or	52				t. (see instructions)
	Website	,			· · · · ·								H(c) Group exer		
			zation: 3	Corporation	Tru	ıst	Association	Other 🕨			L Year o	of formatio	n: 2012j M	State	of legal domicile: MD
P	art I							1 17 10 <sup>3</sup>	MRDOR					דאת	 ೧೯೬೫/೯೯.೪.
							or most signific ARING BY								
uce.							GH EDUCAT					<u>(G, 1924</u>	THIATHT		
Governance							liscontinued it								
Ň					-		i body (Part VI,							<b>3</b>	7.
ন জ							the governing							4	5.
ies							endar year 201							5	1,954.
Activities &							sary)							6	267.
Act							/III, column (C)							7a	0
							Form 990-T, li							7b	0
	<u>.</u>		0.000										Prior Year		Current Year
41	8 0	Contrib	outions ar	nd grants (Pa	t VIII, line	e 1h)					1		94,5	33.	140,026.
Revenue	9 F	Progra	m servic	e revenue (Pa	rt VIII, lin	e 2g)			COF	PY FO	R	21	2,576,8	21.	224,007,441.
eve	10 I	Investr	nent inco	ome (Part VII	, column	(A), lin	es 3, 4, and 7c	J)	PUBLIC	INSPE	CTION		22,8	88.	43,043.
œ							, 6d, 8c, 9c, 10						1,190,3	24.	1,928,336.
							t equal Part VI						13,884,5	66.	226,118,846.
•	13 (	Grants	and sim	ilar amounts	baid (Parl	t IX, col	umn (A), lines	1-3)						0	00
	14 8	Benefil	s paid to	or for memb	ers (Part	IX, colu	ımn (A), line 4)	)						0	0
ş	15 \$		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							6,879,5	109,500,146.				
sus	16a F						n (A), line 11e)							0	
Expenses	b						D), line 25) 🕨								
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							96,666,6	124,126,263.					
	18 1	Total e	xpenses	. Add lines 13	8-17 (mu	st equai	l Part IX, colun	nn (A), line 2	25)				3,546,2		233,626,409.
		Reven	ue less e	xpenses. Sul	tract line	18 fror	n line 12 <u>.</u>	<u></u>				-	10,338,3	-7,507,563.	
Net Assets or Fund Balances												_	ing of Current		End of Year
ssel 3alai	20 1			art X, line 16)									78,459,8		180,721,525.
adEa	21 1	Total li	abilities	(Part X, line 2	5)					• • • •			91,776,9		44,789,530.
	-				. Subtrac	t line 21	1 from line 20,					1 5	36,682,8	24.	135,931,995.
	irt ll		nature			minod th	le roture lectur	ling apport	ning schod	duloc a	nd etator	monte an	d to the best	ofmul	knowledge and belief, it is
tru	e, correc	ot, and o	ompjete.	Declaration of r	reparer (o	other that	n officer) is base	ed on all infor	mation of wh	hich pre	eparer ha	as any kno	wiedge.		Allowiedge allo bellel, it is
				Jack 1	ا <u>ک</u>								51	u /	0
Sig	ın		Signature	ofofficer	- v								Date	_! /	
He	re	,	10	Iel Brud	5	$\Delta t$	P. Treas	ir							
	}	1	ype or pr	int name and til		V									
		Print/T	ype prepa	arer's name			Preparer's sig	nature		D	)ate	· · ·	Check	if J	PTIN
Paie		MARG	ARET	A. BRAI	SHAW		Magna	a Biadak	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5	5/11/1	6	self-emplo		P00501222
	parer	Firm's		► KPMG L			·						Firm's EIN 🕨	13-	5565207
USE	Only -			▶ 1676 I	NTERN	ATION	AL DRIVE	MCLEAN	I, VA 2	2102	2		Phone no.	703	-286-8000
Маз							n above? (see				<u></u> .				. X Yes No
For	Paper	work F	Reductio	n Act Notice	see the	separa	te instructions	3.							Form 990 (2014)

(Rev. January 2014) Department of the Treasury

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

OMB No. 1545-1709

X

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income fay returns

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

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

● The books are in the care of ▶JOEL BRYAN, 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044

<ul> <li>If</li> <li>If</li> <li>for t</li> </ul>	elephone No. ► 410 772-6721 FAX No. ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) he whole group, check this box			s is
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until02/15_, 20_16_, to file the exempt organization return for the organization named a	bov	e. The ex	tension is
	for the organization's return for: ▶ calendar year 20 or			
	► X tax year beginning07/01, 2014, and ending06/30,	20	15	
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	n		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Form 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
С	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
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	n 88	79-EO for	payment

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

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

Form 8868 (Rev. 1-2014)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.....▶ X Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● lt Par		filing for an Automatic 3-Month Extension, Additional (Not Automatic) 3-Month E:			rinal (no copies needed).	······
					nter filer's identifying number, see	e instructions
		Name of exempt organization or other filer, see in	structions.		Employer identification number (E	
Тур	e or					
prin		MEDSTAR SOUTHERN MD HOSPITAL	CENTER :	INC.	46-0726303	
•		Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number (SSN)	
File b due d	y the ate for	7503 SURRATTS ROAD				
filing	your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.	<b>9</b>	
return instru	. See ctions.	CLINTON, MD 20735	-			
Ente	r the Re	eturn code for the return that this application	is for (file a	a separate application for ea	ach return)	. 01
-	licatior		Return	Application	,	Return
is F			Code	ls For		Code
· · · · ·		or Form 990-EZ	01	ampig-sampig-samp		
-	m 990-E		02	Form 1041-A	<u>Trenden and</u> Schollen and	08
		(individual)	03	Form 4720 (other than in	dividual)	09
	m 990-F		04	Form 5227		10
		Г (sec. 401(а) or 408(а) trust)	05	Form 6069		11
-		(trust other than above)	06	Form 8870		12
		ot complete Part II if you were not already			ision on a previously filed For	
Te If If for tl <u>list w</u> 4 5 6 7	elephone the orga this is for he whole <u>ith the r</u> I reque For cal If the ta State in <u>AND A</u>	s are in the care of ►JOEL BRYAN, 5565 e No. ► 410 772-6721 anization does not have an office or place of f or a Group Return, enter the organization's for e group, check this box ►	F business in ur digit Gro f it is for pa <u>n is for.</u> ntil onths, chec MATION I LABLE.	Tax No. ► the United States, check the up Exemption Number (GE int of the group, check this 0 07/01 , 20 14 , an or reason: Initial re NECESSARY TO PREPAR	nis box	iis is ach a
b	nonrefu If this estimation amoun Balanc	application is for Forms 990-BL, 990-PF, 95 undable credits. See instructions. application is for Forms 990-PF, 990-T, ted tax payments made. Include any pri t paid previously with Form 8868. e Due. Subtract line 8b from line 8a. Include onic Federal Tax Payment System). See instru	4720, or or year o your paym	6069, enter any refun verpayment allowed as	8a       dable credits and       a credit and any       8b	0 0
		Signature and Verifica	ation mus	st be completed for P		
		es of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that I			ules and statements, and to the	best of my

Signature ► Muguel & Backlaw Title ► PAID PREPARER Date ► 2/09/16

Form 8868 (Rev. 1-2014)

MEDSTAR	SOUTHERN	MD	HOSPITAL	CENTER	INC.

46-0726303

	art III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	ATTACHMENT 1
;	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(a)(4)$ and $501(a)(4)$ expensions for each of its three largest program services are delegations to a the
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program service reported.
_	
a	(Code:) (Expenses \$134,431,991. including grants of \$) (Revenue \$222,335,846. )
	ATTACHMENT 2
	DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2015. 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 WERE RELATED TO CERTAIN SUB-ACUTE PROGRAM SUBSIDIES.
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	MEDSTAR SOUTHERN MARYLAND PROVIDED \$2.5M IN CHARITY CARE SERVICES
	IN FISCAL YEAR 2015. 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.
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses 142,209,250.
e	Total program service expenses ►         142,209,250.           Form 990 (20)
>	Total program service expenses         142,209,250.           000         Form 990 (20           7000GB 2502         V 14-7.16         2944849         PAG

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC. 46-0726303

Form 9	990 (2014)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		77	
~	complete Schedule A	 2	<u> </u>	
2 3	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
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? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>x</u>
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			i I
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	2427833	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			2017年45で 2018年1日 2017年11月 2017 2017 2017 2017 2017 2017 2017 2017
	VII, VIII, IX, or X as applicable.		سمتصفقة	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
-	complete Schedule D, Part VI	<u>11a</u>	X	
D	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>	11b		x
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			<u></u>
Ų	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	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)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		_X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.,		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>.</u>		
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	x	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		х	

Form 990 (2014)

JSA

	90 (2014)		F	age <b>4</b>
Part	Checklist of Required Schedules (continued)			
	,		Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	~~	v	
~ •	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
<b>F</b>	through 24d and complete Schedule K. If "No," go to line 25a,	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c		
d	to defease any tax-exempt bonds?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
ZJA	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b	.	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31	. [	x
20	Part I	31		<u></u>
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Par	t 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		••	
		CHREEK A GO ( )	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	*##798534 1 *##2303×	tug i	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u>89978</u>	<u> 1999</u>
	reportable gaming (gambling) winnings to prize winners?	1c	X 0192552	8871/11
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Catern SL.		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1,954	OL.	Silvin V	14540VA
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		3887-34-	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2⊾		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		x
	account)?	4a		21 9,00,000,000
a	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			10923 - 26 10923 - 26 10923 - 26
Fa	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D.	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	sanahau anahau anghasa		
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			0.340 P 1 1
a	and services provided to the payor?	7a	haiteadh a thannn ta bann	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		471243.4	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	167 8 9 9 1		1212000
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		2105432.54
10	Section 501(c)(7) organizations. Enter:	2		
			1.144	14.238.25
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1 11 1 2 3 4 0 7 1 8 4 9 5 8 5 9 2 4 6 6 6 6 7 7 8 5 8 6 6 6 7 1 7 7 1 8 6 6 6 6
11	Section 501(c)(12) organizations. Enter:	14-29-244 14-29-24 14-29-11-24 14-29-11-24		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	494 7.484 64.78 6946 58.64 6946 38.64 9943 38.64 9943		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Same
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	10000000000000000000000000000000000000		2 12 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		1.475 A.2.8 M.147 (1.999)
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	zizečit	
	Note. See the instructions for additional information the organization must report on Schedule O.	1999년 1999년 - 1997년 -		
b	Enter the amount of reserves the organization is required to maintain by the states in which		4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	the organization is licensed to issue qualified health plans 13b		$\frac{1}{2}$	
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u>├</u>
JSA	in rea, has it lied at offit the other port these payments: it no, provide an explanation in conedule O		aan	(2014)

Form	990 (2014) MEDSTAR SOUTHERN MD HOSPITAL CENTER INC. 46-072	5303	. 1	Page 6
Par		, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sec	tion A. Governing Body and Management			. <u> </u>
		··	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		ĺ
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
-	any other officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization make any significant changes to its governing occurrents since the prorifering so was med? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6	x	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			:
_	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u>,)</u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
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?	10b		
11a	• • • • • • • • • • • • • • • • • • • •	11a	<u>_x</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	~	
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?	150	x	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	x	
ņ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
.04	with a taxable entity during the year?	16a		х. Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
	available for public inspection. Indicate how you made these available. Check all that apply.		//=/ <del>•</del>	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	policv	, 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 record	s: ►		
	JOEL BRYAN 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 410-772-6721		<u>+</u>	
JSA		Form	990	(2014)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contain	s a response	e or note to	any li	ne in this Part	VII			X

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

\_\_\_ 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 dotted line)	box,	cer and a director/trustee) Former Highest compensated Institutional trustee Individual trustee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)KENNETH A. SAMET	1.00								
DIRECTOR	39.00	x			ĺ		0	4,325,505.	64,424.
(2)M. JOY DRASS, MD	1.00								
VICE CHAIR (UNTIL 3/2015)	39.00	x					0	1,868,488.	44,213.
(3)MAUREEN P. MCCAUSLAND	1.00								
DIRECTOR (UNTIL 6/2015)	39.00	X					0	665,171.	31,610.
(4)OLIVER M. JOHNSON II	1.00								
DIRECTOR (UNTIL 9/2014)	39.00	X					0	1,038,924.	28,260.
(5) STEPHEN R.T. EVANS, MD	1.00								
DIRECTOR (UNTIL 6/2015)	39.00	X_					0	1,222,825.	43,579.
(6)MICHAEL J. CURRAN	1.00								
DIRECTOR (UNTIL 9/2014)	39.00	х					0	2,565,690.	29,762.
(7)EDWARD S. CIVERA	1.00								
CHAIR (UNTIL 9/2014)	0	X					0	0	0
(8)WILLIAM J. OETGEN, JR.	1.00								
DIRECTOR (UNTIL 3/2015)	0	X					0	0	0
(9)WILLIAM R. ROBERTS	1.00								
DIRECTOR (UNTIL 9/2014)	0	Х			 		0	0	0
(10)CHRISTINE M. WRAY	1.00								
PRESIDENT/DIRECTOR	39.00	X		X			0	783,504.	26,112.
(11) THOMAS K. HUISMAN, M.D.	1.00								
DIRECTOR	0	X					0	0	0
(12)ANTONIO POAG	1.00								
DIRECTOR	0	X			 			0	0
(13)JOHN W. ROLLINS, JR.	1.00								
CHAIR (AS OF 9/2014)	0	X					0	0	0
(14) FREDERICK P. BEAVERS, M.D.	1.00						_	_	
DIRECTOR	0	X					0	0	0

JSA

	(8)			(C	C)			(D)	(E)		(F)
Name and title	Average hours per week (ilst any hours for	box,	ot ch unles: r and	Posi neck is per la di	ition more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Report compensat relate organiza	sation from amount ated other	Estimated amount of other compensatior
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
5) WILLIAM TANNER DIRECTOR	1.00	x						0		0	
6) DAN FEELEY CFO	40.00			x				282,225.		0	20,98
7) SCOTT ELEFF, M.D PHYSICIAN	40.00					x		541,153.		0	18,9
B) LOUIS MAVROMATIS, M.D. VP - IT	40.00					x		313,480.		0	24,60
9) ASHOK ROY, M.D. VP - IT	40.00					x		270,870.		0	17,4
0) PATRICIA SCALFARI, M.D. CNO	40.00					x	!	260,467.		0	16,3
1) CHARLES STEWART FORMER OFFICER	40.00					x		487,583.		0	17,9
2) MICHAEL J. CHIARAMONTE FORMER PRESIDENT	40.00						x	930,370.		0	27,1
									12,470	107	267.00
b Sub-total c Total from continuation sheets to Part V						 		3,086,148.		0	267,90
d Total (add lines 1b and 1c)	not limited to th	 nosel 119	istec	dab		••••) who	re	3,086,148.			411,3
B Did the organization list any former employee on line 1a? If "Yes," complete Sc	officer, directo	r, or	trus	stee	ə, i	key e	emp	loyee, or highest	t compens	ated	Yes 3 X
For any individual listed on line 1a, is t organization and related organizations individual.	greater than	\$15	0,00	00?	lf	"Yes	," (	complete Schedu	le J for	such	4 X
Did any person listed on line 1a receive for services rendered to the organization?	or accrue con If "Yes," complet	npens e Sch	satio edul	on fi le J	rom <i>for</i>	any such	uni per:	related organizatio	on or indiv	idual	5
ection B. Independent Contractors											
Complete this table for your five highest compensation from the organization. Reported year.											
(A) Name and business	address							<b>(B)</b> Description of se	rvices	C	(C) ompensation
ATTACHMENT 3	· · · · · · · · · · · · · · · · · · ·										_
ATTACHMENT 3								•			

	990 (2		UTHERN MD H	OSPITAL CENT	ER INC.	46-07263	03 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part	VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants,       1					
Contril and Of	g	and similar amounts not included above . 11 Noncash contributions included in lines 1a-1f: \$	140,026.				
	h	Total. Add lines 1a-1f		140,026.			
enu			Business Code	An Andrew Market		·宋·开始代表 [18]	THE PERSON AND DEPUT
Sevi	2a	PATIENT SERVICE REVENUE	621300	220,883,554.	220,883,554.		
e E	b	MEANINGFUL USE INCOME	900099	3,123,887.	3,123,887.		
ŝvi	C			<del></del>			· · · · · · · · · · · · · · · · · · ·
Š	d				1		
Iran	e						····
Program Service Revenue	f	All other program service revenue	L				
<u> </u>	g	Total. Add lines 2a-2f		224,007,441.			
	3 4 5	Investment income (including dividen and other similar amounts)	proceeds	43,033.			43,033.
		(i) Real	(ii) Personal				
	6a b c	Gross rents					
	d 7a	Net rental income or (loss)	(ii) Other	0			
	ь	Less: cost or other basis and sales expenses	10.				
	c d	Gain or (loss)	10.	10.			10.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other F	b c	See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events.	, , ,, , ►	0			
Ŭ	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b c	Less: direct expenses b Net income or (loss) from gaming activities.		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.	L	12-5-4 (PA \$7 147 ( ) 54 ( ) 4 4 ( ) 1	leysteilistiitiitikkii		
	<u> </u>	Miscellaneous Revenue	Business Code				
				inis miinikikisiki Miitikisi.	WALLER CONTRACTOR	*****	<u></u>
	11a	REBATE INCOME	900099	896,416.			896,416.
	b	CAFETERIA SALES	900099	406,296.	<u> </u>		406,296.
	C J	GIFT SHOP SALES	900099	237,423.			237,423.
	d		900099	388,201.	urushoottaataa kaanayaa IN		388,201.
	е 12	Total. Add lines 11a-11d		1,928,336.	224.007.441	neterstand utilizityeetin.	1.971.379

	n 990 (2014) MEDSTAR S	OUTHERN MD HOSF S	PITAL CENTER INC	46-0'	726303 Page <b>10</b>
	ction 501(c)(3) and 501(c)(4) organizations m		ns. All other organizatio	ns must complete colur	nn (A).
	Check if Schedule O contains a resp	oonse or note to any lin	e in this Part IX	· · · · · · · · · · · · · · ·	X
	not include amounts reported on lines 6b, 7b, 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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o			:
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,255,198.	1,009,802.	245,396.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	91,227,751.	75,992,234.	15,235,517.	· · · · · · · · · · · · · · · · · · ·
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,122,014.		1,122,014.	
0	Other employee benefits	9,227,798.	-61,407.	9,289,205.	
10	Payroll taxes	6,667,385.	1,456,459.	5,210,926.	
11	-				
	Management	6,099,568.	72,945.	6,026,623.	
	Legal	-21,506.		-21,506.	
c	Accounting	2,005.		2,005.	
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	42,317,888.	18,459,814.	23,857,224.	850.
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 4 Advertising and promotion	608,436.	2,398.	606,038.	650.
13		3,072,912.	2,331,165.	737,858.	3,889.
	Information technology	0			
15		0			
16	Occupancy	372,959.	213,002.	159,782.	175.
	Travel	32,551.	20,038.	11,831.	682.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,047.	7,047.		
20	Interest	7,224,032.		7,224,032.	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,147,991.	840,359.	10,307,613.	19.
23	Insurance	3,954,741.		3,954,741.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	1			
а	MED/SURG_SUPPLIES	30,596,495.	28,239,541.	2,356,954.	
	IMPLANTS/PROSTHESES	6,470,253.	6,459,753.	10,500.	
с	UTILITIES	3,007,996.	2,493,098.	514,898.	
d	FOOD SERVICES/SUPPLIES	1,991,654.	1,453,522.	537,498.	634.
e	All other expenses	7,241,241.	3,219,480.	4,011,873.	9,888.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	233,626,409.	142,209,250.	91,401,022.	16,137.
	from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	o			
JSA	tononing cor to 2 (100 500-120),	U.			Fam. 000 (0014)

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Form	990	(2014)	
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orm 990 ( Part X			Page 1
art A	Check if Schedule O contains a response or note to any line in this Pa	ort X	
·		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	41,061,103. 1	49,603,933
2	Savings and temporary cash investments	0 2	
3	Pledges and grants receivable, net	03	21,133
4	Accounts receivable, net	36,484,195. <b>4</b>	29,957,331
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees.		
		0 5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		
	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employers		
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0 6	
Assets	Notes and loans receivable, net	0 7	
8 8	Inventories for sale or use	4,147,353. 8	3,521,468
₹  -	Prepaid expenses and deferred charges	2,060,496. 9	1,457,581
-	Land, buildings, and equipment: cost or		_,,
1.00	other basis. Complete Part VI of Schedule D 10a 87,036,372.		
ь	Less: accumulated depreciation	60,982,774. <b>10c</b>	62,642,919
11	Investments - publicly traded securities	0 11	02,012,013
12	Investments - other securities. See Part IV, line 11	0 12	· · · · · · · · · · · · · · · · · · ·
13	Investments - program-related. See Part IV, line 11	0 13	
14		33,758,215. 14	31,773,929
	Intangible assets	-34,313. 15	
15	Other assets. See Part IV, line 11		1,743,231
16	Total assets. Add lines 1 through 15 (must equal line 34)		180,721,525
17	Accounts payable and accrued expenses	3,590,502. 17	16,503,063
18	Grants payable	<u> </u>	
19	Deferred revenue		780,972
20	Tax-exempt bond liabilities	0 20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	
22	Loans and other payables to current and former officers, directors,		
<u> </u>	trustees, key employees, highest compensated employees, and		
	disqualified persons. Complete Part II of Schedule L	0 22	
23	Secured mortgages and notes payable to unrelated third parties	0 23	
24	Unsecured notes and loans payable to unrelated third parties	0 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	88,186,497. <b>25</b>	27,505,497
26	Total liabilities. Add lines 17 through 25	91,776,999. <b>26</b>	44,789,530
0	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		
27 28 29 30 31 32 33 31 32 33	Unrestricted net assets	86,682,824. 27	135,931,995
28	Temporarily restricted net assets	0 28	,,
2 29	Permanently restricted net assets	0 29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here  and		
	complete lines 30 through 34.		
3 3 30	Capital stock or trust principal, or current funds	30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund	31	
31   32	Retained earnings, endowment, accumulated income, or other funds	31	
		86,682,824. 33	135,931,995
z 33 34	Total net assets or fund balances	178,459,823. <b>34</b>	180,721,525
	Total navintico and het accessfully valations	32,023. <b>34</b>	Form <b>990</b> (201

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Form 9	90 (2014)				Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	233	3,6	26,4	109.
3	Revenue less expenses. Subtract line 2 from line 1	3				563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	6,6	82,8	324.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5	6,7	56,'	734.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	13	5,9	31,9	95.
Part						
<u></u>	Check if Schedule O contains a response or note to any line in this Part XII	• • •		• • •		
_					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•• –	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?		Li	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ountan	it? 🗋	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 📗			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in 📗			
	the Single Audit Act and OMB Circular A-133?		L	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.	;	3b		

SCHEDULE A (Form 990 or 990-EZ)			arity Status ar panization is a section t					OMB №. 1545-0047
		4	947(a)(1) nonexempt cl	aritable	trust.			<u>∠</u> ⊎ [4
Department of the Treasury Internal Revenue Service	►Informatio		· Attach to Form 990 or (Form 990 or 990-EZ) a			is at www.ir	s aov/form@	Open to Public 90. Inspection
Name of the organization								tification number
MEDSTAR SOUTHER		ITAL CENTER I	INC.					-0726303
			organizations must o	complet	e this pa	art.) See ir		
The organization is not	a private fou	ndation because it	t is: (For lines 1 throu	gh 11, ch	neck only	one box.)		
1 🔄 A church, cor	vention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A	)(i).	
			. (Attach Schedule E.)					
			rganization described					
			conjunction with a ho	spital de	scribed in	n section 1	70(b)(1)(A)	(iii). Enter the
hospital's nan	-				<u></u>			
			a college or universi	ty owned	d or ope	erated by a	governme	ental unit described in
		Complete Part II.)	romantal unit describe	d in and	Han 170/	L. (4) ( A) ()		
			rnmental unit describe		•			om the general public
		(1)(A)(vi). (Compl	-	ipport in	om a go	vernmenta		oni me general public
			o)(1)(A)(vi). (Complete	e Part II.)				
				•		contributio	ns, memb	ership fees, and gross
								re than 331/3% of its
support from	gross invest	tment income an	d unrelated business	s taxable	e income	e (less se	tion 511	tax) from businesses
acquired by the	e organizatio	n after June 30, 19	975. See section 509	(a)(2). ((	Complete	e Part III.)		
10 An organization	on organized a	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a	)(4).	
	-	-	-	-				rry out the purposes of
								ction 509(a)(3). Check
			es the type of support					
the support	ed organizatio	on(s) the power to	- • • •	-		+		typically by giving tees of the supporting
		omplete Part IV, S						
		-	ed or controlled in co				+	
	_	· · · •	organization vested in	the sam	e persor	is that con	rol or man	age the supported
			, Sections A and C. ng organization operation	tod in a	onnontio	n with one	functional	lly integrated with
			ns). You must comple					ny integrated with,
	-		porting organization of					ted organization(s)
			nization generally mus					
	-		omplete Part IV, Sect	•		-		
	•	•	a written determinatio				pe I, Type I	II, Type III
functionally	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	lion.		· · · · · · · · · · · · · · · · · · ·
	• •	-						
			orted organization(s).					1
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount suppo instru		(vi) Amount of other support (see instructions)
				Yes	No			
· ·····								
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
For Paperwork Reductio	n Act Notice, s	ee the Instructions fo	or				Schedule A	(Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014

 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	<del>.</del>					
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. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					<u> </u>	
14	Public support percentage for 2014 (li					14	%
15	Public support percentage from 2013	Schedule A, Pa	art II, line 14 .			15	%
16a	331/3% support test - 2014. If the o	-					
	this box and stop here. The organization			-			
b	331/3% support test - 2013. If the o	-					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. I	Explain in
b	organization,						
~	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organization						-
18	supported organization						▶
	instructions						

Schedule A (Form 990 or 990-EZ) 2014

### Schedule A (Form 990 or 990-EZ) 2014

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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.)

<u>Sec</u>	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise					]		
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the		1					
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge							
~								
6 7-	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3							
b	received from disqualified persons Amounts included on lines 2 and 3				1			
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b	1		1				
8	Public support (Subtract line 7c from							
	line 6.)			1				
·	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	) 2014	(f) Total
9	Amounts from line 6,							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly							
10	carried on							
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
15								
	and 12.) First five years. If the Form 990 is for	the every	l first second					(-)(0)
14		Ģ						··/·/
600	organization, check this box and stop here						<u></u>	
	tion C. Computation of Public Sup							
15	Public support percentage for 2014 (line 8					15		%
16	Public support percentage from 2013 Sche				• • • • • • • •	16		%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2014 (li					17		%
18	Investment income percentage from 2013					18	l	%
19 a	331/3% support tests - 2014. If the or							
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifie	s as a publicly	suppo	rted organi	zation 🕨 🛄
b	331/3% support tests - 2013. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more	than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	suppo	rted organi	zation 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	, check this bo	x and	see instr	uctions 🕨
JSA 21 2.0	GO				S	chedu	le A (Form 9	90 or 990-EZ) 201
	7000GB 2502		V 14-7.16	2	944849			PAGE

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10h

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	ule A (Form 990 or 990-EZ) 2014		1	Page 5
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
·	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
	Did the executivation provide to each of the experimental executivations, but the last day of the fifth month of the		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, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	-	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.			
Saati	ion E. Type III Functionally-Integrated Supporting Organizations	3		
<u>3ecu</u> 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
	The organization satisfied the Activities Test. Complete line 2 below.		0110).	
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).		
		,	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities deperihed in (a) constitute activities that but for the organization's involvement and or more			
h				
b				
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these		-	
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2b		
b 3	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these	_2b		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	_2b		
3	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> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	_2b _3a		
3	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> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			

## 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	······································	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Schedu	le A (Form 990 or 990-EZ) 2014			Page 7						
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)							
Sect	ion D - Distributions		:	Current Year						
1	Amounts paid to supported organizations to accomplish e	xempt purposes								
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed							
	organizations, in excess of income from activity									
3										
4										
5	5 Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.	·								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive							
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·							
9	Distributable amount for 2014 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014						
1	Distributable amount for 2014 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2014									
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2014:									
<u>a</u>	·									
b										
C										
d										
e	From 2013									
f	Total of lines 3a through e									
-	Applied to underdistributions of prior years									
h	Applied to 2014 distributable amount									
j	Carryover from 2009 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2014 from Section									
	D, line 7: \$									
	Applied to underdistributions of prior years			1						
-	Applied to 2014 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4.		,							
5	Remaining underdistributions for years prior to 2014, if									
	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2014. Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see									
	instructions).									
7	Excess distributions carryover to 2015. Add lines 3j									
	and 4c.			l						
8	Breakdown of line 7:			· - · · · · · · · · · · · · · · · · · ·						
				······································						
				· · · · ·						
d	Evenen from 2012			····						
	Excess from 2013 ,	·····								
e	Excess from 2014			A (E 000 000 FB)						
			Schedule	A (Form 990 or 990-EZ) 2014						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PAGE 21

	HEDUL		Supplem	ental Financial Statements	2	OMB No. 1545-0047
(Fo	rm 990	))		ne organization answered "Yes" to Form 990,	5	2014
			Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	12b.	
		the Treasury ue Service	Information about Schedule	Attach to Form 990. D (Form 990) and its instructions is at www.irs	s.aov/form990.	Open to Public Inspection
_		rganization			Employer Identifica	
ME	DSTAR	SOUTHERN	MD HOSPITAL CENTER IN	ic.	46-07263	03
Pa	art l	-	-	ised Funds or Other Similar Funds or	Accounts.	
		Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 6.		
				(a) Donor advised funds	(b) Funds and	other accounts
1			nd of year		· · · · ·	
2 3		-	of contributions to (during year)			
4	-	-	of grants from (during year) at end of year			
5		-	÷	advisors in writing that the assets held	in donor advised	
_				organization's exclusive legal control?		Yes No
6				nd donor advisors in writing that grant fu		
	-			fit of the donor or donor advisor, or for a	• • •	
				· · · · · <i>· · · · · · · · · · · · · · </i>		
Pa	irt ll		tion Easements.	Wash to Form 000 Dart N. Line 7		
1	Purpo			"Yes" to Form 990, Part IV, line 7. organization (check all that apply).		
•			n of land for public use (e.g., reci		of a historically im	portant land area
			of natural habitat	·	of a certified histo	•
		Preservation	n of open space			•
2	Comp	lete lines 2a	through 2d if the organization he	eld a qualified conservation contribution in	the form of a con	servation
			ast day of the tax year.		Held at the	End of the Tax Year
а					2a	
b					2b	
¢				historic structure included in (a)	2c	
d				) acquired after 8/17/06, and not on a		
3				sferred, released, extinguished, or termin	2d	vization during the
•				stened, released, exinguistied, or termin	ated by the organ	ization during the
4				rvation easement is located ►		
5				garding the periodic monitoring, inspect		
				sements it holds?		
6	Staff a	ind voluntee	r hours devoted to monitoring, in	specting, and enforcing conservation ease	ements during the	year
_	▶					
7				ting, and enforcing conservation easemer	nts during the year	
8				e 2(d) above satisfy the requirements of se	otion 170/b)////B)/i	۱
0						
9	In Part	t XIII. descri	be how the organization reports	conservation easements in its revenue and	expense statemer	
	balanc	e sheet, and	d include, if applicable, the text o	f the footnote to the organization's financi		
_			ounting for conservation easeme			
Pa	rt III			of Art, Historical Treasures, or Other "Yes" to Form 990, Part IV, line 8.	<sup>.</sup> Similar Assets.	
			0			
1a	lf the works	organization of art, histe	orical treasures, or other simila	AS 116 (ASC 958), not to report in its r r assets held for public exhibition, educ otnote to its financial statements that des	evenue statemen cation, or researc	t and balance sheet h in furtherance of
b				SFAS 116 (ASC 958), to report in its re r assets held for public exhibition, educ		
	public	service, prov	vide the following amounts relation	ng to these items:		
	(i) Re	venue incluc	led in Form 990, Part VIII, line 1	-	► \$	<b></b>
	(ii) As	sets include	d in Form 990, Part X		► \$	
2	If the	organizatior	n received or held works of ar	t, historical treasures, or other similar a	assets for financia	
				FAS 116 (ASC 958) relating to these items		
a b						
			Act Notice, see the Instructions for			edule D (Form 990) 2014
JSA	88 1 000		· · · · · · · · · · · · · · · · · · ·			, <b></b> , <b></b> , <b>.</b> ., <b>.</b> .,

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Sche	dule D (Form 990) 2014							ge <b>2</b>
Pa	rt III Organizations Maintaini	ng Collections of	f Art, Histo	rical Treasure	s, or Other Simi	lar Assets (c	ontinuec	1)
3	Using the organization's acquisition	on accession and	other records	check any of	the following that	are a significar	nt use of	ite
Ŭ	collection items (check all that app			s, check any or	the following that	are a significan	1 436 01	110
а	Public exhibition		d 🗌	Loan or exchar	ide programs			
b	Scholarly research		ē					
c	Preservation for future gene	erations						
4	Provide a description of the orga		s and explair	how they furth	ner the organization	a's exempt ourr	oose in P	Part
-	XIII.				ier ine erganization	ie onempt puip		<u> </u>
5	During the year, did the organization	on solicit or receive (	donations of a	art, historical trea	asures, or other sim	ilar		
	assets to be sold to raise funds rati	her than to be maint	ained as part	of the organizat	ion's collection?	🗌 Ye		No
Pa	rt IV Escrow and Custodial Ar or reported an amount of			organization a	nswered "Yes" to	Form 990, Par	rt IV, line	э9,
		1 FUIII 990, Fait 7	Λ, μης ΖΤ.					
1a	Is the organization an agent, truste	ee, custodian or oth	er intermedia	ry for contributio	ons or other assets n	ot		
	included on Form 990, Part X?						es 🗌	No
b	If "Yes," explain the arrangement i							
				- F		Amount		
с	Beginning balance				lc			
d	Additions during the year							
e	Distributions during the year			[/	le			
f	Ending balance			[	lf			
	Did the organization include an am							No
	If "Yes," explain the arrangement i							
Par	t V Endowment Funds. Com	plete if the organi	ization answ	ered "Yes" to I	<u>Form 990, Part IV,</u>	line 10.		
		(a) Current year	(b) Prior y	ear (c) Two	years back (d) Three	years back (e) F	our years ba	ack
1a	Beginning of year balance							
b	Contributions							
C	, <b>.</b> ,							
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance			line de selvere (	-)) h ald and			
2	Provide the estimated percentage Board designated or quasi-endown			ine 19, column (	a)) neio as:			
a h	Permanent endowment	%	- 70					
c	Temporarily restricted endowment							
Ŭ	The percentages in lines 2a, 2b, at		00%					
3a	Are there endowment funds not in			on that are held	and administered fo	r the		
•••	organization by:		lo organizati			1 410	Yes	No
	(i) unrelated organizations					3a(i		
	(ii) related organizations					3a(i		
b	If "Yes" to 3a(ii), are the related or	ganizations listed as	required on S	chedule R?		3b	-	
4	Describe in Part XIII the intended u						i	
Par	t VI Land, Buildings, and Equ	ipment.	- 11 4 - 17 4					
	Complete if the organiza Description of property	(a) Cost or		990, Part IV, In b) Cost or other basis		990, Part X, Iir (d) Book		
			tment)	(other)	depreciation			
1a	Land			3,140,000		3,	140,00	0.
b	Buildings			30,472,579		. 26,	323,12	9.
С	Leasehold improvements			3,678,518			259,57	1.
d	Equipment			42,537,790			752,54	7.
e	Other	<u></u>		7,207,485			167,67	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X,	column (B), line	<u>10(c).) </u>	· 62,	642,91	9.

	'ac" to Form 000	Part IV line 11h See Form (	000 Dort Vilino 12
category	(b) Book value	Part IV, line 11b. See Form (c) Method of v	valuation:
		Cost or end-of-year	market value
	• • •		
·			
·			
<b></b> _		·····	
nent	(b) Book value	(c) Method of Cost or end-of-year	
		······································	
			·····
			· · · ·
			· · · · ·
60). (E) mie 10.)	•		······································
ization answered "Ye	es" to Form 990,	Part IV, line 11d. See Form 9	990, Part X, line 15.
			(b) Book value
		·····	
90, Part X, col. (B) line	15.)		•
			— <u>`</u>
ization answered "Ye	es" to Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
ability	(b) Book value	θ	
		「「「「「」」」の「「」」」、「「」」、「」」、「」」、「」」、「」」、「」」、	
			的目标的问题中的问题中
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1 1312			
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	1		11、11、11、11、11、11、11、11、11、11、11、11、11、
		· · · · · · · · · · · · · · · · · · ·	지수는 것 같은 것 같은 것 같아요.
art X, col. (B) line 25.) 🕨	27,505,4	97.	
	rity)	rrity)	Interview       Cost or end-of-year         Station answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part IV, line 11d. See         Pop. Part X, col. (B) line 15.).         Station answered "Yes" to Form 990, Part IV, line 11e or 11f. See         ebility       (b) Book value         11,

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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-	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part			J
ran	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	<b>O</b> <sup><i>n</i></sup> <b>I</b>		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	And Seen An and Ali	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	40 5	
	XIII Supplemental Information.	5	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V 1	line 4. Part X line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
000	PAGE 5		
			<b></b>
	۰		
			~~===

Part XIII

FIN 48 FOOTNOTE

SCHEDULE D, PART X

INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE. THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES. THERE WAS NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2015.

SCF	EDULE H			Hospita	ls	Ļ	OMB No. 1545-0047					
(For	m 990)			•			201 <b>1</b>					
		► Comp	lete if the or	ganization answered "Yes ► Attach to Fori	•		Open to Public					
	rtment of the Treasury al Revenue Service	► Informatio	n about Sch	edule H (Form 990) and its			Inspection					
Name	of the organization					Employer identification	lumber					
_	STAR SOUTHERN				- fitt Ot	46-0726303						
Par	ti Financial A	ssistance and	Certain C	Other Community Ben	ents at Cost		Yes No					
				ice policy during the taxy			. <u>1a X</u>					
2	If the organization	had multiple h	nospital fac	ilities, indicate which of ospital facilitie <u>s du</u> ring the	the following best de		THE REPORT OF THE PARTY OF THE					
X       Applied uniformly to all hospital facilities         Generally tailored to individual hospital facilities												
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.												
а	Did the organizat	ion use Federa indicate w <u>hic</u> h	Poverty G									
	100%	150% X	200%	Other	_							
b	indicate which of t	he following wa	s the family	in determining eligibili income limit for eligibili	ty for discounted care:							
c				350% X 400% n FPG in determining	eligibility, describe in							
	organization used	an asset test o		or discounted care. reshold, regardless of ir								
4	for free or discounted care. 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"?											
5a				scounted care provided und			? <u>5a X</u>					
		-		tance expenses exceed th	-							
c			+	considerations, was the for free or discounted ca		-						
6a		•	-	nefit report during the tax								
	If "Yes," did the or	ganization make	e it available	to the public?			. 6b X					
	Complete the foll these worksheets	-	•	rksheets provided in th	e Schedule H instruc	tions. Do not subm	it where the second sec					
7				nunity Benefits at Cost			BE199221   22221221   3522 753					
	inancial Assistance a ans-Tested Governm Programs	nd (a) Number of		(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense					
а	Financial Assistance at o	cost		0 051 000		0 051 00	1					
h	(from Worksheet 1)			2,851,038.		2,851,03	B. 1.22					
D	Medicaid (from Worksho column a)											
c	Costs of other means-tes government programs ( Worksheet 3, column b)	sted from										
d	Total Financial Assistant Means-Tested Governme Programs	ce and ent		2,851,038.		2,851,03	8. 1.22					
_	Other Benefits											
e	Community health improver services and community ber operations (from Worksheet	nefit		1,006,610.		1,006,61	043					
f	Health professions educ			1,993,259.		1,993,25	985					
g	(from Worksheet 5) Subsidized health services (											
5	Worksheet 6)			5,262,573.	1,671,595.	3,590,97						
h	Research (from Worksho	eet 7)		918.		91	8.					
i	Cash and in-kind contribution for community benefit (from	1		21,950.		21,95	001					
	Worksheet 8)			8,285,310.	1,671,595.	6,613,71	·					
	Total. Add lines 7d and	7j		11,136,348.	1,671,595.	9,464,75						
	aperwork Reduction Ac	t Notice, see the Ins	tructions for I		<b>~</b> • • • • •		ile H (Form 990) 2014					
	7000GB 2502			V 14-7.16	2944849	2	PAGE 2					

### Schedule H (Form 990) 2014

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense		'ercer I expe	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and								
training for community members								
6 Coalition building								
7 Community health improvement								
advocacy			30,400.		30,400.			.01
8 Workforce development			765,355.		765,355.			.33
9 Other								,
10 Total			795,755.		795,755.			.34
Part III Bad Debt, Me		Collection	n Practices					
<ul> <li>Section A. Bad Debt Expense</li> <li>1 Did the organization rep Statement No. 15?</li> <li>2 Enter the amount of the methodology used by the</li> <li>3 Enter the estimated arrepatients eligible under the the methodology used by if any, for including this p</li> <li>4 Provide in Part VI the the expense or the page num</li> <li>Section B. Medicare</li> <li>5 Enter total revenue rece</li> <li>6 Enter Medicare allowabli</li> <li>7 Subtract line 6 from line</li> <li>8 Describe in Part VI the benefit. Also describe in on line 6. Check the box</li> <li>Cost accounting sy</li> <li>Section C. Collection Practice</li> <li>9a Did the organization hav</li> </ul>	ort bad det ne organization ount of the he organization ount of the he organization of the organization of	ation's bad ion to estime a organization's finan nization's finan nization to ad debt as of footnote to footnote to footnote to ach this foo Medicare (in care relating he surplus ( which an he costing bes the met $\overline{X}$ Cost to	debt expense. Explain hate this amount ion's bad debt expense cial assistance policy. E estimate this amount ar community benefit to the organization's fina- thote is contained in the ocluding DSH and IME) . g to payments on line 5 . (or shortfall reported in methodology or source thod used: o charge ratio O	in Part VI the attributable to xplain in Part VI ad the rationale, ancial statements that attached financial state 	12,521,401. describes bad debt ements.	1	x X	No
b If "Yes," did the organization's				-		50 .		
collection practices to be follow						9b   :	x	
			nt Ventures (owned 10% or					
(a) Name of entity			Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) P profit	hysici	ians' stock
1								
2								
5								
7								
8								
9								
10						 		
<u>11</u> 12			· · · · · · · · · · · · · · · · · · ·					
12						1		
JSA					·····	L		

Part V Facility Information										
Section A. Hospital Facilities	5	စ	Q	1	Q	7	<u>щ</u>	щ		
Section A. Hospital Facilities (list in order of size, from largest to smallest - see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u> Name, address, primary website address, and state license		General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
How many hospital facilities did the organization operate	È di	na n	en's	ing	lac	nch	hou	ĕ		
during the tax year? 1	dsol	ledic	hos	dso.	Sess	facil	8			
Name, address, primary website address, and state license		<u>a</u> 20	pital		hos	₹				
number (and if a group return, the name and EIN of the		sur			pital					Facility
subordinate hospital organization that operates the hospital		Jica								reporting
facility) 1 MEDSTAR SOUTHERN MD HOSPITAL CENTER									Other (describe)	group
7503 SURRATTS ROAD		Ì								
CLINTON MD 20735	-									
CERTICAL MED 20755										
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10										

Schedule	н	(Form	990)	2014
<b>Ochegane</b>		1 0111	9901	2014

### 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)

facilit	ies in a facility reporting group (from Part V, Section A): <u>1</u>		Yes	No
Comp	nunity Health Needs Assessment	15	Tes	NU
		11221020	<u> 1999 199</u>	<u>3144689</u>
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?.	1		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	2		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	3	х	
	If "Yes," indicate what the CHNA report describes (check all that apply):		1.23	
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community			
с	X Existing health care facilities and resources within the community that are available to respond to the			104.05
	health needs of the community		11223	
d	X How data was obtained	10,260		
е	X The significant health needs of the community		1.62	
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			5
g	X The process for identifying and prioritizing community health needs and services to meet the			
•	community health needs	No (19) 26 10 01 19 10 10 14 19 10 10 10		
h	X The process for consulting with persons representing the community's interests		1111	414 E 4 4 4
i	X Information gaps that limit the hospital facility's ability to assess the community's health needs	19月2日 19月1日 19月1101 19月1100000000000000000000000000	tent y Paulo Carl and allo Carl and allo	76.518481 499.7 # 1994
j	Other (describe in Section C)	42-14-14-14-14-14-14-14-14-14-14-14-14-14-		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 14			
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	1		
	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	5	Х	
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	6a		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	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	11343.33		CARCHEA CHILARNA CHIL
а	X Hospital facility's website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>			
b	Other website (list url):	1 9,979 9,078 9 2 4 m,3,0.13 3 2 4 m,3,0.13 3		
С	X Made a paper copy available for public inspection without charge at the hospital facility	1 ) 2 4 7 7 8 6 7 8 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8		
d	Other (describe in Section C)	6.25 Mart	<u>FANDAR</u>	
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,	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2014			4 ( 23) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	75.7 847.52
а	If "Yes," (list url): WWW.MEDSTARHEALTH.ORG/MSMHC			75.7 8455. -1-2-4-45641 -5-4-6684334 
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	y motor in the same	X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	1 4 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5		
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			avine s a
	such needs are not being addressed.	1.21.004	NG (EX.)	<u> </u>
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)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
С	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? \$	1271	10077.00	parata da

Part V Facility Information (continued)								
Financial Assistance Policy (FAP)								
Name	of hos	pital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CENTER		1	<u> </u>			
	<b>D1</b> · · ·			Yes	No			
		e hospital facility have in place during the tax year a written financial assistance policy that:	83380833					
13		ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	: 治疗学习分子 44			
		s," indicate the eligibility criteria explained in the FAP:						
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %	577					
	v	and FPG family income limit for eligibility for discounted care of <u>400</u> %						
b	X	Income level other than FPG (describe in Section C)						
C	X	Asset level						
d	X	Medical indigency						
e	X	Insurance status			pile in			
f		Underinsurance status						
g h		Residency Other (describe in Section C)						
h	Evoloi	Other (describe in Section C)	44	X	and the			
14 15	Explained the basis for calculating amounts charged to patients?.       14         Explained the method for applying for financial assistance?       15			X				
15		s," indicate how the hospital facility's FAP or FAP application form (including accompanying	CI Starting	•	20001000			
		s, indicate now the nospital facility's FAP of FAP application form (including accompanying stions) explained the method for applying for financial assistance (check all that apply):						
а	X	Described the information the hospital facility may require an individual to provide as part of his or her						
a	<u> </u>	application						
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part						
D		of his or her application						
с	X	Provided the contact information of hospital facility staff who can provide an individual with information		creat.				
	<u></u>	about the FAP and FAP application process	0845					
d	X	Provided the contact information of nonprofit organizations or government agencies that may be						
	<u> </u>	sources of assistance with FAP applications						
е		Other (describe in Section C)						
16	Includ	ed measures to publicize the policy within the community served by the hospital facility?	16	X	2783638251128			
		s," indicate how the hospital facility publicized the policy (check all that apply):	(21:22)	Parts at	A SALASA AN OL XU.M. AA DAA XU.M. AA DAA			
а	X	The FAP was widely available on a website (list url): WWW.MEDSTARHEALTH.ORG/MSMHC			100 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
b	X	The FAP application form was widely available on a website (list url): WWW.MEDSTARHEALTH.ORG/MSN	IHC					
c	Х	A plain language summary of the FAP was widely available on a website (list url): WWW.MEDSTARHEALT		G/MS	MHC			
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and						
		by mail)			144084174 144084177 1402418			
е	X	The FAP application form was available upon request and without charge (in public locations in the		2.2.2.2 1.2.1.1.2 1.2.1.1.2 2.2.1.1.2.2.2.2	in is lot at			
		hospital facility and by mail)						
f	X	A plain language summary of the FAP was available upon request and without charge (in public	2445852 2455 2655 2655 2655 2655 2655 2655 26	大学 25 学行 11 大学 25 大学 4 11 学会 25 小学行 11 11 学会 25 小学行 11 11				
		locations in the hospital facility and by mail)						
g	X	Notice of availability of the FAP was conspicuously displayed throughout the hospital facility						
h	X	Notified members of the community who are most likely to require financial assistance about availability						
		of the FAP						
i		Other (describe in Section C)						
Billing and Collections								
17	Did th	e hospital facility have in place during the tax year a separate billing and collections policy, or a written						
	financ	al assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party						
	may ta	ke upon non-payment?	17	X	L			
18	Check	all of the following actions against an individual that were permitted under the hospital facility's						
		s during the tax year before making reasonable efforts to determine the individual's eligibility under the						
	facility	's FAP:						
а		Reporting to credit agency(ies)						
b		Selling an individual's debt to another party		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
С		Actions that require a legal or judicial process		10 2 2 4 6 3 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	C 20.7908-19-6 - 4.4 - 1 - 1 - 7 - 7 - 1 - 7 - 1			
d	ļ	Other similar actions (describe in Section C)						
e	X	None of these actions or other similar actions were permitted						

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Part V Facility Information (continued)	
Name of hospital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CEN	
Did the hospital facility or other authorized party perform any of the following actions during the tax y before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	
<ul> <li>a Reporting to credit agency(ies)</li> <li>b Selling an individual's debt to another party</li> <li>c Actions that require a legal or judicial process</li> <li>d Other similar actions (describe in Section C)</li> <li>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions not checked) in line 19 (check all that apply):</li> </ul>	s listed (whether or
<ul> <li>a Notified individuals of the financial assistance policy on admission</li> <li>b Notified individuals of the financial assistance policy prior to discharge</li> <li>c Notified individuals of the financial assistance policy in communications with the individuals regarding</li> <li>d Documented its determination of whether individuals were eligible for financial assistance under the financial assistance policy</li> <li>e Other (describe in Section C)</li> <li>f None of these efforts were made</li> <li>Policy Relating to Emergency Medical Care</li> </ul>	
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical of	
that required the hospital facility to provide, without discrimination, care for emergency medical conditions individuals regardless of their eligibility under the hospital facility's financial assistance policy?	
<ul> <li>a The hospital facility did not provide care for any emergency medical conditions</li> <li>b The hospital facility's policy was not in writing</li> <li>c The hospital facility limited who was eligible to receive care for emergency medical conditions (desc</li> <li></li></ul>	ribe
d Other (describe in Section C)	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)	
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be char	ged
to FAP-eligible individuals for emergency or other medically necessary care. a  The hospital facility used its lowest negotiated commercial insurance rate when calculating maximum amounts that can be charged	the
b X The hospital facility used the average of its three lowest negotiated commercial insurance rates will calculating the maximum amounts that can be charged	<ul> <li>The second second</li></ul>
c The hospital facility used the Medicare rates when calculating the maximum amounts that can charged	be
d Other (describe in Section C)	1011-1012-1012-1012-0012-0012-0012-0012
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital fac provided emergency or other medically necessary services more than the amounts generally billed individuals who had insurance covering such care?	to 23 X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gr charge for any service provided to that individual?	
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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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Part V Facility Information (continued)

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

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

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

### Part VI Supplemental Information

Provide the following information.

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

CHARITY CARE 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, LINE 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE

IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN

HEALTHCARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED

2944849
# Part VI Supplemental Information

Provide the following information.

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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 9

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.

CHNA INPUT

PART V, SECTION B, LINE 5

HOSPITAL LEAD

ROLE DESCRIPTION

2944849

Schedule H (Form 990) 2014

#### Part VI Supplemental Information

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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: CHERYL RICHARDSON

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

#### Part VI Supplemental Information

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HOSPITAL'S CLINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE

AUDIENCES.

NAME OF EXECUTIVE SPONSOR: RICHARD ARDERY

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/SECONDARY DATA AND

LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF

PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY.

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

NOTE :

THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND STAFF.

PARTICIPANTS.

# Part VI Supplemental Information

Provide the following information.

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NAME :	TITLE/AFFILIATION	NAME OF ORGANIZATION
	WITH HOSPITAL	· · ·
PAMELA CREEKMUR	HEALTH OFFICER	PG COUNTY HEALTH DEPT
ERNEST CARTER	DEPUTY HEALTH	PG COUNTY HEALTH DEPT
	OFFICER	
REV. DR. HARRY	REVEREND	UNION BETHEL A.M.E.
SEAWRIGHT		CHURCH, BRANDYWINE, MD
BEATRICE TIGNOR	MUNICIPAL LIAISON	OFFICE TO THE COUNTY
		EXECUTIVE
TARA SAGGAR, MD	PHYSICIAN	MEDSTAR SOUTHERN MDHC
ANCOP KUMAR, MD	PHYSICIAN	MEDICAL EMERGENCY PROFS.
CAROLYN LOWE	COORDINATOR	DISTRICT V COFFEE CLUB
ROSE DODSON	COMMUNITY OUTREACH	MEDSTAR SOUTHERN MDHC
	MANAGER	
JANICE WILSON	BOARD CHAIRMAN	SOUTHERN MD BLACK CHAMBER
		OF COMMERCE

# Part VI Supplemental Information

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MELONY GRIFFITH	VP OF GOV'T AND	GREATER BADEN MEDICAL
	EXTERNAL AFFAIRS	SERVICES
REV. WILLIE HUNT	REVEREND	COALITION OF METRO
		MINISTER'S ALLIANCE
DIANE WILSON	LOCAL RESIDENT	CLINTON, MD (STROKE
		SURVIVOR)
RONNIE BARNES-BEY	LOCAL RESIDENT	FORT WASHINGTON, MD
		(STROKE SURVIVOR)
VEDA BELTON, RN	COMMUNITY HEALTH	COALITION OF METRO
	COORDINATOR	MINISTER'S ALLIANCE
,		
DIANE PROCTOR	CIVIC LEADER	GS PROCTOR & ASSOCIATES
LINDA GOTTFRIED	DIRECTOR OF	MEDSTAR SOUTHERN MDHC
	PHILANTHROPY	
ANDREW LEE, MD	PHYSICIAN	MEDSTAR PHYSICIAN
		PARTNERS AT MITCHELLVILLE
CHERYL D. BROWN	MEDICAL & WELLNESS	UNION BETHEL A.M.E.
	MINISTRY COORDINATOR	CHURCH, BRANDYWINE, MD

Schedule H (Form 990) 2014

# Part VI Supplemental Information

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REBA MCVAY, MSN	VP, CARDIOVASCULAR	MEDSTAR SOUTHERN MDHC
	SERVICES	
SUSAN TOPPING	MD REGIONAL DIRECTOR	CAPITAL AREA FOOD BANK
AMY SMITH	STROKE PROGRAM	MEDSTAR SOUTHERN MDHC
	COORDINATOR	
ETHEL SHEPHARD-	EXECUTIVE DIRECTOR	BETHEL HOUSE, INC.

POWELL

#### IMPLEMENTATION STRATEGIES

PART V, SECTION B, LINE 8

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND VULNERABLE POPULATIONS IN THE REGIONS WE SERVE. THREE-YEAR IMPLEMENTATION STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY QUANTITATIVE DATA AND COMMUNITY INPUT, AS

Schedule H (Form 990) 2014

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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.

NEEDS ASSESSMENT

PART VI, LINE 2

IN FY15, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER 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 WAS LED BY 22 ADVISORY TASK FORCE (ATF) MEMBERS, WHICH WAS COMPRISED OF A DIVERSE GROUP OF INDIVIDUALS, INCLUDING GRASSROOTS ACTIVISTS, COMMUNITY RESIDENTS, HOSPITAL REPRESENTATIVES, AND PUBLIC HEALTH LEADERS. THE ATF REVIEWED QUANTITATIVE AND QUALITATIVE COMMUNITY HEALTH DATA, AS WELL AS LOCAL, REGIONAL, AND NATIONAL HEALTH

# Part VI Supplemental Information

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GOALS.

BASED ON THEIR FINDINGS, THE ATF DESIGNED A SURVEY TO IDENTIFY TRENDS IN HOW PARTICIPANTS PERCEIVED THE SEVERITY OF KEY HEALTH ISSUES IN THE FOLLOWING CATEGORIES: WELLNESS AND PREVENTION, ACCESS TO CARE, QUALITY OF LIFE, AND ENVIRONMENT. COMMUNITY MEMBERS RESPONDED TO THE SURVEY BY ATTENDING A COMMUNITY INPUT SESSION OR COMPLETING IT ONLINE OR VIA HARDCOPY.

BASED ON THE ATF'S RECOMMENDATION, THE HOSPITAL IDENTIFIED CLINTON, MD., (ZIP CODE 20735) AS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) - GEOGRAPHY WITH A HIGH DENSITY OF LOW-INCOME OR VULNERABLE RESIDENTS WITHIN CLOSE PROXIMITY OF THE HOSPITAL. HEALTH PRIORITIES FOR THE CBSA INCLUDE CHRONIC DISEASE (HEART DISEASE/STROKE, DIABETES, AND OBESITY).

THE HOSPITAL'S FY15 CHNA AND THREE-YEAR IMPLEMENTATION STRATEGY WAS ENDORSED BY MEDSTAR SOUTHERN MARYLAND'S BOARD OF DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE DOCUMENT BECAME AVAILABLE

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ON THE HOSPITAL'S OFFICIAL WEBSITE ON JUNE 30, 2015.

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

#### PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS, MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED PATIENTS WITHIN THE COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO NECESSARY HOSPITAL SERVICES.1 MEDSTAR HEALTH AND ITS HEALTHCARE FACILITIES WILL:

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- \* TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, WITH RESPECT AND WITH

COMPASSION.

\* SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS AT OUR

FACILITIES REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.

\* ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSIONS PROCESS

FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR PART OF ALL

OF 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'S FACILITIES WORKS WITH THEIR UNINSURED PATIENTS TO GAIN AN UNDERSTANDING OF EACH PATIENT'S FINANCIAL RESOURCES PRIOR TO ADMISSION (FOR SCHEDULED SERVICES) OR PRIOR TO BILLING (FOR EMERGENCY SERVICES). BASED ON THIS INFORMATION AND PATIENT ELIGIBILITY, MEDSTAR HEALTH'S FACILITIES ASSISTS UNINSURED PATIENTS WHO RESIDE WITHIN THE COMMUNITIES WE SERVE IN ONE OR MORE OF THE FOLLOWING WAYS:

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\* ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED ENTITLEMENT PROGRAMS (E.G.,

MEDICAID).

\* ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED PROGRAMS FOR THE UNINSURED

(E.G., D.C. HEALTHCARE ALLIANCE).

\* ASSIST WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER

CHARITABLE ORGANIZATIONS.

\* PROVIDE CHARITY CARE AND FINANCIAL ASSISTANCE ACCORDING TO APPLICABLE

GUIDELINES.

\* PROVIDE FINANCIAL ASSISTANCE FOR PAYMENT OF FACILITY CHARGES USING A

SLIDING SCALE BASED ON PATIENT FAMILY INCOME AND FINANCIAL RESOURCES.

\* OFFER PERIODIC PAYMENT PLANS TO ASSIST PATIENTS WITH FINANCING THEIR

HEALTHCARE SERVICES.

EACH MEDSTAR HEALTH FACILITY (IN COOPERATION AND CONSULTATION WITH THE FINANCE DIVISION OF MEDSTAR HEALTH) SPECIFIES THE COMMUNITIES IT SERVES BASED ON THE GEOGRAPHIC AREAS IT HAS SERVED HISTORICALLY FOR THE PURPOSE OF IMPLEMENTING THIS POLICY. EACH FACILITY POSTS THE POLICY, INCLUDING A

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DESCRIPTION OF THE APPLICABLE COMMUNITIES IT SERVES, IN EACH MAJOR

PATIENT REGISTRATION AREA AND IN ANY OTHER AREAS REQUIRED BY APPLICABLE

REGULATIONS, COMMUNICATES THE INFORMATION TO PATIENTS AS REQUIRED BY THIS

POLICY AND APPLICABLE REGULATIONS AND MAKES A COPY OF THE POLICY

AVAILABLE TO ALL PATIENTS.

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

\* COMPLETING FINANCIAL DISCLOSURE FORMS NECESSARY 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

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AVAILABILITY OF FINANCIAL ASSISTANCE.

\* WORKING WITH THE FACILITY'S FINANCIAL COUNSELORS AND OTHER FINANCIAL

SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE

PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.

\* COMPLETING APPROPRIATE APPLICATIONS FOR PUBLICLY-FUNDED HEALTHCARE

PROGRAMS. THIS RESPONSIBILITY INCLUDES RESPONDING IN A TIMELY FASHION TO

REQUESTS FOR DOCUMENTATION TO SUPPORT ELIGIBILITY.

\* 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 THE FACILITY'S FINANCIAL

COUNSELORS ON A TIMELY BASIS AS THE PATIENT'S CIRCUMSTANCES MAY CHANGE.

CÓMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC:

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER'S CBSA INCLUDES RESIDENTS OF SOUTHERN PRINCE GEORGE'S COUNTY, SPECIFICALLY CLINTON, MARYLAND (ZIP CODE 20735). THE COMMUNITY WAS SELECTED BASED ITS PROXIMITY TO THE HOSPITAL,

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AND THE AVAILABILITY OF PRE-EXISTING PROGRAMS AND SERVICES. PRINCE

GEORGE'S COUNTY WAS ESTABLISHED IN THE 17TH CENTURY AND ENCOMPASSES A MIX

OF URBAN, SUBURBAN, AND RURAL COMMUNITIES. THE COUNTY IS PREDOMINATELY

AFRICAN AMERICAN WITH AN INCREASING HISPANIC, IMMIGRANT, AND NON-ENGLISH

SPEAKING POPULATION. MINORITIES ACCOUNT FOR 90 PERCENT OF THE COUNTY'S

POPULATION. WITHIN THE PAST DECADE, CHARLES COUNTY HAS BECOME MORE

DIVERSE, WITH SIGNIFICANT INCREASES IN THE AFRICAN AMERICAN AND HISPANIC

POPULATIONS. THE COUNTY'S ONCE RURAL GEOGRAPHY IS RAPIDLY EVOLVING INTO A

MORE SUBURBAN AREA, WITH AN INCREASED PRESENCE OF COMMERCIAL AND

RESIDENTIAL DWELLINGS. MEDSTAR SOUTHERN MARYLAND HOSPITAL SERVES

APPROXIMATELY 40% OF CHARLES COUNTY RESIDENTS.

#### DEMOGRAPHIC:

THERE ARE 36,505 RESIDENTS LIVING IN THE CBSA. THE MAJORITY OF THE CBSA POPULATION IS BLACK/AFRICAN AMERICAN (81.6%), FOLLOWED BY WHITE (11.2%) AND TWO OR MORE RACES (2.2%). APPROXIMATELY 6% OF RESIDENTS ARE OF HISPANIC ORIGIN. THE VAST MAJORITY OF THE RESIDENTS (78.1%) ARE OVER THE AGE OF 18 WITH THE MEDIAN AGE OF 42. MORE THAN 90% OF ADULTS HAVE A HIGH

Schedule H (Form 990) 2014

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SCHOOL DIPLOMA OR A HIGHER LEVEL OF EDUCATION. THE UNEMPLOYMENT RATE IN

THE CBSA IS SIMILAR TO THAT OF THE NATION, AT 8%, AND LOWER THAN THE

COUNTY AVERAGE. OF THE EMPLOYED POPULATION, 72.1% COMMUTE TO WORK ALONE,

15.6% UTILIZE PUBLIC TRANSPORTATION (EXCLUDING TAXICAB) AND 8.1% CARPOOL.

THE MEDIAN HOUSEHOLD INCOME ACROSS THE CBSA IS \$98,687, WITH A TWO PERSON

HOUSEHOLD AVERAGE SIZE. FAITH BASED ORGANIZATIONS HAVE A PROMINENT

PRESENCE IN THE CBSA. THERE ARE APPROXIMATELY 14 FAITH-BASED

ORGANIZATIONS OF VARIOUS DENOMINATIONS LOCATED WITHIN THE ZIP CODE. THE

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT ALSO HAS A STRONG PRESENCE IN

THE COMMUNITY, OFFERING A VARIETY OF FREE HEALTH SERVICES TO ITS

RESIDENTS.

#### PROMOTION OF COMMUNITY HEALTH

#### PART VI, LINE 5

AS A COMMUNITY PARTNER, MEDSTAR SOUTHERN MARYLAND ENGAGES IN A NUMBER OF COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITY. PRIORITY AREAS OF FOCUS, AS DETERMINED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT, ARE CHRONIC DISEASE, SPECIFICALLY

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TARGETING HEART DISEASE/STROKE, DIABETES, AND OBESITY. THE HOSPITAL WILL

CONTINUE TO COLLABORATE WITH LOCAL FAITH-BASED ORGANIZATIONS, SENIOR

CENTERS, AND ASSISTED LIVING FACILITIES TO SUPPORT COMMUNITY HEALTH

INITIATIVES. THE SERVICES OFFERED WILL BE TAILORED TO THE SPECIFIC NEEDS

OF THE COMMUNITY. SUCH SERVICES MAY INCLUDE: HEALTH EDUCATION, BLOOD

PRESSURE AND FULL LIPID PANEL SCREENINGS, AND CARDIAC AND DIABETES RISK

ASSESSMENTS. SEASONAL SERVICES MAY ALSO INCLUDE FLU IMMUNIZATIONS.

SERVICES WILL BE PROVIDED FREE OF CHARGE, REGARDLESS OF AGE, GENDER,

ETHNICITY OR ECONOMIC STATUS. SUPPORT GROUPS WILL BE OFFERED TO PROVIDE

EDUCATIONAL AND EMOTIONAL SUPPORT TO INDIVIDUALS AND FAMILIES FACING

HEALTH CHALLENGES SUCH AS STROKE, PROSTATE CANCER, DIABETES, MENTAL

HEALTH AND LUPUS.

PREVENTATIVE PROGRAMS WILL ALSO BE IMPLEMENTED BY THE HOSPITAL AND WILL BE AVAILABLE FREE OF CHARGE TO THE COMMUNITY. THE CONTENT AND STRUCTURE OF THE PROGRAMS WILL FOCUS ON DISEASE PREVENTION AND HEALTH MAINTENANCE. SCREENINGS AND HEALTH EDUCATION WILL BE INCORPORATED TO PROMOTE HEALTHY LIFESTYLES. THE DAILY MALL WALKER PROGRAM IS DESIGNED TO INCREASE

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PHYSICAL ACTIVITY BY PROVIDING PARTICIPANTS WITH A SAFE AND FRIENDLY

ENVIRONMENT. FREE BLOOD PRESSURE SCREENINGS WILL BE AVAILABLE FIVE DAYS A

WEEK. ONCE A MONTH, A HEALTH PROFESSIONAL FACILITATES AN EDUCATIONAL

SEMINAR FOR MALL WALKERS. TOPICS WILL BE BASED UPON THE INTERESTS OF THE

GROUP.

#### AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER 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 MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER WITH TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S CORPORATE PHILANTHROPY DIVISION IDENTIFIES PUBLIC AND PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH QUALITY HEALTH SERVICES, REGARDLESS OF

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ABILITY TO PAY.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, LINE 7

THE COMMUNITY BENEFIT REPORT FOR MEDSTAR SOUTHERN MARYLAND HOSPITAL

CENTER IS ONLY FILED IN THE STATE OF MARYLAND.

SCH	EDULE J	Comper	ısa	tion Information	L	OMB No.	1545-0	0047
(For	m 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		୬ଜ		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			/ 14	•			
	ment of the Treasury	►	Attac	h to Form 990.		Opent		
	Revenue Service of the organization	Information about Schedule 5 (FG	orm s	90) and its instructions is at www.irs.gov/	Employer identification		ectio	on
	-	ERN MD HOSPITAL CENTER INC			46-0726		••	
Par		s Regarding Compensation	<u> </u>		40 0720.			
							Yes	No
1a	•	propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m		
	First-cla	ss or charter travel		Housing allowance or residence for	personal use			
	Travel fo	or companions		Payments for business use of perso	•			
	Tax inde	mnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretio	onary spending account		Personal services (e.g., maid, chauf	eur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," com	iplete Part III i	nt o 1b		
2	Did the orga	nization require substantiation prior tees, and officers, including the CE	r to	reimbursing or allowing expenses	incurred by a	211		
						2		-
3		, if any, of the following the filing organ CEO/Executive Director. Check all th						
	related organ	zation to establish compensation of th	e CE	EO/Executive Director, but explain in P	art III.			
		sation committee	Х	Written employment contract				
	· · ·	dent compensation consultant	X	Compensation survey or study				
	X Form 99	0 of other organizations	X	Approval by the board or compensation	tion committee			
4	organization of	ar, did any person listed in Form 990, r a related organization:			-			
а		erance payment or change-of-control p	-					X
b		or receive payment from, a suppleme						X
C		or receive payment from, an equity-ba y of lines 4a-c, list the persons and p				40		X
_	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-					
5	compensation	sted in Form 990, Part VII, Section A, contingent on the revenues of:			-			
a ⊾		on?						X
b	-	ganization?	•••		••••	<u>5b</u>		X
6		sted in Form 990, Part VII, Section A,	lina	1a, did the organization pay or accrue	2014			
Ŭ		contingent on the net earnings of:	into	ra, did the organization pay or accrue a				
а	•	on?				6a		
b		ganization?					-	x
	•	6a or 6b, describe in Part III.	·		-		1.	
7		isted in Form 990, Part VII, Section	n A,	line 1a, did the organization provi	de any non-fixe	d		
		described in lines 5 and 6? If "Yes," de						x
8	-	ounts reported in Form 990, Part VII,						
	to the initial	contract exception described in	Regi	ulations section 53.4958-4(a)(3)? If	"Yes," describ	e		
		•••••					<u> </u>	X
9		ne 8, did the organization also foll					· ·	· · ·
	Regulations se	ection 53.4958-6(c)?		<u></u>		9		

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

Schedule J (Form 990) 2014

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Page 2

Schedule J (Form 990) 2014

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxahle	(F) Total of columos	(E) Comparentian
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable соптрепsation	other deferred compensation	benefits	(D)(I)(B)	v / compensation in column (B) reported as deferred in prior Form 990
KENNETH A. SAMET	ε	0		0	0	0	0	0
1 DIRECTOR	(II)	1,526,829.	2,783,911.	14,765.	43,766.	20,658.	4,389,929.	0
M. JOY DRASS, MD	Ξ	6	þ	Ø	σ	0	Þ	0
2 VICE CHAIR (UNTIL 3/2015)	(III)	907,305.	961,183.	0	27,418.	16,795.	1,912,701.	0
MAUREEN P. MCCAUSLAND	ω	0	þ	0	0	0	0	0
3 DIRECTOR (UNTIL 6/2015)	(ii)	363,228.	301,943.	0	7,650.	23,960.	696,781.	0
OLIVER M. JOHNSON II	Ξ	0	0	0	þ	0	0	0
4 DIRECTOR (UNTIL 9/2014)	(ii)	510,959.	527,965.	þ	7,650.	20,610.	1,067,184.	0
STEPHEN R.T. EVANS, MD	Ξ	0	0	0	0	0	0	0
5 DIRECTOR (UNTIL 6/2015)	(ii)	616,637.	603,188.	3,000.	15,342.	28,237.	1,266,404.	0
MICHAEL J. CURRAN	Θ	0	0	o	0	0	0	0
6 DIRECTOR (UNTIL 9/2014)	9	973,420.	1,592,270.	o	0	0	2,565,690.	0
MICHAEL J. CHIARAMONTE	ε	441,209.	323,000.	166,161.	11,688.	15,460.	957,518.	0
7 FORMER PRESIDENT	۱	0	q	o	0	0	0	0
SCOTT ELEFF, M.D	Ξ	541,153.	0	0	5,200.	13,712.	560,065.	0
	(ii)	0	σ	O	0	0	o	0
LOUIS MAVROMATIS, M.D.	Ξ	269,231.	32,625.	11,624.	5,194.	19,415.	338,089.	0
	€	0	0	0	0	0	q	0
ASHOK ROY, M.D.	Ξ	270,870.	0	0	4,007.	13,412.	288,289.	0
10 <sup>VP</sup> - IT	€	0	0	0	0	0	q	0
RICIA SCALFARI, M.D.	Ξ	222,437.	38,000.	30.	5,198.	11,175.	276,840.	0
	(II)	0	q	0	0	0	0	0
CHARLES STEWART	Ξ	359,372.	0	128,211.	5,100.	12,888.	505,571.	0
12FORMER OFFICER	(ii)	q	0	0	0	Ø	<u>р</u>	
DAN FEELEY	Ξ	230,883.	51,342.	o	7,650.	13,330.	303,205.	0
3	6	0	D	0	0	q	Q	0
CHRISTINE M. WRAY	Ξ	8	0	0	0	Q	þ	0
14 <sup>PRESIDENT/DIRECTOR</sup>	۲	689, 738.	0	93,766.	7,650.	18,462.	809,616.	0
	Ξ							ė
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Schedule J (Form 990) 2014

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Part II Supplemental Information	ation		Page 3
Complete this part to provide the information, explan Also complete this part for any additional information.	e information, explanation, or descrip idditional information.	Complete this part to 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.	5b, 6a, 6b, 7, and 8, and for Part II
SCHEDULE J, PART I, LINE	4A		
SEVERANCE PAYMENTS			
MICHAEL CHIARAMONTE'S OTH	MICHAEL CHIARAMONTE'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN(B)	N PART II, COLUMN(B)	
(III) INCLUDES \$161,543 F	\$161,543 REPRESENTING SEVERANCE PAYMEN	PAYMENTS RECEIVED BY MR.	
CHIARAMONTE.			
ASPS SAMFT TIN TITE	דד ייסגט אד אררדייגפאקסארי קענדיזאקראר מאג פווארספיפוארסמדין מאג ייפאנס	דד שמגם אד אסדמיא	
	\$520.610 AND \$522.873 RESPECTIVELY.	TTVELV REPRESENTING	
BENEFITS RECEIVED FROM EX	KECUTIVE RETIR	T ARE COMPRISED OF	
TARGET BENEFITS DETERMINE	TARGET BENEFITS DETERMINED ANNUALLY BASED ON COMPENSATION AND YEARS	TION AND YEARS OF	
SERVICE.			
ASL			Schedule J (Form 990) 2014
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

SCHEDULE O (Form 990 or 990-EZ)

# 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 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

DESCRIPTION OF MEMBERS

PART VI, LINE 7A

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

#### DECISIONS OF GOVERNING BODY

PART VI, LINE 7B

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

PROCESS FOR REVIEWING FORM 990 PART VI, LINE 11B THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

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

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

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

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

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

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).

#### DESCRIPTION OF EXECUTIVE COMPENSATION

PART VI, LINE 15

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

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

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Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303

POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.

#### FINANCIAL STATEMENT AVAILABILITY

#### PART VI, LINE 19

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

OTHER CHANGES IN NET ASSETS PART XI, LINE 9 EQUITY TRANSFERS .....\$74,250,675

JSA

Employer identification number 46-0726303

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2014 Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

MANAGEMENT FEE PAID TO MANAGEMENT LLC.....(\$17,493,941)

TOTAL OTHER CHANGES IN NET ASSETS......\$56,756,734

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S 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 2015, MEDSTAR SOUTHERN MARYLAND HAD 14,183 INPATIENT ADMISSIONS, AND 105,134 OUTPATIENT VISITS INCLUDING 57,573 EMERGENCY VISITS.

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ATTACHMENT 2

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

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 \$91.4M 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 LEVEL 2 SPECIAL CARE NURSERY AND PRIVATE

chedule O (Form 990 or 990-EZ) 2014	Pag
ame of the organization	Employer identification number
EDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303
	ATTACHMENT 2 (CONT ' D)
PATIENT ROOMS. OTHER SPECIALTY SERVICES INCLUDE AN EMERGENCY	
DEPARTMENT AND CRITICAL CARE UNIT, BREAST HEALTH PROGRAM,	
OUTPATIENT RADIOLOGY, SURGICAL CENTER, SLEEP DISORDERS LAB,	
INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS,	
REHABILITATIVE MEDICINE, AND CANCER TREATMENT SERVICES. MEDSTAR	
SOUTHERN MARYLAND IS A PRIMARY STROKE CENTER.	

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DIAMOND HEALTHCARE PO BOX 85050 RICHMOND, VA 23285	MGMT & STAFFING	3,787,893.
NURSE FINDERS PO BOX 910738 DALLAS, TX 75391	TEMPORARY STAFFING	3,464,432.
MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 60693	IT SERVICES	2,011,907.
DVA RENTAL HEALTHCARE PO BOX 8500-1607 PHILADELPHIA, PA 19178	DIALYSIS SERVICES	1,626,841.
MDICS 6934 AVIANTION BLVD STE B GLEN BURNIE, MD 21061	PHYSICIAN SERVICES	1,259,281.

ATTACHMENT 4

Schedule O (Form 990 or 990-EZ) 2014				Page 2
Name of the organization			Employer identific	ation number
MEDSTAR SOUTHERN MD HOSPITAL CENTER IN	IC.		46-0726	303
			ATTACHMENT	4 (CONT'D)
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION_	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
MISC PURCHASED SERVICES	18,068,379.	13,785,711.	4,281,818.	850.
MANAGEMENT FEE EXPENSE	16,622,641.		16,622,641.	
PHYSICAN SERVICES	3,070,414.	2,854,624.	215,790.	
LAB SERVICES	1,647,302.	1,647,302.		
CONSULTING FEES	1,194,145.	27,628.	1,166,517.	
TRANSCRIPTION-VARIABLE	740,141.		740,141.	
COLLECTION AGENCY FEES	673,106.		673,106.	
PATIENT TRANSPORTATION	93,443.	3,113.	90,330.	
PURCHASED PROFESSIONAL SVCS	97,030.	88,250.	8,780.	
OTHER MISCELLANEOUS SVCS	111,287.	53,186.	58,101.	
TOTALS	42,317,888.	18,459,814.	23,857,224.	850.

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SCHEDULE R (Form 990) Department of the Teasury 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.         ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Related Organizations and Unrelated Partnerships complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or ► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at <i>www.irs.gov/form990</i> .	<b>d Unrelatec</b> In Form 990, Part I Form 990.	I Partnersh V, line 33, 34, 355, . at www.irs.gov/fo	1 <b>ips</b> 36, ar 37. <i>m</i> 990.		OMB No. 1545-0047 20 <b>14</b> Open to Public Inspection
Name of the organization MEDSTAR SOUTHERN MD HOSPITAL	AL CENTER INC.					Employer identificat 46-0726303	Employer identification number 46-0726303
Part I Identification of Disrega	Identification of Disregarded Entities Complete if the	e organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on F	orm 990, Part IV	/, line 33.		
Name, address, and Ell	(a) Name, address, and EIN (if applicable) of disregarded entity	<u> </u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)							6
(2)							
(3)							
(4)							
(5)							*
(6)							
Part II Identification of Related one or more related tax-	Identification of Related Tax-Exempt Organizations Complete i one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	anization answe	sred "Yes" on F	orm 990, Part IV,	line 34 because	it had
(a) Name, address, and ElN of related organization	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) CHURCH HOME CORPORATION	23-7374724						+
5565 STERRETT PLACE, 5TH FLOOR	COLUMBIA, MD 21044	MEDICAL FUND	ΩM	501(C)(3)	ЪF	N/A	×
(2) FRANKLIN SQUARE HOSPITAL CENTER, INC. 9000 FRANKLIN SQUARE DRIVE	INC. 52-0608007 BALFINORE, MD 21237	HOSPITAL	MD	501 (C) (3)	m	N/A	×
(3) HARBOR HOSPITAL, INC. 3001 SOUTH HANOVER STREET	52-0491660 BalfTimore, MD 21225	HOSPITAL	ДМ	501(C)(3)	e	N/A	×
(4) MEDSTAR HEALTH, INC. 5565 STERRETT PLACE, 5TH FLOOR	52-2087445 columbia, md 21044	MEDICAL SVCS	QW	501(C)(3)	11C III	N/A	×
(5) MONTGOMERY GENERAL HOSPITAL 18101 PRINCE PHILIP DRIVE	52-0646893 0liney, md 20832	HOSPITAL	QW	501(C) (3)		N/A	×
(6) THE GOOD SAWARITAN HOSPITAL OF MARYLAND, 5601 LOCH RAVEN BLVD BA	XYLAND, 52-0591607 BALTIMORE, MD 21239	HOSPITAL	ЦМ	501(C)(3)	m	N/A	×
(7) THE UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKMAY	52-0591685 BALTIMORE, MD 21218	HOSPITAL	QW	501(C)(3)	<u></u>	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990. JsA	the Instructions for Form 990.		- -				Schedule R (Form 990) 2014
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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SCHEDULE R Related Or (Form 990)	► Complete if the organizations and Unrelated Partnerships	d Unrelated	I Partnersh	iips <sup>36. or 37.</sup>		000 No. 1545-0047
Danatimant of the Teaceure	► Attach to Form 990.	Form 990.				Onen to Public
	▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	nd its instructions is	at www.irs.gov/for	m990.		Inspection
Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.					Employer identificati 46-0726303	Employer identification number 46 - 0726303
Part I Identification of Disregarded Entities Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part IV	/, line 33.		
(a) (a) Name, address, and EIN (if applicable) of disregarded entity	Ľ	(b) Primary activity	(c) Legal domicite (state or foreign couptor)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)						enuty
(2)						
(3)						
(4)						
(5)		<u>. (</u>				
121						
Part II Identification of Related Tax-Exempt Organizations Complete i one or more related tax-exempt organizations during the tax year.	s Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	janization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
(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?
(1) MEDSTAR HEALTH RESEARCH INSTITUTE 52-6056274						Les NO
WASHINGTON,	HOSPITAL	DC	501(C) (3)	4	N/A	×
(2) THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I 52-2218584 HOPSITAL ADMLN, 1 MAIN BLDG WASHINGTON, DC 20007	HOSPITAL	DC	501 (C) (3)	٣	N/A	X
(3) HH MEDSTAR HEALTH, INC. 52-1542230 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS	CIM	501(C)(3)	11C III	N/A	×
(4) MEDSTAR AMBULATORY SERVICES INC. 52-1132992 5565 STERRETT PLACE, 5TH FLOOR COLUMBLA, MD 21044	ADMTN C	Ę	E01 (2) (2)		A 17	>
		1	101 (0) +00		17/17	4
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, M	MENTAL HEALTH	MD	501.(C) (3)	6	N/A	×
(6) MEDSTAR SURGERY CENTER, INC. 52-1061679						
4061 FOWDERWILL KOAU, SUITE ZI CALVERIUN,	MEDICAL SVCS	QW	501 (C) (3)	6	N/A	X
(7) CHOKCH HUME AND HUSFLIAL OF THE CITY OF 522-0591600 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL FUND	CIM	501(C)(3)	11B TT	۵/N	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Schedule R (Form 990) 2014
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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PAGE 65

out Schedule R (Form 960) and the instructions is at www.fs.gov/form990.       Employer ison       Firmely activity       If the organization answered "Yes" on Form 990, Part IV, line 33.       A 6 - 0726       If the organization answered "Yes" on Form 990, Part IV, line 33.       Primary activity     Legal domilal (state     Total (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Total (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       0     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       1     Primary activity     Legal domilal (state     Ford (hoome     Endofystat assets       1     Primary activity <t< th=""><th>International constraints         Internation about Schedule R (Form 000) and its instructiones is at wow/rs.gov/form900.           Reading a commercent         Part (V)         Time 33.           Reading a commercent         Part (V)         Time 34.         Time (V)           Reading a commercent         Part (V)         Time 34.         Part (V)         Time 34.           Reading a commercent         Part (V)         Time 34.         Part (V)         Time 34.         Part (V)         Time 34.           Reading a commercent         Part (V)         Part (V)</th><th>SCHEDULE R (Form 990)</th><th>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.</th><th>Related Organizations and Unrelated Partnerships mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or</th><th><b>J Unrelatec</b> n Form 990, Part 1 form 990.</th><th>l Partnersh v, line 33, 34, 35b,</th><th><b>iips</b> 36, or 37.</th><th>_,</th><th>OMB No. 1545-0047 20<b>14</b> Open to Public</th></t<>	International constraints         Internation about Schedule R (Form 000) and its instructiones is at wow/rs.gov/form900.           Reading a commercent         Part (V)         Time 33.           Reading a commercent         Part (V)         Time 34.         Time (V)           Reading a commercent         Part (V)         Time 34.         Part (V)         Time 34.           Reading a commercent         Part (V)         Time 34.         Part (V)         Time 34.         Part (V)         Time 34.           Reading a commercent         Part (V)	SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	Related Organizations and Unrelated Partnerships mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or	<b>J Unrelatec</b> n Form 990, Part 1 form 990.	l Partnersh v, line 33, 34, 35b,	<b>iips</b> 36, or 37.	_,	OMB No. 1545-0047 20 <b>14</b> Open to Public	
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	FRAMKLIN SQUARE HOURDATT         52-2329546         MD         501 (C) (3)         7         N/A           9000 FRAMKLIN SQUARE DALVE         BALTTMORE, ND 2123'         FOUNDATTON         MD         501 (C) (3)         7         N/A           6000 SAMARTAN HORDATON, INC.         52-2307122         FOUNDATTON         MD         501 (C) (3)         11A I         N/A           6000 SAMARTAN HORDATON, INC.         52-1307122         FOUNDATTON         MD         501 (C) (3)         11A I         N/A           6000 SAMARTAN HORDATON         BALTTMORE, ND 21239         FOUNDATTON         MD         501 (C) (3)         11A I         N/A           6001 LOCH RAVEN BLVD         BALTTMORE, ND 21239         MEDICAL SVCS         MD         501 (C) (3)         9         N/A           6001 LOCH RAVEN BLVD         BALTTMORE, ND 21239         MEDICAL SVCS         MD         501 (C) (3)         9         N/A           6001 LOCH RAVEN BLVD         BALTTMORE, ND 21239         ADMIN SVCS         MD         501 (C) (3)         9         N/A           601 LOCH RAVEN BLVD         BALTANDRE, ND 21235         ADMIN SVCS         MD         501 (C) (3)         11A I         N/A           601 LOCH RAVEN BLVD         BALTANERALL NOVENTON         MD         501 (C) (3)         11A I <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><math>\rightarrow</math></td>								$\rightarrow$	
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$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	5601 LOCH RAVEN BLVD     BALTTHORE, WD 21239     FOUNDATION     MD     501 (C) (3)     11A I     M/A       GOOD SAMARITAN NURSTNG CENTER, INC.     52-1672866     MEDICAL SVCS     MD     501 (C) (3)     9     M/A       5601 LOCH RAVEN BLVD     BALTTHORE, MD 21239     MEDICAL SVCS     MD     501 (C) (3)     9     M/A       5601 LOCH RAVEN BLVD     BALTTHORE, MD 21239     BLJDER HOUSING     MD     501 (C) (3)     9     M/A       5601 LOCH RAVEN BLVD     BALTTHORE, MD 21239     BLJDER HOUSING     MD     501 (C) (3)     9     M/A       5601 LOCH RAVEN BLVD     BALTTHORE, MD 21239     BLDER HOUSING     MD     501 (C) (3)     9     M/A       5601 LOCH RAVEN BLVD     BALTTHORE, MD 21239     ADMIN SVCS     MD     501 (C) (3)     11A I     N/A       5601 LOCH RAVEN BLVD     BALTHORE, MD 21239     ADMIN SVCS     MD     501 (C) (3)     11A I     N/A       5601 LOCH RAVEN BLVD     BALTHORE, MD 21225     ADMIN SVCS     MD     501 (C) (3)     11A I     N/A       501 SOUTH HANOVER STREET     BALTHORE, MD 21225     ADVUDATION     MD     501 (C) (3)     11A I     N/A       501 SOUTH HANOVER STREET     BALTHORE, MD 21225     MD     FOUNDATION     MD     501 (C) (3)     11A I       501 SOUTH HA	13) GOOD SAMARITAN HOSPITAL FOUNDATION. 1				/c/ /\\ Thr	_	<del>4</del> /4	4	
866         MEDICAL SVCS         MD         501(C)(3)         9         M/A           556         ELDER HOUSING         MD         501(C)(3)         9         M/A           853         ELDER HOUSING         MD         501(C)(3)         9         M/A           853         ADMIN SVCS         MD         501(C)(3)         11A I         M/A           832         FOUNDATION         MD         501(C)(3)         11A I         M/A           810         MD         501(C)(3)         11A I         M/A           810         MD         501(C)(3)         11A I         M/A	GOOD SAMARTAN NURSING CENTER, INC. $52-1672866$ MEDICAL SVCSMD $501(C)(3)$ $9$ $N/A$ 501 LOCH RAVEN BLVDBALTIMORE, MD 21239MEDICAL SVCSMD $501(C)(3)$ $9$ $N/A$ 6S HOUSING, INC. $52-1481656$ ELDER HOUSINGMD $501(C)(3)$ $9$ $N/A$ 6S HOUSING, INC. $52-1481656$ ELDER HOUSINGMD $501(C)(3)$ $9$ $N/A$ 6S HOUSING, INC. $52-1429853$ ELDER HOUSINGMD $501(C)(3)$ $9$ $N/A$ 6S PROFERTIES, INC. $52-1429853$ ADMIN SVCSMD $501(C)(3)$ $11A$ I $N/A$ 5601 LOCH RAVEN BLVDBALTIMORE, MD 21239ADMIN SVCSMD $501(C)(3)$ $11A$ I $N/A$ 5601 LOCH RAVEN BLVDBALTIMORE, MD 21235ADMIN SVCSMD $501(C)(3)$ $11A$ I $N/A$ 501 SOUTH HANOVER STREETBALTIMORE, MD 21225FOUNDATIONMD $501(C)(3)$ $11A$ I $N/A$ 501 SOUTH HANOVER STREETBALTIMORE, MD 21225FOUNDATIONMD $501(C)(3)$ $11A$ I $N/A$ 501 SOUTH HANOVER STREETBALTIMORE, MD 21025FOUNDATIONMD $501(C)(3)$ $11A$ I $N/A$ 4061 FONDRAMILL ROAD, SUITE 21CALVERTON, MD 20705MD $501(C)(3)$ $9$ $N/A$	S601 LOCH RAVEN BLVD	LTIMORE,	FOUNDATION	Ш	501(C)(3)		N/A	×	
E56         ELIDER HOUSING         MD         501(C) (3)         9         N/A           853         ADMIN SVCS         MD         501(C) (3)         11A I         N/A           352         ADMIN SVCS         MD         501(C) (3)         11A I         N/A           532         FOUNDATION         MD         501(C) (3)         11A I         N/A           510         MEDICAL SVCS         MD         501(C) (3)         9         N/A	CS HOUSING, INC.         52-1481656         ELDER HOUSING         MD         OIL (C) (3)         9         N/A           5601 LOCH RAVEN BLVD         BALTIMORE, ND 21239         ELDER HOUSING         MD         501 (C) (3)         9         N/A           5601 LOCH RAVEN BLVD         BALTIMORE, ND 21239         ELDER HOUSING         MD         501 (C) (3)         9         N/A           5601 LOCH RAVEN BLVD         BALTIMORE, ND 21239         ADMIN SVCS         MD         501 (C) (3)         11A I         N/A           5601 LOCH RAVEN BLVD         BALTIMORE, ND 21239         ADMIN SVCS         MD         501 (C) (3)         11A I         N/A           3001 SOUTH HANOVER STREET         BALTIMORE, ND 21225         FOUNDATION         MD         501 (C) (3)         11A I         N/A           4061 FONDERMILL ROAD, SUTFE 21         CALVERTON, ND 20705         MD         501 (C) (3)         9         N/A				СМ	501 (C) (3)	6	N/A	X	
553         ADMIN SVCS         MD         501(C) (3)         11A I         N/A           532         ADMIN SVCS         MD         501(C) (3)         11A I         N/A           532         FOUNDATION         MD         501(C) (3)         11A I         N/A           510         MEDICAL SVCS         MD         501(C) (3)         9         N/A	GS PROPERTIES, INC.       52-1429853       Selition (1)       11A I       N/A         5601 LOCH RAVEN BIVD       BALTIMORE, MD 21239       ADMIN SVCS       MD       501 (C) (3)       11A I       N/A         4RBOR HOSPITAL FOUNDATION, INC.       52-1284532       ADMIN SVCS       MD       501 (C) (3)       11A I       N/A         3001 SOUTH HANOVER STREET       BALTIMORE, MD 21225       FOUNDATION       MD       501 (C) (3)       1.1A I       N/A         4061 PONDERMILL ROAD, SUITE 21       CALVERTON, MD 20705       MD       501 (C) (3)       9       N/A			ELDER HOUSING	ДŴ	501 (C) (3)	6	N/A	×	
ALWLN SVCS         MU         501 (C) (3)         LIA 1         N/A           532         FOUNDATION         MD         501 (C) (3)         11A I         N/A           510         MEDICAL SVCS         MD         501 (C) (3)         9         N/A	Distribution         ALIVERTON         MUM         DUC         DU         DU <thdu< th="">         DU         <thdu< th="">         DU<td>4 1</td><td>52-1429853</td><td></td><td></td><td></td><td>  r</td><td></td><td></td></thdu<></thdu<>	4 1	52-1429853				r			
FOUNDATION         MD         501(C) (3)         1.1A         N/A           510         MEDICAL SVCS         MD         501(C) (3)         9         N/A	BALTTHORE, MD 21225         FOUNDATION         MD         501 (C) (3)         1.1A I           52-1980510         CALVERTON, MD 20705         MEDICAL SVCS         MD         501 (C) (3)         9	(6) HARBOR HOSPITAL FOUNDATION, INC.	52-1284530 52-1284532			(c) (n) The	H.	N/A	~	
\$10         MEDICAL SVCS         MD         501(C) (3)         9         N/A	52-1980510         MEDICAL SVCS         MD         501(C) (3)         9	3001 SOUTH HANOVER STREET	BALTIMORE, MD 21225	FOUNDATION	ШD	501 (C) (3)		N/A	×	
		(7) MEDSTAR HEALTH INFUSION, INC. 4061 POWDERWITL ROAD SUITE 21	52-1980510 CALWERTON MD 20705				c	, 1 J		
				MEDICAL SVCS		(s) (c) The	'n			

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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

SCHEDULE R       Related Organizations and Unrelated Partnerships         (Form 990)       > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         Department of the Treasury Internal Revone Service       > Attach to Form 990.	ations and Unr nswered "Yes" on Form 9 Attach to Form 990.	<b>J Unrelated</b> n Form 990, Part IV orm 990. d its instructions is	Partnersh v, line 33, 34, 35b, at www.irs.gov/foi	1 <b>ipS</b> 36, or 37. <i>m990.</i>	, ,	OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.					Employer identificat 46-0726303	Employer identification number 46-0726303
Part I Identification of Disregarded Entities Complete if the organ	nization answe	organization answered "Yes" on Form 990, Part IV, line 33	orm 990, Part IV	/, line 33.	•	-
(a) Name, address, and EIN (if applicable) of disregarded entity	Ē	(b) Primary activity 1	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)						(min)
(2)						
(3)				-		
(4)						
(5)						
						9 
(6)						
Part I Identification of Related Tax-Exempt Organizations Complete i one or more related tax-exempt organizations during the tax year.	olete if the orga	anization answe	rred "Yes" on Fo	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	line 34 because	it had
(a) Name, address, and EIN of related organization Pr	(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	
(1) MEDSTAR HEALTH VISITING NURSES ASSOCIATI 53-0196597		8				Yes No
VERTON, MD 20705	MEDICAL SVCS	QM	501 (C) (3)	6	N/A	x
(2) MEDSTAR VNA HEALTHCARE 52-1458516 4061 POWDERWILL ROAD, SUITE 21 CALVERTON, MD 20705 MEDI	MEDICAL SVCS	ДМ	501 (C) (3)	6	N/A	×
52-1372467 oliney, md 20832	MEDICAL SVCS	QM	501 (C) (3)	6	N/A	X
С. 52-1129959 с. оциет, мр 20832	FOUNDATION	ДМ	501(C) (3)	2	N/A	×
(5) WGH HEALTH SERVICES, INC. 52-1366812 19101 PRINCE PHILIP DRIVE OLNEY, ND 20932 FOUR	FOUNDATION	QW	501(C)(3)	11B II	N/A	×
52-6039600 olney, md 20832	FOUNDATION	ДŴ	501 (C) (3)	11B II	N/A	×
(7) NATIONAL REHABILITATION HOSPITAL 52-1369749 102 INVING STREET NW WASHINGTON, DC 20010 HOSI	HOSPITAL	DC	501 (C) (3)	m	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Schedule R (Form 990) 2014
JSA 4E1307 1.000						

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 35, or 37.	Related Organizations and Unrelated Partnerships	Durelated In Form 990, Part I	I Partnersh	i <b>ps</b> <sup>36, or 37.</sup>	_,	<u>2(0)</u>
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	► Attach to Form 990. hedule R (Form 990) and its instr	<sup>c</sup> orm 990. Id its instructions is	at www.irs.gov/for	m990.		Open to Public Inspection
Name of the organization MEDSTAR SOUTHERN MD HOSPITAL	ID HOSPITAL CENTER INC.					Employer identificat 46-0726303	Employer identification number 46 - 0726303
	1 0	organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on Fo	orm 990, Part IV	', line 33.		
Name, a	(a) Name, address, and EIN (if applicable) of disregarded entity	۵.	(b) Primary activity	(c) Legal domicile (state or foreion country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)							- Anna
(2)	a particular and a second and a s		4				
(3)							
			a ga an				
(4)							
(5)							
(6)							
Part II Identification one or more r	Identification of Related Tax-Exempt Organizations Complete i one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	anization answe	rred "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
Name, addr	(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	1512 ntroll
141 REGIONAL REHAB AT OLNEY. INC.	EV 10000	ta ∰unita su					Yes No
18101 PRINCE PHILIP DRIVE	OLNEY, MD 2	MEDICAL SVCS	MD	501 (C) (3)	ŕ	N/A	X
(2) SUBURBAN / NRH MEDICAL REHABILITATION, 102 IRVING STREET NW	C REHABILITATION, I 52-1931151 WASHINGTON, DC 20010	MEDICAL SVCS	DC	501 (C) (3)	е	N/A	×
(3) THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 5601 LOCH RAVEN BLVD BAI	HOLIC HEALTH CARE F 52-1104382 BALTIMORE, MD 21239	FOUNDATION	QW	501 (C) (3)	11D III	N/A	×
(4) VNA, INC. 4061 POWDERMILL ROAD, 9	52-1332411 SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	CM	501(C)(3)	11B II	N/A	×
(5) WHC FOUNDATION, INC. 110 IRVING STREET NW	52-1791670 WASHINGTON, DC 20010	FOUNDATION	DC	501(C)(3)	7	N/A	×
(6) WOODBOURNE WOODS, INC. 5601 LOCH RAVEN BLVD	- 52-2299070 BALFIMORE, MD 21239	ELDER HOUSING	СW	501 (C) (3)	5	N/A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(7) HOSPICE OF ST. MARY'S,	INC.			•			
PO BOX 527	LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11A I	N/A	×
For Paperwork Reduction Act JSA 4E1307 1.000	For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 451307 1.000					Schedule	Schedule R (Form 990) 2014

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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

SCHEDULE R (Form 990)	Related Org	Related Organizations and Unrelated Partnerships	d Unrelated	I Partnersh V, line 33, 34, 35b,	<b>iips</b> 36, or 37.	<u></u>	000 No. 1545-0047 20 <b>14</b>
Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. hedule R (Form 990) and its instr	-orm 990. Id its instructions i	s at www.irs.gov/for	m990.		Open to Public Inspection
Name of the organization						Employer ider	Employer identification number
MEDSTAR SOUTHE	MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.					46-0726303	5303
Part I Identific	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization answe	ered "Yes" on F	orm 990, Part IV	/, line 33.		
	(a) (a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreion country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)				1611000 181000 10			Annua -
(2)			r			-	
(3)							
(4)							
(5)							
(9)							
Part II Identific one or n	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the second of the second se	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.	l anization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
Лап	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1) ST. MARY'S HOSPITAL OF ST 25500 POINT LOOKOUT ROAD	(1) ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	QW	501 (C) (3)	С	N/A	×
(2) ST. MARY'S HOSPI	ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368						
AN WASHTNGTON HOSPT	A WASHINGTON HOSPITAL CENTER COBORATION FOR 10010	SUPPORT OKG	СТЫ	20T (C) (3)	T T T	N/A	X
110 IRVING STREET, N.W.	TT DE CONTRACTOR DE COLORADO DE CO	HOSPITAL	DC	501 (C) (3)	ю	N/A	×
(4) MEDSTAR HEALTH INC 5565 STERRETT PLACE	(4) MEDSTAR HEALTH INC AND AFFILIATES MASTER 46-7454613 5565 STERRETT PLACE COLUMBIA, MD 21044	RET_TRUST	(LIM	501 (A)	A/N	A/A	×
(5)							
(9)							
(1)							
For Danerwork Reduct	Ear Panarwork Radiuction Act Notice .coa the Instructions for Earm 000						
SA SA						ochequie	schedule K (Form 390) 2014
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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Schedule R (Form 980) 2014 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organizati because it had one or more related organizations treated as a partnership during the tax year.	ted Organizations more related org	s Taxable as anizations tre		complete if t ership during	he organizatio the tax year.	Partnership Complete if the organization answered "Yes" ed as a partnership during the tax year.	" on Form	on Form 990, Part IV, line 34	e 34	Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Predominant income (related, unrelated from excluded from tax under sections 512-514)	(f) Share of total income	al Share of end-of- year assets	1) officinate ficins?	() Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	aging or	(k) Percentage ownership
<ul> <li>(1) PHYSICIAN IMAGING OF WASHINGTO</li> <li>6525 BELCREST ROAD, SUITE G 50</li> <li>(2)</li> </ul>	LAB SERVICES	MD N/A						-		
(3)										
(4)										
(5)									     .	
(9)										
(1)										
Part IV Identification of Related Organizations Taxable as a line 34 because it had one or more related organizati	ted Organizations	s Taxable as ated organiz	· · · · ·	or Trust Con a corporatio	n or trust durin	Corporation or Trust Complete if the organization answered "Yes" ons treated as a corporation or trust during the tax year.	red "Yes"	on Form 990, Part IV	art IV,	
(a) Name, address, and EIN of related organization	) I 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 s ownership	(i) age Section ip 512(b)(13) controlled entity?
										Yes No
INC.	!	52-1513056		!	4					
(2) EXTENDED TIME , THE FLACE, THE FLACE , OF EXTENDED	CODURELA, PUL ZIV44	52-1556228	LIKUG SALES		N/A	C COKE				
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA,	COLUMBIA, MD 21044		MEDICAL SERVICES	GM	N/A	c corp				
(3) HELIX RESOURCES MANAGEMENT, INC.		52-1913070		ŝ	. t					
(4) HELIXCARE MEDICAL GROUP, LLC	COLUMBIA, NU 21044	52-1955580	ADMIN SEKVICES		N/A	C COKP		 		
	COLUMBIA, MD 21044		MEDICAL SERVICES	CIM	N/A	C CORP				
(5) HELIXCARE PROPERTIES, LLC	ADD FO ON STANTION	52-1966695	avingas instaam		6/ M					
1 01	TH FLOOR COLORDAN, NU ZIVI44	52-1893569	MEDICAL SERVICES		N/8					
5565 STERRETT PLACE,	5TH FLOOR COLUMBIA, MD 21044		HOLDING COMPANY	ДМ	N/A	C CORP				
(7) PHYSICIANS ADMINISTRATIVE SERVICES, INC. 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	CES, INC. COLUMBIA, MD 21044	23-7042074	BILLING SERVICES	S D N D	N/A	C CORP				
JSA 4E1308 1.000								Schedul	e R (Forn	Schedule R (Form 990) 2014

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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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Schedule R (Form 990) 2014	014										Page 2
Part III Identific because	cation of Relati e it had one or r	Identification of Related Organizations Taxable as a Partnership Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.	<ul> <li>Taxable as a anizations trea</li> </ul>	a Partnership C ated as a partne	complete if ti ership during	he organization the tax year.	Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ted as a partnership during the tax year.	s" on Form 9	90, Part IV, li	ne 34	
(a) Name, address, and EIN of related organization	and EIN of nization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity se	(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)		(k) Percentage ownership
(1)										Tes NO	1
(2)					-						
(3)								_			e.
(4)											
(5)											
(6)											
(2)						. <u></u>	_				
Part IV Identifi line 34	cation of Relation because it had	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.	ated organiza	a Corporation or tions treated as a	or Trust Com a corporatio	Trust Complete if the organization ans corporation or trust during the tax year.	ganization answe g the tax year.	ered "Yes" of	1 Form 990, I	art IV,	
Nar	(a) Name, address, and EIN of related organization	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 sts ownership	tage Section ship 512(b)(13) controlled entity?
											Yes No
(1) MEDSTAR FAMILY CHOICE	CHOICE, INC.		52-1995521								
5565 STERRETT PLACE,	LACE, 5TH FLOOR COLUMBIA, MD	OLUMBIA, MD 21044		MANAGED CARE	QW	N/A	c corp				
(2) MEDSTAR ENTERPRISES,	INC.	CALIFICATION MOLICIAN	52-2139841 c	Partito Construct	Ę	2/ X					
(3) SITEL, INC.			90-0753340			w /w	C CONF				. 
5565 STERRETT PLACE,	LACE, 5TH FLOOR COLUMBIA,	COLUMBIA, MD 21044		EDUCATIONAL SVCS	Q	N/A	c corp				-
(4) STAR BILLING, II	INC.		52-1850113								
4061 POWDERMILL	ROAD, SUITE 210	4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	5	BILLING SERVICES	Ш	N/A	c corp				
(5) WASHINGTON RISK	WASHINGTON RISK NETWORK MANAGEMENT,	SNF, INC.	52-2132677								
4061 POWDERMILL ROAD,	ROAD, SUITE 210 CALVERTON	CALVERTON, MD 20705	ŭ	MEDICAL SERVICES	Ð	N/A	C CORP				
(6) WASHINGTON HOSP.	WASHINGTON HOSPITAL CENTER PHYSICIAN HOS	CIAN HOS	52-1931000					•			
(7) MEDISTRAD DHVETCT	100 IRVING STREET NW WASHINGTON, DC 20010 Medstad Dhvstrtan Dadrweds Thr	DC 20010	52-2030000	MEDICAL SERVICES	Q	N/A	C CORP				
	ROAD, SUITE 210	SUITE 210 CALVERTON, MD 20705		MEDICAL SERVICES	QŅ	N/A	C CORP				
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Schedule R (F	Schedule R (Form 990) 2014										ä	Page 2
Part II	Identification of Related Organizations Taxable as a Partnership Complete if the organizati because it had one or more related organizations treated as a partnership during the tax year.	ed Organizations more related orga	Taxable as a		omplete if t rship during	he organization the tax year.	Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 ed as a partnership during the tax year.	" on Form 9	990, Part IV, I	ine 34		,
Nan N	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity se	(e) Predominant income (related, unrelated, excluded from excluded from sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprependionate allocations: 2	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	tage ship
(1)			:					Yes No	j	Yes No		
(2)												
(3)												
(4)										_		
(5)												ļ
(9)												ļ
(1)		į										
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ed Organizations one or more rela	s Taxable as a ted organiza	a Corporation o tions treated as	r Trust Con a corporatio	nplete if the org	Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV ons treated as a corporation or trust during the tax year.	red "Yes" o	n Form 990,	Part IV,		
	(a) Name, address, and EIN of related organization	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 St ownership 512	(i) Section 512(b)(13) controlled entity?
		میں میں اور									Ye:	Yes No
(1) FRANKLI	FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA	D ASSOCIA	76-0756352									
(2) MGH DT1	5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD MGH DIVERSTETED SEBVICES. INC	COLUMBIA, MD 21044	50-1943600	CONDO OWNER ASSOC	Q	N/A	c corp					1
	6	, MD 20832		MEDICAL SERVICES	GW	N/A	c corp					
(3) ST. MAI	ST. MARY'S HEALTH ALLIANCE, INC.		52-1930331									
	25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	<b>JTOWN, MD 20650</b>		MEDICAL SERVICES	CIM	N/A	C CORP					
(4) GREENSI	GREENSPRING FINANCIAL INSURANCE LIMITED		98-0188617									
23 LIMI (5) ST MARI	23 LIME TREE BAY AVENUE PO BOX 1051 KX1-1102. ST MARY'S CONDO ASSOCIATION	1051 KY1-1102, GRAN	GRAND CAYMA 27-3377216	INSURANCE	3	<u>N/A</u>	C CORP					
25500 1	25500 POINT LOOKOUT RD LEONARDTOWN,	<b>JWN, MD 20650</b>		CONDOMINIUMS	DMD	N/A	C CORP					
(6) MEDSTAF	MEDSTAR HEALTH MASTER RETIREMENT TRUST	r TRUST	666666-66									
	5565 STERRETT PLACE COLUMBIA, MD 21044	0 21044		INVESTMENTS	5	N/A	C CORP					
(2)												
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MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

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Schedule R (Form 990) 2014

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. -- N/ af this tity is listed in Darts II III 4. data lin Part V Note

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Ň
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?	ted organizations list	ed in Parts II-IV?		2. 100 10 10 10 10 10 10 10 10 10 10 10 10	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	• • • • • • • • • •			1a	×
b Gift, grant, or capital contribution to related organization(s)	•			1b	X
c Gift, grant, or capital contribution from related organization(s).				1c	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s),	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •		1f	Х
g Sale of assets to related organization(s)	•••••••••••••••••••••••••••••••••••••••			1g	Х
h Purchase of assets from related organization(s).				4	×
i Exchange of assets with related organization(s).			, , ,	]; 	×
, ≞				11	×
			14 ( ) 14 ( )		
k Lease of facilities, equipment, or other assets from related organization(s)	• • • • •	• • • • • • • • •	 	1k	×
I Performance of services or membership or fundraising solicitations for related organization(s)	· · · ·	• • • • • • • • • •		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	· · · · ·			1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • • • • • • • • • •		<b>1</b> n	×
o Sharing of paid employees with related organization(s)		· · · · · · · · · · · · · · · · · · ·		10	×
p Reimbursement paid to related organization(s) for expenses	· · · · · · · · · · · ·		:	1p X	
q Reimbursement paid by related organization(s) for expenses			<u>-</u>	1q X	200
r Other transfer of cash or property to related organization(s).			• •	1r	×
ø			-	1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including cover	complete this line, including covered relationships and transaction thresholds.	action thresh	olds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Arnount involved	(d) Method of determining amount involved	(d) thod of determini amount involved	6u
(1) THE MEDSTAR-GEORGETOWN MEDICAL CENTER	<u>а</u>	112,961.	FMV		
(2) HH MEDSTAR HEALTH, INC.	č	211,039.	FMV		
(3)					
(4)					
(5)					
(9)					
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# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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 tay under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	() () Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or managing partner?	(k) Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
(3)			i		-					
(4)										
(5)										
								:		
(6)										
(7)				-						
(8)										
(6)								-		
(10)										
(11)										
(12)	-									
									_	
(13)										
(14)										
(15)										
(16)				·						
LSA								Sch	Schedule R (Form 990) 2014	 m 990) 2014

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Schedule R (F	Form 990) 2014	
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	

Schedule R (Form 990) 2014

Form 8879-EO	for an Exe	nature Authorization mpt Organization		OMB No. 1545-1878
	For calendar year 2014, or fiscal year beginning		3020_15	<u>aa</u> .
Department of the Treasury Internal Revenue Service	► Do not send to ► Information about Form 8879-EO a	the IRS, Keep for your records,	000887800	2014
Name of exempt organization		ind its insulations is at #####Sgowin		ification number
MEDSTAR SOUTH	ERN MD HOSPITAL CENTER	INC.	46-072	
Name and title of officer				
	ICE PRESIDENT/TREASURER			
Part I Type of Re	eturn and Return Information (Whole	Dollars Only)	······································	
check the box on line 1 leave line 1b, 2b, 3b, 4	eturn for which you are using this Form a, 2a, 3a, 4a, or 5a, below, and the am 4b, or 5b, whichever is applicable, blan elow. Do not complete more than 1 line	ount on that line for the return be k (do not enter -0-). But, if you er	ing filed with this fo	orm was blank, then
1a Form 990 check h	ere 🕨 🔀 b Total revenue, if any (f	Form 990, Part VIII, column (A), lin	e 12) 1b	226118846.
2a Form 990-EZ chec	k here 🕨 🛄 b Total revenue, if a	ny (Form 990-EZ, line 9)	2b	
3a Form 1120-POL ch	eck here 🕨 🔄 b Total tax (For	m 1120-POL, line 22)	<sup>3b</sup>	
4a Form 990-PF check		tment income (Form 990-PF, Par		
5a Form 8868 check	here 🕨 🛄 b Balance Due (Form 8	368, Part I, line 3c or Part II, line 8	c)5b	· ····································
Part II Declaratio	n and Signature Authorization of Of	ficer		······
	ury, I declare that I am an officer of the		examined a conv of	the
are true, correct, and c organization's electroni to send the organization the transmission, (b) the authorize the U.S. Trea financial institution acco return, and the financial Agent at 1-888-353-453 involved in the processi resolve issues related t	ctronic return and accompanying sched omplete. I further declare that the amout c return. I consent to allow my intermed n's return to the IRS and to receive from a reason for any delay in processing the sury and its designated Financial Agent bunt indicated in the tax preparation soft i institution to debit the entry to this acco 37 no later than 2 business days prior to ng of the electronic payment of taxes to o the payment. I have selected a person applicable, the organization's consent to	nt in Part I above is the amount si ate service provider, transmitter, the IRS (a) an acknowledgement of return or refund, and (c) the date of to initiate an electronic funds with ware for payment of the organizat bount. To revoke a payment, I must the payment (settlement) date. I receive confidential information n hal identification number (PIN) as n	nown on the copy of the copy o	the briginator (ERO) for rejection of licable, I entry to the bwed on this basury Financial inancial institutions
Officer's PIN: check on	e box only		······	
X I authorize KP	MG LLP	to enter my PIN	20735	
	ERO firm name		Enter five numbers, but	as my signature
			do not enter all zeros	
being filed with ERO to enter m As an officer of If I have indicate	tion's tax year 2014 electronically filed r a state agency(les) regulating charities by PIN on the return's disclosure consent the organization, I will enter my PIN as ad within this return that a copy of the re ate program, I will enter my PIN on the r	as part of the IRS Fed/State prog screen. my signature on the organization's turn is being filed with a state age	ram, I also authorize s tax year 2014 elec	the aforementioned
Officer's signature	- for 18mg	Date	▶ 04/26/2016	
Part III Certificat	ion and Authentication	-		
	your six-digit electronic filing identification by your five-digit self-selected PIN.	5	4 0 2 8 0 do not enter a	2 2 1 0 2 Il zeros
indicated above. I confir	numeric entry is my PIN, which is my sig m that I am submitting this return in acc ed IRS <i>e-file</i> Providers for Business Retu	ordance with the requirements of	filed return for the o Pub. 4163, Modern	rganization ized e-File (MeF)
ERO's signature > <u>1114</u>	ignet à. Biochtau	Date	04/26/201	6
		his Form - See Instructions	·····	ациани <mark>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</mark>
Can Damas and Delay	and the second	the IRS Unless Requested To		
For Paperwork Reduct	ion Act Notice, see back of form.		Fo	rm 8879-EO (2014)
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Cumulative e-File History 2014					
	Federal				
Locator:	7000GB				
Taxpayer Name:	MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.				
Return Type:	990, 990				
Submitted Date:	05/11/2016 18:45:09				
Acknowledgement Date:	05/11/2016 18:56:22				
Status:	Accepted				
Submission ID: 54028020161325000009					

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