# Form **990**

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

<u>A I</u>	or tn	ie 200		idar year, or tax year beginning $07/01$ , 2008, and ending	_		/30,2009					
Во	heck if ap		Please	C Name of organization CARROLL HOSPITAL CENTER, INC.	D Empl	oyer identifi	cation number					
	Addre chang		use IRS label or	Doing Business As		-145202						
L	Name	change	print or type.	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telep	hone numbe	er					
	Initial	return	See	200 MEMORIAL AVENUE	(41	0)871-	6859					
	Termi	ination	Specific instruc-	City or town, state or country, and ZIP + 4								
	Amen		tions.	WESTMINSTER, MD 21157	G Gros	s receipts \$	198,225,568.					
	Applic	cation	F Na	me and address of principal officer: JOHN SERNULKA		nis a group retu						
		צויי		MEMORIAL AVE WESTMINSTER, MD 21774		ates? all affiliates inc	cluded? Yes No					
$\overline{\mathbf{I}}$	Tax-ex	empt sta		X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	⊣ ∵		st. (see instructions)					
J	Websi			CARROLLHOSPITALCENTER.ORG	_	up exemption r						
K		of organi				<u> </u>	e of legal domicile: MD					
_	rt I		nmary	A corporation much reconstruct of the particular and the particular an	1 <i>9</i>	) /   III	at legal commence. MD					
			<u>-</u>	on the examination or most similared estimates		<del></del>						
				be the organization's mission or most significant activities:								
Se	1	OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT,										
nai		COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING THEIR HEALTH										
Governance	,	AND WELL-BEING.  Check this box   (if the organization discontinued its operations or disposed of more than 25% of its assets.										
න් ගු	3	Numb	er or vo	ting members of the governing body (Part VI, line 1a)		3	14					
Activities				dependent voting members of the governing body (Part VI, line 1b)			10					
ξ	1			of employees (Part V, line 2a)			2,101					
ĕ				of volunteers (estimate if necessary)		6	326					
	i .			nrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	3,793,070.					
	b	Net ur	related	business taxable income from Form 990-T, line 34		7b	-113,260.					
					Prior	Year	Current Year					
ā				and grants (Part VIII, line 1h)		2,200.	1,212,414.					
Revenue	9	Progra	am serv	ce revenue (Part VIII, line 2g)	183,36	9,135.	188,989,874.					
Se.	10	Invest	ment in	come (Part VIII, column (A), lines 3, 4, and 7d)	7,47	8,038.	7,134,814.					
_	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97	2,589.	888,466.					
	12	Total r	evenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,15	1,962.	198,225,568.					
				milar amounts paid (Part IX, column (A), lines 1-3)	11	5,000.	115,000.					
	14	Benefi	ts paid	to or for members (Part IX, column (A), line 4)			NONE					
Ś	15	Salarie	es, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	85,88	8,603.	95,941,166.					
Expenses				undraising fees (Part IX, column (A), line 11e)		•	NONE					
ĝ	b	Total f	undrais	ing expenses, Part IX, column (D), line 25) ▶								
Ш	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	90.74	6,105.	95,045,320.					
	18	Total e	expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	176,74		191,101,486.					
				expenses. Subtract line 18 from line 12		2,254.	7,124,082.					
es				3. portional and and the first three tables and	Beginning		End of Year					
anc	20	Total a	assets (	Part X, line 16)	275,69							
Net Assets or Fund Balances	21			s (Part X, line 26)			278,489,621.					
Tet.	22			fund balances. Subtract line 21 from line 20.	164,29 111,40		178,878,933.					
2 E	rt II			Block	111,40	0,614.	99,610,688.					
1 6		T										
		and b	penaπιε elief, it	s of perjury, I declare that I have examined this return, including accompanying schedules a s true, correct, and complete. Declaration of preparer (other than officer) is based on all in	nd statemer formation o	its, and to t f which pre	ne pest of my knowledge parer has any knowledge.					
	ian	١.			1	•	, ,					
	ign ere		Signatur	e of officer	D:	ate						
П	еге		Signatui	e di dilicei	D	alc						
		<b>.</b>	T									
			Type or	print name and title	····	<del> </del>						
Paid			rer's	Date Check if self-		Preparer':   (see instru	s identifying number uctions)					
	arer's	signa			¹ ▶ 🔼		00482524					
	Only	Firm's	name (d employe	ryours COHEN, RUTHERFORD + KNIGHT, PC	EIN	<b>▶</b> 5	2-1202280					
_	y		s, and Z		Phone no	o. <b>▶</b> 3	01-828-1002					
				s return with the preparer shown above? (See instructions)			X Yes No					
For	Priva	cy Act	and Pa	perwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2008)					

Form 9	990 (2008)	52-1452024		1	Page 3
Par	t IV Checklist of	Required Schedules		,	
				Yes	No
1	Is the organization de	escribed in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		1	Х	
2	Is the organization re	equired to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization	engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public	office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) or	office? If "Yes," complete Schedule C, Part I ganizations. Did the organization engage in lobbying activities? If "Yes," complete			
			4	X	
5		501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
		requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6		maintain any donor advised funds or any accounts where donors have the right to			
		e distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I		6		Х
7		receive or hold a conservation easement, including easements to preserve open space,			
		toric land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D	, Part III	8		X
9	Did the organization	report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
		counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		:	
4.0	complete Schedule D	, Part IV hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
10			10		X
11	-	report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
42	Parts VI, VII, VIII, IX, o		11	X	<u> </u>
12		receive an audited financial statement for the year for which it is completing this return			-
13		accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
14a		school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b		maintain an office, employees, or agents outside of the U.S.? have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		X
		In service activities outside the U.S.? If "Yes," complete Schedule F, Part I	446		.,
15		report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
		located outside the United States? If "Yes," complete Schedule F, Part II	15		٠,,
16		report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		X
		outside the United States? If "Yes," complete Schedule F, Part III	16		х
17		port more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18		port more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	-	operate one or more hospitals? If "Yes " complete Schedule H	20	X	
21	<del>-</del>	port more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization rep	port more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23		answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	0111		23	х	
24a	Did the organization	have a tax-exempt bond issue with an outstanding principal amount of more than			
		ast day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		te Schedule K. If "No," go to question 25	24a	Х	<u> </u>
b		invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization i	maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-ex		24c		Х
d		act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25a		d 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			-
	with a disqualified pe	rson during the year? If "Yes," complete Schedule L, Part I	25a		Х
b		become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior ye	ear? If "Yes," complete Schedule L, Part I	25b		X
26	Te control of the con	a current or former officer, director, trustee, key employee, highly compensated employee, or			ı
		utstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27		provide a grant or other assistance to an officer, director, trustee, key employee, or			Ī
ISA	substantial contributo	r, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
JSA 8E1021	1.000		Form	990	(2008)

### Part IV Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Form 990 (2008)

Χ

36

37

37

### Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	100000000000000000000000000000000000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			301
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,101			1.1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			,
	this return?	3 a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			122
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Excellent and	18782012012017
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X
h	, , , , , , , , , , , , , , , , , , , ,	7h		37
8	required?			X
Ü	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		i i	
	organization, have excess business holdings at any time during the year?	8	PAGE WEEK MICH	140000000000000000000000000000000000000
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		9 7 1	
a	Did the organization make any taxable distributions under section 4966?	9a	(Milanir-Sday,cook)	THE SHOP OF SHIP SHOWS
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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	25.220.000000	SECTION SECTION
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management		¥	
	For each "Vee" recovered to lines 2.7h helpsy and for a "Nia" recovered to lines 2 or 0h helpsy decertibe the	CONCERNO	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
10	circumstances, process, or changes in Schedule O. See instructions.			
1a b	Enter the number of voting members of the governing body			
2	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?			196,41163
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	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 organizational documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	4		X
6	Does the organization have members or stockholders?	5		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members	6		X
1 a	of the governing body?	7.		.,,
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	7 0	115982	X
Ū	the year by the following:	446		
а		0.455925	#47 to 650	25E86-99
, b	Each committee with authority to act on behalf of the governing body?	8a	X	
9a	Does the organization have local chapters, branches, or affiliates?	8b	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9a		<u>X</u>
N	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	30		
. •	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	v	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	X	
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		v
Secti	ion B. Policies			X
	ON DIT GROOD		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	ring to conflict?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		li in a	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	150-190		
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			Asset Sec.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			33100-14
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Х
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization: ▶DAVID MCCORMICK 200 MEMORIAL AVE WESTMINSTER, MD 21157			
	410-871-6859			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not com	pensate ar	ny offi	cer,	dire	ecto	r, trus	tee	, or key employee.		
<b>(A)</b> Name and Title	(B) Average	(C) Position (check all that apply)					ply)	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

	art VII Section A. Officers, Directors, Tru	istees, Ke	y En	ipic	ye	es,	and i	нıg	nest Compensat	ea Employ	yees (d	continued)
	(A)	(B)			(6	C)			(D)	(E)	(F)	
	Name and title	Average hours per	-				that ap		Reportable compensation	Reportab compensat		Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	ğ ğ	Former	from	from rela		other
			rect.	턃	ª	쁄	est c	嘎	the	organiza		compensation
			° ₹	nalt		loye	e on		organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the
			stee	lsun		ñ	Pen		(44-2/1099-14130)			organization and related
				ee			Highest compensated employee					organizations
		.,,										
		····										
_												
										·		
<u>1b</u>	Total							<b>&gt;</b>	2,928,180.		NONE	
2	Total number of individuals (including those organization ► 79	in 1a) w	ho re	ecei	ved	mo	ore th	nan	\$100,000 in rep	ortable co	mpens	ation from the
												Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo <i>le J for suc</i>	r or ch indi	tru <i>ังidเ</i>	stee ual	e, k	ey e	mp 	loyee, or highest	compens	ated	3 X
4	For any individual listed on line 1a, is the											
·	the organization and related organizations	greater th	an \$	150	,00	0?	If "Ye	es,"	complete Schedu	ile J for s	such	
	individual											4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accru	ie co	mp	ens	atio	n fro	m	any unrelated o	rganization	for	E
Sec	tion B. Independent Contractors	Joinpiele C	oneut	110	, 101	Suc	nı per	3011		• • • • • •	• •	5 X
1	Complete this table for your five highest of	ompensate	ed in	dep	end	ent	cont	raci	tors that received	more tha	n \$10	00 000 of
	compensation from the organization.							1				
	(A) Name and business addr	ess							(B) Description of ser	vices	С	(C) Compensation
SE	E STATEMENT 4							-				
				···					•			
								-				
2	Total number of independent contractors (in compensation from the organization ▶	cluding th	ose i	n 1	) w	/ho	rece	ived	l more than \$100	),000 in		
ISA		·····										Form <b>990</b> (2008)

Pa	rt VII	Statement of Reven	ue			52-1452024	· · · · · · · · · · · · · · · · · · ·	rage 3
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaigns	1a					
grants nounts	b	Membership dues		- 41/- 14.4		A Property of the Control of the Con		
gifts, g itar amo	С	Fundraising events	l i		10 mm 25 mm 15 mm			
s, iia	d	Related organizations	1 1	1,212,414.				
ion	e	Government grants (contribu	· 1 1			8 4 2 9F C 1		
but	f						200	
Contributions, and other simil	_	and similar amounts not included  Noncash contributions included						
	g h	Total. Add lines 1a-1f			1,212,414.		TO THE PERSON NAMED IN COLUMN TO THE	
ne				Business Code	CONTROL CONTROL HOUSE PROPERTY OF THE PROPERTY			Party and Delivery
ave.	2a	NET PATIENT SERVICE REVEN	IUE		183,466,240.	183,466,240.		
ě,	b	CAFETERIA/VEND.			705,032.	705,032.		
ζċ	С	LAB		621500	3,789,412.		3,789,412.	
Se	d	OTHER OPERATING REVENUE			1,029,190.	1,029,190.		
Гаш	e							
Program Service Revenue	f	All other program service rev						
	<u>g</u>	Total. Add lines 2a-2f			188,989,874.			
	3	Investment income (including other similar amounts)			7,134,814.		-86,342.	7,221,156.
	4	Income from investment of t			i		00,542.	7,221,130.
	5	Royalties • • • • • • •						
	_		(i) Real	(ii) Personal				
	6a	Gross Rents	790,103					
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) .			790,104.	Maria de la companya		790,104.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		-				
	C d	Gain or (loss)			NONE			
	8 a	Gross income from f			NONE			
ē		events (not including \$	arraraionig					
/en		of contributions reported on	line 1c).					
Other Revenu		See Part IV, line 18	a					
her	b	Less: direct expenses						
ō	C	Net income or (loss) from fur	ndraising events .		NONE			
	9a	Gross income from gaming a						
		See Part IV, line 19						
	b	Less: direct expenses Net income or (loss) from ga			NONE			
	10a	Gross sales of inventor			NONE			
		returns and allowances						
	b	Less: cost of goods sold						
	С	Net income or (loss) from sal	es of inventory		NONE			
		Miscellaneous Reven	ue	Business Code				
	11a	CARROLL COUNTY MED SERVIC	ES MGMT FEE	541610	90,000.		90,000.	
	b	OTHER INCOME			8,362.		***************************************	8,362.
	C				-			
	d	All other revenue			00 000			
	e	Total Revenue Add lines 1h			98,362.			
	12	Total Revenue. Add lines 1h			198,225,568.	185,200,462.	3,793,070.	8,019,622.
		20, 100, 4114 110 1111			170,223,300.	103,200,402.		om <b>990</b> (2008)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	government and an arrangement of the second				
	organizations in the U.S. See Part IV, line 21	115,000.	115,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				esalitis, s
	U.S. See Part IV, lines 15 and 16	NONE			ar Chargellang as a con-
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	950,544.		950,544.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	77,133,885.	70,312,620.	6,821,265.	
8 .	Pension plan contributions (include section 401	2 21 2 ===			
_	(k) and section 403(b) employer contributions).	3,210,677.	2,892,283.	318,394.	
9	Other employee benefits	8,925,652.	8,040,520.	885,132.	
10	Payroll taxes	5,720,408.	5,153,131.	567,277.	
11	Fees for services (non-employees):				
	Management	NONE			
	Legal	33,821.		33,821.	
	Accounting	182,830.		182,830.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17 Investment management fees	NONE		1.01 014	
		161,314. 13,575,540.	0 057 567	161,314.	
g 12			9,957,567.	3,617,973.	
13	Advertising and promotion	669,778.	2,207. 701,789.	667,571.	
14	Information technology	36,875.	1,270.	337,444. 35,605.	
15	Royalties.	NONE	1,270.	35,605.	V
16	Occupancy	2,852,683.	2,852,683.		
17	Travel	680,950.	321,520.	359,430.	
18	Payments of travel or entertainment expenses	000,750.	321,320.	339,430.	(
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	66,795.	60,196.	6,599.	
20	Interest	6,834,284.	6,834,284.		
21	Payments to affiliates	NONE	0,001,201.		
22	Depreciation, depletion, and amortization	11,872,705.	11,872,705.		
23	Insurance	4,059,088.		4,059,088.	
24	Other expenses. Itemize expenses not	14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
	covered above. (Expenses grouped together	Falls of the United States		5.000	
	and labeled miscellaneous may not exceed		Selber of the self-	P. T. S. Cho.	
	5% of total expenses shown on line 25 below.)	S. Project Carifornia	The second control of	The Control of the Co	and the state of t
а	MEDICAL SUPPLIES	24,222,661.	24,219,289.	3,372.	
b	FOOD	1,064,595.	1,030,526.	34,069.	
С	OTHER	958,434.	626,088.	332,346.	
d	MINOR_EQUIPMENT	787,088.	539,066.	248,022.	
е	SUPPLIES	699,678.	689,837.	9,841.	
f	All other expenses	25,246,968.	18,224,306.	7,022,662.	
25	Total functional expenses. Add lines 1 through 24f	191,101,486.	164,446,887.	26,654,599.	
26	Joint Costs. Check here ▶ ☐ If following				***************************************
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,075.	1	2,075
	2	Savings and temporary cash investments	54,332,248.	2	50,526,272
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,005,519.	4	20,239,932
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			992 PS
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			
		of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sales or use	2,786,260.	8	3,009,819
Ä	9	Prepaid expenses and deferred charges	2,103,273.	9	2,832,953
		Land, buildings, and equipment: cost basis 10a 224,808,385.			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D	105,326,066.	10c	126,246,689
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	18,605,141.	11	NON
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	44,449,712.	12	58,760,587
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets. See Part IV, line 11	28,087,037.	15	16,871,294
	16	Total assets. Add lines 1 through 15 (must equal line 34)	275,697,331.	16	278,489,621
	17	Accounts payable and accrued expenses	24,104,600.	17	24,116,181
	18	Grants payable		18	
	19	Deferred revenue	230,849.	19	221,299
	20	Tax-exempt bond liabilities	124,100,000.	20	124,020,474
S	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	15,855,268.	25	30,520,979
	26	Total liabilities. Add lines 17 through 25	164,290,717.	26	178,878,933
lances		Organizations that follow SFAS 117, check here ▶ 🔀 and complete lines 27 through 29, and lines 33 and 34.	Property of the second		
aŭ	27	Unrestricted net assets	111,406,614.	27	99,610,688
Bal	28	Temporarily restricted net assets		28	
Fund Ba	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	111,406,614.	33	99,610,688
	34	Total liabilities and net assets/fund balances	275,697,331.	34	278,489,621
Pa	rt XI	Financial Statements and Reporting			
1 2a b c	Were Were If "Ye	unting method used to prepare the Form 990: Cash X Accrual Other the organization's financial statements compiled or reviewed by an independent account the organization's financial statements audited by an independent accountant? es" to lines 2a or 2b, does the organization have a committee that assumes responsibility, review, or compilation of its financial statements and selection of an independent accountance.	tant?		Yes No  2a X  2b X
3a		result of a federal award, was the organization required to undergo an audit or audits as			
		ingle Audit Act and OMB Circular A-133?			3a   X

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CARROLL HOSPITAL CENTER, INC Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally Integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Is the (v) Did you notify (vii) Amount of in col. (i) listed in your organization (described on lines 1-9) organization in col. the organization in troggue above or IRC section col. (i) of your governing document? (i) organized in the (see instructions)) U.S.? support? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Pa	(Complete only if you che	ganizations I cked the box	<b>Described in S</b> on line 5. 7. or	Sections 170(b 8 of Part I.)	o)(1)(A)(iv) and	l 170(b)(1)(A)(v	i)
Sec	tion A. Public Support						· · · · · ·
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			30000			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	See instructions.)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·		<u></u> ▶
Sec	tion C. Computation of Public Sup	*	<del></del>				*****
14	Public support percentage for 2008 (li						<u>%</u>
15	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualit						
b	33 1/3% support test - 2007. If the o						
47-	box and stop here. The organization of						
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organizatio						
	in Part IV how the organization meets			_	-		1 1
h	organization						
D	10%-facts-and-circumstances test - 15 in 10% or more and if the arrange	_					iine
	15 is 10% or more, and if the organization						-1.
18	Explain in Part IV how the organization supported organization Private foundation. If the organization						▶□
. •	instructions				•		
				<del></del>		<del> </del>	· · · · · · <u> </u>

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

	(Complete only if you check	ed the box on	line 9 of Part	l.)				
Sec	tion A. Public Support							
С	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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							
3	•							
	unrelated trade or business under section 513			-			- Jun - Littledon	
4	Tax revenues levied for the organization's				-			
	benefit and either paid to or expended on							
	its behalf		-					
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1-5							
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for the				!			
	year or \$5,000 · · · · · · · · · · · · · · · · · ·							
R	Public support (Subtract line 7c from							
·	line 6.)				Substitution of the			
Sec	tion B. Total Support	Lancate the second transfer and			Paragraphic and the second			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
_		(u) 2004	(3) 2000	(0) 2000	(4) 2001	(e) 2000	(i) Total	
102	Amounts from line 6 Gross income from interest, dividends,		-	<u> </u>				
iva	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources					1		
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly							
	carried on • • • • • • • • • • • • • • • • • •		:					
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	The second second		\$ 10 March 481				
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tax vear	as a section 501	c)(3)	
	organization, check this box and stop here							
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2008 (line 8			mn (fl)		15	%	
16	Public support percentage from 2007 Sche					16		
	tion D. Computation of Investmen			<u> </u>		10		
<u>360</u> 17				13 column (f)		47	0/	
	Investment income percentage for 2008 (li	ne 100, column (	IV A line OZI	is, column (T))	• • • • • • • •	17	<u>%</u>	
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  3 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
19a								
	17 is not more than 33 1/3 %, check this bo							
b	33 1/3% support tests - 2007. If the orga							
	line 18 is not more than 33 1/3 %, check this							
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, o	r 19b, check this b	·····			
21 1.0	00					Schedule A (Form 9	90 or 990-EZ) 2008	

Schedule A (	Form 990 or 990-EZ) 2008	52-1452024	Page 4
Part IV	Supplemental Information. Complete t	his part to provide the explanation required by Part II, line 1. Provide any other additional information. (see instructions)	10;
	Part II, line 17a or 17b; or Part III, line 12	. Provide any other additional information. (see instructions)	
	~~~		
	·		
		*	·

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
CARROLL HOSPITAL CE	NTER, INC.	
		52-1452024
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation
	501(c)(3) taxable private foundation	
organization can check boxe.  General Rule	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note.</b> Only a sections for both the General Rule and a Special Rule. See instructions.)	
	iling Form 990, 990-EZ, or 990-PF that received, during the year, some contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
under sections 509	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, dur 00 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of and II.	ing the year, a contribution of the
during the year, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the gregate contributions or bequests of more than \$1,000 for use exclor educational purposes, or the prevention of cruelty to children or a	usively for religious, charitable,
during the year, so not aggregate to m the year for an <i>excl</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the me contributions for use exclusively for religious, charitable, etc., pur ore than \$1,000. (If this box is checked, enter here the total contribusively religious, charitable, etc., purpose. Do not complete any of the nization because it received nonexclusively religious, charitable, etc.	urposes, but these contributions did butions that were received during the parts unless the <b>General Rule</b> c., contributions of \$5,000 or more
990-EZ, or 990-PF), but they Form 990-EZ, or on line 2 of 990-EZ, or 990-PF).	re not covered by the General Rule and/or the Special Rules do no must answer "No" on Part IV, line 2 of their Form 990, or check the their Form 990-PF, to certify that they do not meet the filing requires.	e box in the heading of their ements of Schedule B (Form 990,
For Privacy Act and Paperwork Red	uction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

	(Form 990, 990-EZ, or 990-PF) (2008)  Organization CARROLL HOSPITAL CENTER, INC.		Page of of Par
	CARROLL HOSFITAL CENTER, INC.		Employer identification number 52-1452024
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARROLL HOSPITAL CENTER FOUNDATION 200 MEMORIAL AVE.	\$\$.	Person X Payroll Noncash
	WESTMINSTER, MD 21157		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is

### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

•	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.	ax), men		
CAI		TER, INC. ed by all organizations exemp ions for Schedule C for details.	t under section 50	52-1	fication number 452024 rganizations.
1 2 3	Political expenditures .	he organization's direct and indirec		▶ \$	
Pa		ed by all organizations exempt ons for Schedule C for details.	under section 50	1(c)(3).	
1 2 3 4a b	If the organization incurre Was a correction made?  If "Yes" describe in Part N	excise tax incurred by the organization excise tax incurred by organization at a section 4955 tax, did it file Form/.	managers under se m 4720 for this year	?	Yes No
1 2 3 4 5	See the instructive the amount directly activities	ions for Schedule C for details.  expended by the filing organization.  ling organization's funds contribute vities.  t exempt function expenditures. Ad 7b.  file Form 1120-POL for this year? es and employer identification numinount paid and indicate if the amount promptly and directly delivered to ittee (PAC). If additional space is ne	n for section 527 e d to other organizat d lines 1 and 2 and ber (EIN) of all section ount was paid from a separate political	xempt function	Yes No ions to which payments funds or were political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)

(a) 2005
(b) 2006
(c) 2007
(d) 2008
(e) Total

2 a Lobbying non-taxable amount
b Lobbying ceiling amount
(150% line 2a, column(e))

c Total lobbying expenditures

d Grassroots non-taxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008

Pa	T II-B	5768 (election under section 501(h)). See the instructions for Schedule C for	e NOT detail	filed S.	d Form	Í		
			Т	a)		(b)		_
			Yes	No		Amou	ınt	
1	During	the year, did the filing organization attempt to influence foreign, national, state or local			4 3			
	legislat	ion, including any attempt to influence public opinion on a legislative matter or					Pales g	
_	referen	dum, through the use of:						
a b	Volunte Paid et	ers? aff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
C				X				553
d	Mailing	advertisements? s to members, legislators, or the public?		X	-			
e	Publica	tions, or published or broadcast statements?		X	+			_
f	Grants	to other organizations for lobbying purposes?		X				_
g	Direct of	contact with legislators, their staffs, government officials, or a legislative body?	X		+		10,97	_ ২
h		demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	1		10,01	_
i	Other a	ctivities? If "Yes," describe in Part IV		X	<u> </u>			_
j	Total lin	nes 1c through 1i					10,97	3
2 a	Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	100 mm 37			Ž
b	If "Yes,	enter the amount of any tax incurred under section 4912						
С	If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	10000		i.			
d	If the fi	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	in single			
Pai	rt III-A		ection	1 50°	1(c)(5)	, or		
		section 501(c)(6). See the instructions for Schedule C for details.						
4	10/000	whatertially all (CCC) are are described and described by				$\overline{}$	Yes No	<u> </u>
1 2		ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less?				1		_
3		organization make only in-nouse lobbying expenditures of \$2,000 or less?  organization agree to carryover lobbying and political expenditures from the prior year?				3		
_	rt III-B	To be completed by all organizations exempt under section 501(c)(4), so				_		_
· u	Ç III.	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N						
		question 3 is answered "Yes." See Schedule C instructions for details.		••••		,		
1	Dues, a	ssessments and similar amounts from members			1			
2	Section	162(e) non-deductible lobbying and political expenditures (do not include amo	unts (	of				
	politica	l expenses for which the section 527(f) tax was paid).						
а	Current	year			2a			
b	Carryov	er from last year			2b			
С	lotal.				2 c			
3		ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4		es were sent and the amount on line 2c exceeds the amount on line 3, what portion						
		does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyir	ng	94/454 Vendil 12/02/12/15			
_	and pol	itical expenditure next year? amount of lobbying and political expenditures (line 2c total minus 3 and 4)			4			
5			• • • •		5			_
Par	t IV	Supplemental Information						_
		is part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	, line	5 an	d Part	II-B, lin	e 1i.	
Also	, comple	te this part for any additional information.						
				<del></del>				

Schedule C (F	orm 990 or 990-EZ) 2008	52-1452024	Page 4
Part IV	orm 990 or 990-EZ) 2008  Supplemental Information (continued)		97 -
		**************************************	
<b>-</b>			

Schedule C (Form 990 or 990-EZ) 2008

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nam	e of the organization			Employer identification number
	RROLL HOSPITAL CENTER, INC.	- Oly Mahara		52-1452024
Pa	organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Other Sir rm 990, Part IV, line 6.	milar Funds or	Accounts. Complete if
		(a) Donor advised t	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that the a	ssets held in do	nor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the I			
	impermissible private benefit?		<u> </u>	· · · · · · · · · · · · · · · Yes I No
Pa	rt II Conservation Easements. Complete i	f the organization answe	red "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that	apply).	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation of	f an historically importantly land area
	Protection of natural habitat	<u> </u>	Preservation of	f certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qu	alified conservation contrib	ution in the form	of a conservation easement
	on the last day of the tax year.		6	ACCOUNT (1970)
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			
3	Number of conservation easements modified, tran	isferred, released, extingui	shed, or termina	ited by the organization during
	the taxable year			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
_	enforcement of the conservation easements it hold			
6	Staff or volunteer hours devoted to monitoring, ins	pecting, and enforcing eas	ements during th	ne year ►
7	Amount of expenses incurred in monitoring, inspec			
8	Does each conservation easement reported on lin			
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			
	balance sheet, and include, if applicable, the text of	of the footnote to the organ	ization's financia	al statements that describes
Pai	the organization's accounting for conservation easi till Organizations Maintaining Collections		Other	· Cimilar Assats
ı aı	Complete if the organization answered	l "Yes" to Form 990 Part	ures, or Other	Similar Assets.
4.				
та	art, historical treasures, or other similar assets he	45 116, not to report in its ld for public exhibition, educ	revenue stateme	ent and balance sheet works of rch in furtherance of public service
	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	inancial statements that de	scribes these iter	ns.
b	If the organization elected, as permitted under SFA	AS 116, to report in its reve	enue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held fo	r public exhibition, education	n, or research i	n furtherance of public service,
	provide the following amounts relating to these iter			
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi			or financial gain, provide the
	following amounts required to be reported under S			
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		▶\$

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

Schedule D (Form 990) 2008

Pa	it III Organizations Maintain	ing Collections	of Art, Historica	al Treasures	, or Ot	her Similar A	issets (	continue	rd)	
•	Haine the amenimaticular accession									
3	Using the organization's accession	and other record	s, check any of the	ne following ti	hat are	a significant us	e of its	collection		
	items (check all that apply):		-							
a	Public exhibition		ď	Loan or ex	change	programs				
b	Scholarly research		e	Other						
C	Preservation for future ge									
4	Provide a description of the organic	ization's collection	s and explain how	v they further	the org	anization's exe	mpt pur	pose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rat	her than to be ma	intained as part o	of the organiz	ation's c	ollection?	· ·	Yes		No
Pa	Trust, Escrow and Cust Part IV, line 9, or reporte	odial Arrangem	ents. Complete	if organizat						
-					*****	***************************************				
1a	Is the organization an agent, truste	e, custodian or ot	her intermediary	for contribution	ons or o	ther assets not	t			
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the following	ng table:			_			
	· · · · · · · · · · · · · · · · · · ·		•	Ĭ [		Aı	mount			
C	Beginning balance				1 c					
	Additions during the year									—
	Distributions during the year					PRO UNA				—
f										
	Did the organization include an am	ount on Form 990	Part X line 212	••••	.!!		———Т	Yes	$\top$	No
	If "Yes," explain the arrangement in		7, 1 alt 7, mic 21;		• • • •		L	165	لـــا	NO
Par			ation answered	"Yes" to Fo	rm 990	Part IV line	10			—
1 (1)	Endownione i unus. Con	(a) Current Year	(b) Prior year	(c) Two year		(d) Three yea		(e) Four	voore b	
1a	Beginning of year balance	(u) ouncil real	(b) i noi year	(c) Two yea	als back	(u) Tillee yea	IS DACK	(e) rour	years ba	ACK
b	Contributions	- 4					Table Market 180			235.2 150.11
c	Investment earnings or losses					Property of the second	ALCONOMIC STREET	344		<b>5</b> , 6
ď	Grants or scholarships			A Disciplination			1673 1373			
	Other expenditures for facilities .								Helb lile 12 Sept. Sept.	
-										
	and programs		ACC. 100 100 100 100 100 100 100 100 100 10		turns to the		6, 16-4, 1236Uns			4
	Administrative expenses		127 1/107		4474,249					
g	End of year balance		No. 10 March 19	2 5 200521.4			atheningense van Die erste van		inina	
2	Provide the estimated percentage		lance held as:							
a	Board designated or quasi-endown		%							
b	Permanent endowment ►									
С	Term endowment ▶	.%								
3 a	Are there endowment funds not in	the possession of	the organization	that are held	and ad	lministered for t	:he			
	organization by:							Y	'es N	No
	(i) unrelated organizations							3a(i)		_
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related org							3b		
4	Describe in Part XIV the intended u									
Par	t VI Investments - Land, Buil	dings, and Equi	pment. See For	rm 990, Par	t X, line	10.				
	Description of investment		or other basis ( vestment)	b) Cost or other basis (other)	(c)	Depreciation	(0	l) Book valu	ie	
1a	Land			1,217,86	0			1,217	7 860	
b	Buildings			94,643,08		,268,663.		66,374		
C	Leasehold improvements			9,494,93		,872,440.			2,494	
d	Equipment		c	36,533,07		,007,037.		29,526		
е	Other	l l		32,919,43		,413,556.		28,505		
Tota	l. Add lines 1a-1e. (Column (d) shou		Part X. column I	(B), line 10(c)	) 4	, 110,000.		26,246		
		,			,			ule D (Forn		
							acnedi	ne is itorn	יוטעע וו	ZUUX

Part VII Investments - Other Securities. See	Form 990, Part X, <mark>I</mark> ir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other_INVESTMENT_IN_SUBSIDIARIES	24,346,222.	COST
INVESTMENT IN PREMIER	227,456.	COST
INVESTMENT IN ONCOLOGY CTR	100,000.	COST
LONG-TERM INVESTMENTS OTHER	16,908,888.	COST
INVESTMENT IN MT AIRY HLTH SER	1,057,707.	COST
LONG TERM INVESTMENTS	10,120,314.	COST
CD	6,000,000.	COST
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	58,760,587.	
Part VIII Investments - Program Related. See		ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X,	line 15.	
	Description	(b) Book value
DUE FROM AFFILIATES		253,603.
UMAMORTIZED BOND ISSUANCE COST		1,754,826.
OTHER RECEIVABLES		343,675.
FUNDS HELD BY TRUSTEE		13,891,850.
ASSETS LIMITED TO USE		627,340.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		16,871,294.
Part X Other Liabilities. See Form 990, Part X		10/0/1/234.
(a) Description of liability	(b) Amount	
Federal income taxes		
ADVANCES FROM THIRD PARTY	5,004,728.	
ACCRUED PENSION	15,703,143.	
OTHER LIABILITIES	388,064.	
MERRILL LYNCH SWAP RATE	2,530,283.	
CAPITAL LEASE	488,068.	
MOB	6,406,693.	
	335	
	200	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	30,520,979.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Scriedule D (FO	m 990) 2006	52-1452024	Page 5
Part YIV	Supplemental Information (continued)		
I AIL AIV	Cappicinental information (continued)		
	•		

Schedule D (Form 990) 2008

### **SCHEDULE H**

(Form 990)

# **Hospitals**

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization CARROLL HOSPITAL CENTER, INC

Employer identification number

	RROLL HOSPITAL CE	ENTER, I	NC.			52-1452024			
Pa	rt Charity Care a	nd Certai	n Other Co	mmunity Benefits at	t <b>Cost</b> (Optional for 2	008)			
							_	Yes	No
1a							<u>1a</u>		
b	If "Yes," is it a written police						1 b	J. CONSTANCE	Market Control
2	If the organization has me charity care policy to the	ultiple hospi various hosp	tals, indicate	which of the following be	st describes application of th	ne			
	Applied uniformly to	•			A marking of a sure life and the state of th				
	Generally tailored to			L.	Applied uniformly to me	ost nospitais			
3				ribility oritoric that applica	s to the largest number of th	_			
·	organization's patients.	ca on the on	anty care en	gibility criteria that applies	s to the largest number of th	е			
а	Does the organization use	e Federal Po	werty Guidelin	nes (FPG) to determine alia	shility for providing froe core	to lour income			
	individuals? If "Yes," indic	cate which o	f the followin	g is the family income limi	t for eligibility for free care:	to low income	3 a	hnostrome:	350000000
		50%	200%	Other			Sent	50.0	
b	Does the organization use	e FPG to det				fuals? If "Vos "			
	indicate which of the follo	wing is the	family income	limit for eligibility for disc			3 b		- CONTRACTOR
	1 1 1 1	50%	300%	350%  400		%			
С	If the organization does n	ot use FPG	to determine			for			
	determining eligibility for t								
	asset test or other thresh								
4	Does the organization's po						4		
5a	Does the organization but						5a		
	If "Yes," did the organization						5 b		
	If "Yes" to 5b, as a result							ĺ	
	care to a patient who was	eligible for f	ree or discour	ted care?			5 c		
6 a	Does the organization pre	pare an ann	ual community	benefit report?			6a		
b	If "Yes," does the organization	ation make it	available to th	e public?			6b		
	Complete the following tal			provided in the Schedule	H instructions. Do not subm	nit			
	these worksheets with the		7 10 10 10 10 10 10 10 10 10 10 10 10 10		****				
	Charity Care and Cert Charity Care and	(a) Number of	(b) Persons	y Benefits at Cost (c) Total community	(d) Direct effection	(2) N1	1 .:		
Me	ans-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	1 1	Perce of tota expens	ıl
а	Charity care at cost (from								
	Worksheets 1 and 2)								
b	Unreimbursed Medicaid (from								
	Worksheet 3, column a)								
С	Unreimbursed costs - other means- tested government programs (from Worksheet 3, column b)								
d	Total Charity Care and Means-Tested Government			1941	****		<u> </u>		
	Programs								
	Other Benefits	***************************************		***		with the second			
е	Community health improvement								
	services and community benefit operations (from Worksheet 4)								
f	Health professions education								
	(from Worksheet 5)								
g	Subsidized health services (from								
-	Worksheet 6)								
h	Research (from Worksheet 7)			7731					
	Cash and in-kind contributions to community groups (from								
_	Worksheet 8)						<del> </del>		
i.	Total (line 7d and 7i)					*			
	Total (line 7d and 7j)   rivacy Act and Paperwork Red	duction Act No	otice, see the Ir	structions for Form 990		Schedule i	H (Form	990) 1	2009
								VVU14	

Schedule H (Form 990) 2008  Part II Community I	Building A	ctivities C	omplete this table if		.45202 conduct		ty		Page 2
building activ	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetti revenue	ng	(e) Net community building expense		f) Perce otal exp	
Physical improvements and housing	<u> </u>								
2 Economic development							$\top$		
3 Community support									
4 Environmental improvements									
5 Leadership development and									
training for community members						7011200			
6 Coalition building							+		
<ol> <li>Community health improvement advocacy</li> </ol>									
8 Workforce development							+		
9 Other							+		
10 Total			**** *********************************						
Part III Bad Debt, Me	dicare, &	Collection	Practices (Optional	for 2008)					
		***************************************	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			· · · · · · · · · · · · · · · · · · ·			
Section A. Bad Debt Expense								Yes	No
<ol> <li>Does the organization Association Statement N</li> </ol>	report ba	d debt ex	pense in accordance	with Healthcare	Financi	ial Management	1		
2 Enter the amount of the					2		\$ 15 S		- Krijigeli
3 Enter the estimated a						1 11 Martin 15/14		lines.	E PARTIE
attributable to patients e		_	•	. ,	3				
4 Provide in Part VI the te					·	bes bad debt			
expense. In addition, de	scribe the	costing me	thodology used in dete	rmining the amou	nts repo	rted on lines	9.10		100
2 and 3, or rationale for	including of	ther bad de	bt amounts in commun	ity benefit.					
Section B. Medicare					1 1				
5 Enter total revenue rece			<del>-</del>		-				
6 Enter Medicare allowabl									
7 Enter line 5 less line 6 -					7				
8 Describe in Part VI the and the costing method									
of the following method:		Juice useu	to determine the amo	ant reported on in	ie o, and	u mulcate winch			
Cost accounting sy	Г	Cost to	charge ratio	Other					
Section C. Collection Practices	-	0000.00	, onargo ratio (	JU101				TOTAL DECEMBER	
9a Does the organization h	ave a writte	n debt colle	ection policy?				9a		
b If "Yes," does the organ									
for patients who are kno	wn to qualit	y for charit	y care or financial assis	ance? Describe in	Part VI.		9b		
Part IV Management	Companie	s and Joi	<mark>nt Ventures</mark> (Optiona	l for 2008)		T	<del></del>		
(a) Name of entity			escription of primary activity of entity	(c) Organiz		(d) Officers, directors		) Physic	
			activity of entity	profit % or ownersh		trustees, or key employees' profit %		ofit % or wnersh	
						or stock ownership %			
4							+	·····	
2							+		
3							+		
							+		·
<u>4</u> 5							+-		
6							1		
7									
8									
9									
10									
11		<del>.</del>	*****				—		
12 13							+-		
14									
JSA						Schedule	<u> </u>	rm 000	1 2000
8E1285 1.000						acnequie	סיון דו		, 2008

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
CARROLL HOSPITAL CENTER INC 200 MEMORIAL AVE									
WESTMINSTER MD 21157	X								W.J
									17 A WAY A COLUMN TO THE COLUM
									- 1-126-12-12-12-12-12-12-12-12-12-12-12-12-12-
				·					

### Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

# **SCHEDULE 1** (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the U.S.

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

|--|

**Employer identification number** 

× HOSPITAL CONTRIBUTIO (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 52-1452024 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 115,000. Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? . . . . (c) IRC section if applicable General Information on Grants and Assistance (b) EIN PARTNERSHIP FOR HEALTHIER CARROLL COUNTY CARROLL HOSPITAL CENTER, 95 CARROLL ST WESTMINSTER, MD 21157 (a) Name and address of organization or government Part II

Schedule 1 (Form 990) 2008

36

Schedule I (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) 2008

### SCHEDULE J (Form 990)

# **Compensation Information**

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

Compensated Employees
n 990. To be completed by organizations

Open t

Department of the Treasury Internal Revenue Service Name of the organization

CARROLL HOSPITAL CENTER, INC.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public
Inspection
Employer Identification number

52-1452024

OMB No. 1545-0047

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Tax indemnification and gross-up payments  Tax indemnification and gross-up payments	1,635,650		
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		igas sus	
	Personal services (e.g., maid, chauneur, cher)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
~	provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	15	^	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	x Form 990 of other organizations x Approval by the board or compensation committee			5-35-
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 504(-)(0) and 504(-)(4) annualization ( ) 1 ( ) 1			
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		10000	Maria Maria
9		SEC.		Alexanders)
b	The organization? Any related organization?	5a 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	30	Verselle.	X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a	an vorton	Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			Patricy Livery
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x

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

Schedule J (Form 990) 2008

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	€	194,752.	101,326.	9,600.	268,295.	13,381.	587,354.	
JOHN SERNULKA	€		NONE	NONE	NONE	NONE		
	<u>e</u>	232, 979.	46,285.	NONE	26,918.	18,087.	324,269.	
LESLIE SIMMONS	€		NONE	NONE	NONE	NONE		
	Ξ	253, 588.	49,472.	NONE	35,889.	18,086.	357,035.	
KEVIN KELBLY	€	NONE	NONE	NONE	NONE	NONE		
	ε	166,297.	26,877.	NONE	21,376.	18,087.	232,637.	
DAVID HORN	€		NONE	NONE	NONE		NONE	
	Θ	158,508.	18,738.	15,129.	18,033.	3,756.	214,164.	15,129.
ELLEN FINNERTY MYERS	€		NONE	NONE	NONE	NONE	NONE	
	€	316,314.	57,713.	NONE	23,062.	18,087.	415,176.	
KEVIN SMOTHERS	▣		NONE	NONE	NONE	NONE		
	€	175,702.	20,738.	NONE	16,312.	13, 381.	226,133.	
JOYCE ROMANS	(ii)			NONE		NONE		
	€	140,800.	16,610.	NONE	13,169.	18,087.	188,666.	
TRACEY ELLISON	€		NONE	NONE				
	€	243,641.	25.	NONE	7,330.	10,476.	261,472.	
BASSAM BARAKAT	€		NONE	NONE	NONE	NONE		
	9	196,443.	25.	NONE	8,948:	97 456.	214,872.	
JEROME MARAVE	€		Z	NONE	NONE	NONE		
	<b>e</b>	183,974.	25.	NONE	8,310.	10,443.	202,752.	4 4 1 1 1 1 1 1
DANILO SANTOS	€		NONE	NONE	NONE	NONE		
	€	152,834	25.	NONE	6,269.	15,152.	174,280.	             
ROBERT WACK	€		NONE	NONE	NONE	NONE		
	<b>e</b>	149,730.	30.	NONE	3,020.	4.988.	157,768.	20 20 AN
TERIA GALANOS	€		NONE	NONE	NONE	NONE		
	0	             						
	€							
	(I)				# # # # # # # # # # # # # # # # # # #			
	€							
	€							 
	€			3				
							Sche	Schedule J (Form 990) 2008

JSA

52-1452024 Page <b>3</b>	ormation	Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	
Schedule J (Form 990) 2008	Supplemental Information	Complete this part to provide the information, explant for any additional information.	PART I LINE 1A

HOSPITAL REQUIRES CEO TO BE A MEMEBER OF THE LOCAL COUNTRY CLUB TO
- 1
ETC.: THESE PAYMENTS ARE A GROSS UP OF THE CEO'S COMPENSATION.

Schedule J (Form 990) 2008

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

52-1452024

CARROLL HOSPITAL CENTER, INC. Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** 

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)					ply)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARCUS_LEE_PRIMM										
IMMEDIATE PAST CHAIRMAN	1.	Х		Х	<u> </u>			NONE	NONE	NONE
CHARLES_FISHER_JR										
CHAIRMAN	1.	Х		X		ļ		NONE	NONE	NONE
CHARLES_FISHER_SR										
DIRECTOR	1.	Χ						NONE	NONE	NONE
MIRIAM_BECK										
DIRECTOR	1.	X						NONE	NONE	NONE
PAULA_LANGMEAD										
DIRECTOR	1.	X						NONE	NONE	NONE
ETHAN_SEIDEL										
VICE CHAIRMAN	1.	X		X				NONE	NONE	NONE
JOHN SERNULKA										
PRESIDENT	40.	X		X				305,678.	NONE	<u>281,676</u> .
KEVIN KELBLY										
SR VP FINANCE CFO	40.	Х		Χ				303,060.	NONE	53 <b>,</b> 975.
STEPHAN HOCHULI										
BOARD MEMBER	1.	Х		_				NONE	NONE	NONE
WAYNE_LOCKARD			l							
SECRETARY TRESURER	1.	X		X				NONE	NONE	<u>NON</u> E
KIMBERLY JOHNSTON										
BOARD MEMBER	1.	Х	-					NONE	NONE	NONE NONE
STANLEY TEVIS										
BOARD MEMBER	1.	Х						NONE	NONE	NONE
HAROLD WALSH	_	i					ı			
BOARD MEMBER	1.	Х	-	$\dashv$				NONE	NONE	NONE
HELEN_WHITEHEAD	_									
BOARD MEMBER	1.	X	-					NONE	NONE	NONE
MOKHTAR NASSIR					,					
BOARD MEMBER	1.	Х	$\dashv$	-			-	NONE	NONE	NONE
MICHAEL OSTER										
BOARD MEMBER	1.	Х		$\dashv$				NONE	NONE	NONE
LESLIE SIMMONS										
CHIEF OPERATING OFFICER	40.			X	$\dashv$		$\dashv$	279,264.	NONE	45,005.
KEVIN SMOTHERS	4.0	İ						22. 22.		
CHIEF MEDICAL OFFICER	40.			X				374,027.	NONE	41,149.
DAVID HORN	4.0									
VICE PRESIDENT	40.		$\dashv$	-	Х		$\dashv$	193,174.	NONE	39,463.
ELLEN_FINNERTY_MYERS	4.0				,			100 000		
VICE PRESIDENT	40.		$\dashv$	$\dashv$	Х		-+	192,375.	NONE	21,789.
JOYCE ROMANS	40				,			100 110		
VICE PRESIDENT  For Privacy Act and Paperwork Reduction A	40.	bo !	4	4:-	X	<u>-</u>		196,440.	NONE	29,693.

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

Schedule J-2 (Form 990) 2008

# SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

CARROLL HOSPITAL CENTER, INC.

Employer Identification number

52-1452024

BASSAM BARAKAT	Part I Continuation of Officers, Dir Employees										
Per week   2	* *	(B)			(	C)			(D)	(E)	(F)
TRACEY_ELLISON   VICE PRESIDENT   40.   X   157,410.   NONE   31,250	Name and Title		Posi	tion :		k all	$\overline{}$	$\overline{}$	Reportable		
VICE PRESIDENT		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization and related
### ##################################											
PHYSICIAN		40.				Х			157,410.	NONE	31,256
JEROME_MARAVE PHYSICIAN											
JEROME MARAVE		40.					Х		243,666.	NONE	17,806
DANILO_SANTOS_ PHYSICIAN	JEROME_MARAVE							l			
DANILO SANTOS         40.         X         183,999.         NONE         18,753           ROBERT WACK         PHYSICIAN         40.         X         152,859.         NONE         21,421           TERIA GALANOS         RN PATIENT CARE SERVICES         40.         X         149,760.         NONE         8,008	PHYSICIAN	40.	<u> </u>				Х		196,468.	NONE	18,404
PHYSICIAN   40.   X   183,999.   NONE   18,753	DANILO SANTOS										
ROBERT_WACK PHYSICIAN 40. X 152,859. NONE 21,421 TERIA_GALANOS		40.					Х		183,999.	NONE	18,753
PHYSICIAN 40. X 152,859. NONE 21,423 TERIA GALANOS RN PATIENT CARE SERVICES 40. X 149,760. NONE 8,008	ROBERT WACK								,		
TERIA_GALANOS	· · ·	40.					Х		152,859.	NONE	21.421
RN PATIENT CARE SERVICES 40. X 149,760. NONE 8,008										110112	
		40.					x		149.760	NONE	8.008
										.,,,,,	0,000
											*****
										· · · · · · · · · · · · · · · · · · ·	
					l						
					$\dashv$						-
				$\dashv$	$\dashv$	-		-			

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

JSA

8E1294 1.000

04/30/2010 08:44:08

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service CENTER, INC.

HOSPITAL

CARROLL

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 Open to Public

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

Employer identification number Inspection

52-1452024

(h) On behalf of issuer Yes No (g) Defeased ш ŝ Yes HOSPITAL ADDITION CONSTRUCTION HOSPITAL ADDITION CONSTRUCTION HOSPITAL ADDITION CONSTRUCTION (f) Description of purpose ۵ ပ 7,420,000. 24,415,000. 3,165,000. (e) Issue price ω (d) Date issued 11/16/2006 11/16/2006 574217B46 11/16/2006 574217B53 (c) CUSIP # 574217B38 ⋖ (b) Issuer EIN 52-0936091 52-0936091 52-0936091 A MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTH B MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTH C MARYLAND HEALTH & HIGHER EDUCATION FACILITIES AUTH 3 Proceeds in refunding or defeasance escrows Bond Issues (Required for 2008) Gross proceeds in reserve funds . . . . . Proceeds (Optional for 2008) (a) Issuer name 1 Total proceeds of issue... Part II Part ~

Ω

12 Does the organization maintain adequate books and			
records to support the final allocation of proceeds?	X	×	×
Part III Private Business Use (Optional for 2008)			
	ď	80	ပ

Yes ŝ × Yes ŝ  $\bowtie$ Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the ~

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. financed property which may result in private business use?

43

Schedule K (Form 990) 2008

ŝ

Yes

ô

Yes

ŝ

×

×

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

ŝ

Yes

Other unspent proceeds ..... 

4

8 Year of substantial completion...........

^

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance

10 6

11 Has the final allocation of proceeds been made?

refunding issue?

6 Working capital expenditures from proceeds . . . . . . . . . . . . . . . . . .

×

×

×

 $\bowtie$ 

×

×

	(Continued)
	Use
(Form 990) 2008	Private Business
Schedule K	Part III

	A		<b>H</b>	8		o		٥		ш
3a Are there any management or service contracts with	Yes	No	Yes	٥ ۷	Yes	No.	Yes	o Z	Yes	ON C
private business use?	×		×		×					
b Are there any research agreements with respect to the financed property which may result in private business use?		×		×		×				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	×		×		×					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local covernment · · · · ▶		%		%		%		%		<b> </b> %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		%		%		%		%		%
		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		×		×					
	4		8			S		a		ш
1 Has a Form 8038-1, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate been filed	Yes	No	Yes	o <sub>N</sub>	Yes	o <sub>N</sub>	Yes	No	Yes	No
with respect to the bond issue?	X		X		×					
2 Is the bond issue a variable rate issue?		×		×		×				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		×		×		×				
b Name of provider										
c Term of hedge	}									
4a Were gross proceeds invested in a GIC?		×		×		×				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an										
available temporary period?		×		×		×				
6 Did the bond issue qualify for an exception to rebate?		×		×		×				
								Sc	hedule K (Fo	Schedule K (Form 990) 2008

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Name of the organization

Employer identification number

CARROLL HOSPITAL CENTER, INC								-1452	2024			
Part I Excess Benefit Transacations To be completed by organizations	(sectio that ar	n 501(c iswered	)(3) and sect "Yes" on Fo	ion 501(c rm 990, F	)(4) organiz Part IV, lines	ations only). 25a or 25b	, or Fo	orm 99	90-EZ	, Part	V, line	= 40b
1 (a) Name of disqualified person				(li	) Description	of transaction	n				(c) Coi	rected*
								· · · · · · · · · · · · · · · · · · ·				
<ul><li>2 Enter the amount of tax imposed on under section 4958</li><li>3 Enter the amount of tax, if any, on lin</li></ul>									* \$ _ • \$ _		I	
Part II Loans to and/or From Intere To be completed by organization				orm 990,	Part IV, line	26, or Forn	n 990	-EZ, P	art V,	line 3	8a.	
(a) Name of interested person and purpose		to or from anization?	<b>(c)</b> Orig principal a	inal mount	(d) Bala	ince due	(e) in (	default?	(f) App by bo comm	ard or	(g) W agreei	
	То	From	week was a substitute of the s				Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefi To be completed by organization	tting lı	nterest	ed Persons.	i		27						
(a) Name of interested person	T		ip between inte	erested per		(c) Amo	unt of	grant	or typ	e of as	sistand	ce
			· · · · · · · · · · · · · · · · · · ·									
Part IV Business Transactions Invol To be completed by organization				orm 990,	Part IV, line	s 28a, 28b,	or 28	 с.				
(a) Name of interested person	(b) R	elationsh	nip between son and the	(c) An	nount of saction	(d) Desc			nsaction	on	(e) Sha organiz reven	zation's
CATHLEEN PALAIA	QT QTPD	\U\ IICUmi	ER DIRECTOR		72,412.	EMPLOYEE O	מטיף פ	посьт	መለ ፣		Yes	No X
EATHER SIMMONS			N OFFICER		67,290.	EMPLOYEE O						X
OKHTAR NASSIR	DIRECT			, ,	30,000.	DIRECTOR O				END		Х
					***************************************							-

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

Schedule L (Form 990 or 990-EZ) 2008

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

200

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Employer identification number CARROLL HOSPITAL CENTER, INC 52-1452024 FAMILY OR BUSINESS RELATIONSHIP PART VI LINE 2 CHARLES FISHER SR AND CHARLES FISHER JR HAVE A FATHER/SON RELATIONSHIP. <u>CHARLES FISHER SR AND CHARLES FISHER JR HAVE A BUSINESS RELATIONSHIP.</u>

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
_DESCRIPTION_OF_REVIEW_PROCESS	
PART VI LINE 10	
THE HOSPITAL'S TAX RETURN IS REVIEWED IN DETAIL BETWEEN THE PREPR	ARER AND
THE FINANCE DEPARTMENT OF THE HOSPITAL. A COPY IS PROVIDED TO TH	E_BOARD
OF THE HOSPITAL AND THE RETURN IS APPROVED BY THE RISK, AUDIT AND	
COMPLIANCE COMMITTEE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
**	

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization  CARROLL HOSPITAL CENTER, INC.	Employer identification number
CARROLL RUSFITAL CENTER, INC.	52-1452024
CONFLICTS MONITORING AN ENFORCEMENT	
PART_VI_LINE_12C	
REVIEW OF DISCLOSURE STATEMENTS/REPORT TO THE BOARD. THE CHIEF E	XECUTIVE
OFFICER OF THE HOSPITAL ORGANIZATION, THE GOVERNANCE COMMITTEE AN	D_THE
CORPORATE COMPLIANCE OFFICER SHALL REVIEW THE MATTERS DISCLOSED I	N_THE
DISCLOSURE STATEMENTS AND SHALL SUBMIT TO THE HOSPITAL ORGANIZATI	ON'S
BOARD OF DIRECTORS AN ANNUAL SUMMARY OR SPREADSHEET OF THE DISCLO	SURES
AND HIS OR HER RECOMMENDATION FOR THE RESOLUTION OF ANY CONFLICTS	
DISCLOSED. IN FORMULATING RECOMMENDATIONS, THE CHIEF EXECUTIVE O	FFICER
SHALL CONSULT WITH APPROPRIATE OFFICERS OF THE HOSPITAL ORGANIZAT	ION_AND
COUNSEL AS NECESSARY. THE BOARD OF DIRECTORS OF THE HOSPITAL	
ORGANIZATION, ACTING IN THE BEST INTERESTS OF THE HOSPITAL ORGANI	ZATION,
SHALL HAVE SOLE DISCRETION TO MAKE ALL FINAL DECISIONS REGARDING	
CONFLICTS OF INTEREST, OTHER THAN THOSE REGARDING GIFTS TO HOSPITA	AL
ORGANIZATION EMPLOYEES WHICH SHALL BE RESOLVED BY THE APPROPRIATE	
SUPERVISORY EXECUTIVE.	·
HOWEVER, NO PERSON SHALL BE INVOLVED IN CONSIDERING THE	
EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IN THE	
MANAGEMENT AND OVERSIGHT OF A CONFLICT RELATIONSHIP, OR IN THE	
DETERMINATION OF DISCIPLINE FOR VIOLATIONS OF THIS POLICY, IF THAT	T_PERSON
IS A PARTY OR POTENTIAL PARTY TO THAT CONFLICT.	
ALL FINAL DECISIONS REGARDING CONFLICTS OF INTEREST SHA	LL BE
REFLECTED IN A REVISED ANNUAL SUMMARY OR SPREADSHEET OF CONFLICT	
DISCLOSURES WHICH WILL BE SHARED WITH EACH DIRECTOR. THE CHAIR AN	ND
VICE-CHAIR OF THE BOARD, AND ALL BOARD COMMITTEE CHAIRS, SHALL HAY	VE_THIS
REVISED SUMMARY OR SPREADSHEET AVAILABLE AT THE TIME OF ALL BOARD	AND
BOARD COMMITTEE MEETINGS IN CASE A MATTER INVOLVING A POTENTIAL CO	DNFLICT

THE HOSPITAL ORGANIZATION'S OWN BENEFIT, IT IS FAIR AND REASONABLE, AND

THAT, AFTER REASONABLE INVESTIGATION, THE HOSPITAL ORGANIZATION CANNOT

OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT USING REASONABLE

2. VOTE ON THE TRANSACTION OR ARRANGEMENT, APPROVAL

EFFORTS; AND

Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
REQUIRING A MAJORITY VOTE OF DIRECTORS THEN IN OFFICE, NOT COUNTIN	NG THE
INTERESTED PERSON.	
	D DED GON
E. THE MINUTES SHOULD INCLUDE: (1) THE NAME OF TH	E PERSON
DISCLOSING THE CONFLICT OF INTEREST AND A DESCRIPTION OF THE CONF	LICT;
_(2) THE BOARD'S DETERMINATION OF WHETHER THERE IS A CONFLICT; (3)	THE
NAMES AND VOTES OF PERSONS PRESENT FOR THE DISCUSSIONS AND VOTES I	RELATING
TO THE TRANSACTION OR ARRANGEMENT; AND (4) THE CONTENT OF THOSE	
DISCUSSIONS INCLUDING THE BOARD'S DETERMINATION OF WHETHER OR NOT	THE
TRANSACTION OR ARRANGEMENT IS IN THE HOSPITAL ORGANIZATION'S BEST	
INTEREST, FAIR AND REASONABLE, AND THE BEST REASONABLY AVAILABLE	
ALTERNATIVE	
ONGOING DUTY TO DISCLOSE ONE'S OWN OR OTHERS' CONFLICTS OF INTERES	ST. AS
AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST CAN ARISE AT ANY TIME.	ANY
ACTUAL OR POTENTIAL CONFLICT MUST BE DISCLOSED PROMPTLY IN WRITING	G_BY_USE
OF A SUPPLEMENTAL DISCLOSURE STATEMENT, AS SOON AS ITS EXISTENCE	IS OR
SHOULD BE KNOWN. IF A PERSON IS IN DOUBT ABOUT A SITUATION, THE 1	PERSON
SHOULD CONSULT WITH THE CHIEF EXECUTIVE OFFICER, BOARD CHAIRMAN OF	R_THE
HOSPITAL ORGANIZATION'S COMPLIANCE OFFICER. PERSONS SHOULD ERR ON	N_THE
SIDE OF DISCLOSURE SO THAT A CONFLICT OF INTEREST ASSESSMENT CAN I	BE_MADE
THE POTENTIAL CONFLICT WILL BE REFERRED TO THE GOVERNANCE COMMI	ITEE FOR
REVIEW AND A RESPONSE WILL BE PROVIDED WITHIN 14 DAYS.	
NONCOMPLIANCE WITH THE POLICY:	
THE ORGANIZATION'S BOARD OF DIRECTORS RETAINS BROAD POWER AND SOLE	
DISCRETION UNDER THIS POLICY TO: (1) DETERMINE THE EXISTENCE OF AC	CTUAL OR
POTENTIAL CONFLICTS OF INTEREST; (2) SUBJECT CONFLICT OF INTEREST	

Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
RELATIONSHIPS TO APPROPRIATE OVERSIGHT, MANAGEMENT, CONDITIONS,	· 
RESTRICTIONS AND PROHIBITIONS; AND (3) IMPOSE APPROPRIATE SANCTIO	NSA
BREACH OF THIS POLICY CAN BECOME GROUNDS FOR DISCIPLINE, UP TO AN	<u>D</u>
INCLUDING REMOVAL FROM OFFICE OR, FOR MANAGEMENT PERSONNEL, TERMI	NATION
OF EMPLOYMENT. IT MAY ALSO RESULT IN CESSATION OF BUSINESS WITH	A_VENDOR
AND IN LIABILITY FOR DAMAGES.	
GROUNDS FOR DISCIPLINE INCLUDE, BUT ARE NOT LIMITED TO:	
AWILLFUL FAILURE TO SIGN AND RETURN THE CONFLIC	T_OF
INTEREST DISCLOSURE STATEMENT IN ACCORD WITH THIS POLICY;	
B. A MATERIAL MISSTATEMENT OR OMISSION IN THE DIS	CLOSURE
STATEMENT;	
C. WILLFUL FAILURE TO DISCLOSE AN ACTUAL OR POTEN	TIAL
CONFLICT OF INTEREST AT ANY TIME IN ACCORD WITH THE REQUIREMENTS	OF THIS
POLICY;	
D. WILLFUL PARTICIPATION IN A VOTE OR DECISION IN	VOLVING
A TRANSACTION WHICH RAISES AN UNDISCLOSED CONFLICT OF INTEREST; O	R
E. WILLFUL DISCLOSURE OR USE OF CONFIDENTIAL INFO	RMATION
REGARDING THE AFFAIRS, BUSINESS OR PLANS OF A HOSPITAL ORGANIZATION	ON FOR
ANY PURPOSE OTHER THAN IN FURTHERANCE OF THE AFFAIRS AND BEST INT	ERESTS
OF THE HOSPITAL ORGANIZATION.	
· 	

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
_ DOCUMENT_ AVAILABILITY	
DOCUMENT AVAILABILITI	
PART VI, LINE 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	REST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST
_193191_149_1414.0414_941414147 71V1141946_19_1M_10HHO_0FOK_K690	1011
**	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
DIANU ITNEC	
BLANK LINES	
THE ORGANIZATION DID NOT COMPLETE PART V, LINES 8 & 9 BECAUSE	IT DID NOT
SPONSOR ANY DONOR ADVISED FUNDS.	
·	
,	

Name of the cympatom on under CARROLL BOSSITAL CENTER, INC. 52-1452024  JOINT VENTURE.  PART VI. LINE 16B  SUBSECCENTLY ADDRESSED BY THE BOARD FOR ADDRITON BY THE NEXT REPORTING.	Schedule O (Form 990) 2008	Page <b>2</b>
	Name of the organization	Employer identification number
PART VI. LINE 16B  SUBSEQUENTLY ADDRESSED BY THE BOARD FOR ADDPTION BY THE NEXT REPORTING  PERIOD.  PERIOD.	CARROLL HOSPITAL CENTER, INC.	52-1452024
PART VI. LINE 16B  SUBSEQUENTLY ADDRESSED BY THE BOARD FOR ADDPTION BY THE NEXT REPORTING  PERIOD.  PERIOD.	TOTMS VENSUDE	
SUBSEQUENTLY ADDRESSED BY THE ROARD FOR ADOPTION BY THE NEXT REPORTING  PERIOD.	JOINI VENTURE	
SUBSEQUENTLY ADDRESSED BY THE ROARD FOR ADOPTION BY THE NEXT REPORTING  PERIOD.	PART VI, LINE 16B	
	SUBSEQUENTLY ADDRESSED BY THE BOARD FOR ADOPTION BY THE	NEXT REPORTING
	PERIOD.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
CARROLL HOSPITAL CENTER, INC.	52-1452024
CONCOL TOAMED ALIDIM	
_CONSOLIDATED_AUDIT	
PART IV, LINE 12	
CARROLL HOSPITAL CENTER INC IS PART OF CONSOLIDATED AUD	IT_FINANCIAL
STATEMENTS.	

# SCHEDULE R (Form 990)

CARROLL HOSPITAL CENTER,

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 20**08** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Inspection

▶ See separate instructions.

Employer identification number

52-1452024

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations					
(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
CARROLL COUNTY HEALTH SERVICES INC 52-0691413 200 MEMORIAL AVE WESTMINSTER, MD 21157	SUPPORT ORG	MD	501(C)(3)	509(A)(3)	N/A
CARROLL HOSPITAL CENTER FOUNDATION INC 52-1115038 200 MEMORIAL AVE WESTMINSTER, MD 21157	FOUNDATION	QW	501(C)(3)	503(A)(3)	CHC
CARROLL HOSPICE INC WESTMINSTER, MD 21157	HOSPICE	MD	501(C)(3)	170(B)(1A)	CHC

57

Schedule R (Form 990) 2008

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

) ral or iging	٩	×			
(J) General or managing partner?	Yes				
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					-
(H) Disproportionale allocations?	oN S	×			
ig ,	Yes				
(G) Share of end-of-year assets		7,065,394.			
(F) Share of total income		3,366,290.			
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity		CARROLL HOSP CT			
(C) Legal domicile (state or foreign	16	MD			
(B) Primary activity		RADIOLOGY			
(A) Name, address, and EIN of related organization		CARROLL COUNTY RADIOLOGY LLC 5 7253 AMBASSADOR RD			

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CARROLL COUNTY MED SERVICES INC 52-1891102	ABDICAL GEDWICES	Ę	Cn	9000	01	130 101 61	0000
CEN-MAR ASSURANCE CO 98-6011607		201	2	COM	10,002,303.	100,101,011.	100.0000
	INSURANCE	CJ	CHC	C CORP	1,518,971.	4,577,023.	100.0000
The state of the s							

Schedule R (Form 990) 2008

# Part V Transactions With Related Organizations

Receipt of (1) interest (iii) annuities (iii) royalties (iv) rent from Gift, grant, or capital contribution to other organization(s).  Gift, grant, or capital contribution from other organization(s).  Gift, grant, or capital contribution from other organization(s).  Gift, grant, or capital contribution from other organization(s).  Loans or loan guarantees to or for other organization(s).  Loans or loan guarantees by other organization(s).  Sale of assets from other organization(s).  Exchange of assets from other organization for expenses.  Sharing of facilities, equipment, or other assets from other organization for expenses.  Sharing of paid employees	The control of (i) interest (ii) interest (iii) i	Note. Complete line 1 if any en	Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Darts II. N.2	N2	Yes No
Colding grant, or capital contribution to other organization(s)   Colding grant, or capital contribution for other organization(s)   Colding grant, or capital contribution from other organization(s)   Colding grant, or capital contribution from other organization(s)   Colding grant, or capital contribution from other organization(s)   Colding grant	Gift grant, or capital contribution to other organization(s) Gift grant, or capital contribution to other organization(s) Loans or loan guarantees by other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Sale of assets to other organization(s) Sale of assets from other organization(s) Sale of assets from other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations by other organization(s) Sharing of pati employees.  Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Reimbursement paid by other organization for expenses Other transfer of cash or property to other organization(s) Name of other organization for expenses Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from the organization(s)  Other organization or who must complete this line, including convered relationships  Other transfer or				1a X
Common of a seek to or other organization(s)   Common of assets to order assets to a common organization for expenses   Common organization for expe	Gelf, grant or capital conditiution from other organization(s)  Loans or loan guarantees to for other organization(s)  Sale of assets to other organization(s)  Purchase of sasets to other organization(s)  Purchase of sestes from other organization(s)  Performance of services or membership of fundraising solicitations for other organization(s)  Performance of services or membership of fundraising solicitations for other organization(s)  Performance of services or membership of fundraising solicitations for other organization(s)  Performance of services or membership of fundraising solicitations for other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees  Reimbursement paid by other organization for expenses  CORRECULL HOSPITAL CENTER FOUNDATION  Name of other organization(s)  Name of other organization(s)  Name of other organization(s)  Performance of services or membership of fundraising for information on who must complete this line, including covered relationships and transa  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL COUNTY MED SERVICES, INC.  Performance or organization(s)  Performance or organization(s)  Performance organiza				
Sale of assets to other organization(s) Purchase of assets from other organization(s) Purchase of assets from other organization(s) Purchase of assets from other organization(s) Purchase of services or unembership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for other organization(s) Performance of services or membership or fundratising solicitations for information for other organization(s) Performance of services or membership or fundratising solicitations for information on who must complete this line, including covered relationships and transaction for other organization(s)  Other transfer of cash or property from other organization(s) Name of other organization(s)  Name of other organization(s)  Other transfer of cash or property from other organization(s)  Name of other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Name of other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)	CARROLL HOSPICE  CARROLL HOSPICE  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, 1NC.  Sale of assets to other organization(s)  Purchase of assets to other organization(s)  Purchase of assets to other organization(s)  Purchase of assets from other organization(s)  Purchase of assets from other organization(s)  Purchase of facilities, equipment, or other assets to other organization(s)  Performance of services or membership or fundrasing solicitations for other organization(s)  Performance of services or membership or fundrasing solicitations for other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid to other orga		ribution from other organization(s)		+
Sale of assets to other organization(s).  Subtractions of assets from other organization(s).  Exchange of assets from other organization(s).  Exchange of assets from other organization(s).  Lease of facilities, equipment, or other assets from other organization(s).  Performance of services or membership or fundraising solicitations for other organization(s).  Performance of services or membership or fundraising solicitations by other organization(s).  Performance of services or membership or fundraising solicitations by other organization for expenses.  Sharing of racilities, equipment, mailing lists, or other assets.  Sharing of paid employees.  Reimbursement paid to other organization for expenses.  Reimbursement paid by other organization for expenses.  Reimbursement paid by other organization for expenses.  Other transfer of cash or property to other organization(s).  Name or other organization(s).  Name or other organization(s).  Name or other organization(s).  Other transfer of cash or property from other organization(s).  Name or other organization(s).  Other transfer of cash or property from other organization(s).  Name or other organization(s).  Other transfer of cash or property from other organization(s).  Name or other organization(s).  Other transfer of cash or property from other organization(s).  Name or other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization for expenses.  Other transfer of cash or property from other organization for expenses.  Other transfer of cash or property from other organizations for interesting for interesting from transfer or interesting from transfer or interesting	Sale of assets to other organization(s)  Exchange of assets from other organization(s)  Exchange of sests  Lease of facilities, equipment, or other assets to other organization(s)  Exchange of assets  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organization(s)  Performance of services or membership or fundraising solicitations by other organization for expenses  Sharing of paid employees  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property to other organization(s)  Other transfer of cash or property tron by the organization of cash or property tron by the contract cash or property tron by the cash or property transfer or trans		by other organization(s)		
Purchase of assest from other organization(s).  Exchange of assests from other organization(s).  Exchange of assests from other organization(s).  Lease of facilities, equipment, or other assets from other organization(s).  Performance of services or membership or fundrasing solicitations by other organization(s).  Performance of services or membership or fundrasing solicitations by other organization(s).  Performance of services or membership or fundrasing solicitations by other organization(s).  Sharing of paid employees:  Reimbursement paid to other organization for expenses.  Reimbursement paid by other organization for expenses.  Other transfer of cash or property from other organization for expenses.  Other transfer of cash or property from other organizations for information on who must complete this line, including covered relationships and transaction threshold the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold have been constituted by the above is "Yes," see the instructions of the constitution of the constitution of the constitution of the answer to any of the above is "Yes," see the instructions of the constitution of the answer to any of the above is "Yes," see the instructions of the constitution of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the answer to any of the answer to any of the above is "Yes," see the instructions of the answer to any of the answer to any of the above is "Yes," see the instructions of the answer to any other organization (s).  CARROLL HOSPITAL COUNTY WED SERVICES, INC,  Answer to the organization of the organization of the an	Purchase of assets from other organization(s)  Exchange of assets  Exchange of assets  Exchange of assets  Exchange of assets  Lease of facilities, equipment, or other assets to other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organizations or services or membership or fundraising solicitations by other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Name of other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer organization(s)  Other tr	f Sale of assets to other org	anization(s)		1f X
Exchange of assets to other assets to other organization(s).  Lease of facilities, equipment, or other assets from other organization(s).  Lease of facilities, equipment, or other assets from other organization(s) or tundration go locitations by other organization(s).  Performance of services or membership or fundration go locitations by other organization for tundration go locitations by other organization for expenses.  Reimbursement paid to other organization for expenses.  Reimbursement paid to other organization for expenses.  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Name or other organization for expenses.  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL CODNITY MED SERVICES, INC.  K 90	Exchange of assets to cheer assets to other organization(s).  Lease of facilities, equipment, or other assets from other organization(s).  Lease of facilities, equipment, or other assets from other organization(s) or other organization or other assets from other organizations by other organization(s).  Performance of services or membership or fundratising solicitations by other organization(s).  Performance of services or membership or fundratising solicitations by other organization for expenses.  Reimbursement paid to other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction.  Name of other organization(s).  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL COUNTY MED SERVICES, INC.  K		ther organization(s)		
Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundralising solicitations for other organization(s) Performance of services or membership or fundralising solicitations for the organization or fundralising solicitations by other organization(s) Performance of services or membership or fundralising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threated the answer to any of the above is "Yes," see the instructions of the answer to any of the answer transaction threated the answer transaction threated the answer transaction threated the answer transaction threated the answer	Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundralising solicitations for other organization(s)  Performance of services or membership or fundralising solicitations by other organization(s)  Sharing of facilities, equipment, mailing lists, or other assets  Sharing of paid employees  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction of the answer to any of the above is "Yes," see the information on who must complete this line, including covered relationships and transaction of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the answer to any of the answer to any of the above is "Yes," see the instructions of the answer to any of the answer to any of the above is "Yes," see the instructions of the answer to any of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is any o		ant or other assats to other organization(s).		<del>*</del> ×
Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundratising solicitations for other organization(s)  Performance of services or membership or fundratising solicitations by other organization(s)  Sharing of acilities, equipment, mailing lists, or other assets.  Sharing of acilities, equipment, mailing lists, or other assets.  Sharing of paid employees.  Reimbursement paid to other organization for expenses.  Reimbursement paid to other organization for expenses.  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three-hold relationships and tr	Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organization(s)  Performance of services or membership or fundraising solicitations by other organization(s)  Performance of services or membership or fundraising solicitations by other organization for expenses  Sharing of hacilities, equipment, mailing lists, or other assets.  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction of the above is "Yes." see the instructions  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL  CARROLL COUNTY MED SERVICES, INC.  K			•	
Performance of services or membership of fundatasing Solicitations by other organization(s).  Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees.  Reimbursement paid to other organization for expenses.  Characterization for expenses.  Other transfer of cash or property to other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold.  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  CARROLL COUNTY MED SERVICES, INC.  R R 90.	Performance of services or membership or fundrations potched to performance of services or membership or fundrations by other organization (s).  Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees.  Sharing of paid employees.  Sharing of paid employees.  Reimbursement paid to other organization for expenses.  Reimbursement paid to other organization for expenses.  Other transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction was ordered to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction was ordered relationships and transactionships and transactionships are relationships are relationships are relationships and transactionships are relationships are relationships are relationships are relationships and transactionships are relationships are relationships.	j Lease of facilities, equipm	ent, or other assets from other organization(s)		>
Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees  Sharing of paid employees  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITCE  CARROLL COUNTY MED SERVICES, INC.  R  P  P  P  P  P  P  P  P  P  P  P  P	Sharing of facilities, equipment, mailing lists, or other assets.  Sharing of paid employees  Reimbursement paid to other organization for expenses  Charlot transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction was very cash or other organization(s).  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  R	l Performance of services of	or membership or fundraising solicitations by other organization(s).		4
Reimbursement paid to other organization for expenses.  Reimbursement paid by other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three-holds are of their organization(s).  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL COUNTY MED SERVICES, INC.  P 75  CARROLL COUNTY MED SERVICES, INC.	Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transal hand of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transal hand of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transal hand the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transal hand tra		ment, mailing lists, or other assets		×
Reimbursement paid to other organization for expenses	Reimbursement paid to other organization for expenses  Reimbursement paid by other organization for expenses  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  Other transfer of cash or property from other organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction (c)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K  K  K  K  K  K  K  K  K  K  K  K  K				
Reimbursement paid by other organization for expenses  Other transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold (A)  Name of other organization(s)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL  CARROLL COUNTY MED SERVICES, INC.  R 90	Notine transfer of cash or property to other organization(s)		her organization for expenses		
Other transfer of cash or property to other organization(s)	Other transfer of cash or property to other organization(s).  Other transfer of cash or property from other organization(s).  Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transa (A)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K		ther organization for expenses		128
Other transfer of each or property from order organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold (A)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K 90	Other transfer of cash or property from other organization(s).  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction (A)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL  CARROLL COUNTY MED SERVICES, INC.  K  K  K  CARROLL COUNTY MED SERVICES, INC.				10
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold (A)  Name of other organization(s)  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL COUNTY MED SERVICES, INC.  K 90.	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction    An	, <u>.</u>			11
CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPITAL CENTER FOUNDATION  CARROLL COUNTY MED SERVICES, INC.  K Mount invo (G)  Amount invo (G)	CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  CARROLL COUNTY MED SERVICES, INC.			hips and transaction thre	sholds.
CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K 90,	CARROLL HOSPITAL CENTER FOUNDATION  CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K		N organization(s)		(C)
CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K 90,	CARROLL HOSPICE  CARROLL COUNTY MED SERVICES, INC.  K	CARROLL HOSPITAL	FOUNDATION	1,5	41
CARROLL COUNTY MED SERVICES, INC.  K 90,	CARROLL COUNTY MED SERVICES, INC.		Δ,		75,000.
(5)			SERVICES, INC.		90,000.
(9)		(4)			
(9)		(5)			
		(9)			

# Part VI Unrelated Organizations Taxable as a Partnership

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) (C) (C) (D)  Name, address, and EIN of entity Primary activity (state or foreign section country)	(B) Primary activity	(C) Legal domicite (state or foreign country)	(D) Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes	-T	Yes
						Schedule R (Form 990) 2008	990) 2008

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

OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT, COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINTAINING THEIR HEALTH AND WELL-BEING. AT CARROLL HOSPITAL CENTER, WE OFFER AN UNCOMPROMISING COMMITMENT TO THE HIGHEST QUALITY HEALTH CARE EXPERIENCE FOR PEOPLE IN ALL STAGES OF LIFE. WE ARE THE HEART OF HEALTH CARE IN OUR COMMUNITIES.

### FORM 990, PART III - PROGRAM SERVICES

### 4A PROGRAM SERVICE

CARROLL HOPSITAL CENTER, A 218-BED ACUTE CARE FACILITY LOCATED IN WESTMINSTER, MARYLAND, OFFERS THE LATEST IN MEDICAL TECHNOLOGY AND SERVICES COMBINED WITH A STATE-OF-THE-ART FACILITY AND TOP-NOTCH, SKILLED MEDICAL PROFESSIONALS, CARING FOR PATIENTS WITH A COMPASSION AND SKILL. CURRENTLY, THERE ARE MORE THAN 400 PHYSICIANS REPRESENTING 38 SPECIALITIES ON OUR MEDICAL STAFF AND 1,295 FULL TIME EMPLOYEES (EQUIVALENT) ON OUR PAYROLL.

AS THE ONLY HOPSITAL IN CARROLL COUNTY, WE OFFER OUR COMMUNITY A FULL ARRAY OF SERVICES, FROM PEDIATRICS TO GERIATRICS, MINIMALLY INVASIVE SURGERY TO TOTAL HIP REPLACEMENTS AND EMERGENCY CARE TO MATERNITY CARE. IN THE YEAR ENDING JUNE 2009, CARROLL HOSPITAL CENTER HAD 16,178 INPATIENT ADMISSIONS, PERFORMED 1,153 DELIVERIES AND APPROXIMATELY 9,842 OUTPATIENT SURGERIES-ALL CONTRIBUTING TO A TOTAL OF 293,391 PATIENT ENCOUNTERS FOR THE PERIOD.

IN ADDITION TO THE SERVICES MENTIONED ABOVE THE ORGANIZATION PROVIDES COMMUNITY BENEFITS THROUGH PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. OUR STATED MISSION IS "OUR COMMUNITIES EXPECT AND DESERVE SUPERIOR MEDICAL TREATMENT, COMPASSIONATE CARE, AND EXPERT GUIDANCE IN MAINITAINING THEIR HEALTH AND WELL-BEING. AT CARROLL HOPSITAL CENTER, WE OFFER AN UNCOMPROMISING COMMITMENT TO THE HIGHEST QUALITY HEALTH CARE EXPERIENCE FOR PEOPLE IN ALL STAGES OF LIFE. WE ARE THE HEART OF HEALTH CARE IN OUR COMMUNITITES." THIS MISSION IS PURSUED IN COLLABORATION WITH OUR RELATED ORGANIZATIONS: CARROLL HOSPICE, THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY AND THE CARROLL HOSPITAL CENTER FOUNDATION (ALSO LISTED IN PART VI) FOR MORE INFORMATION ON THESE SUBSIDIARIES, PLEASE SEE THEIR INDIVIDUAL FORM 990S. WHILE WE HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SEVICE ACCOMPLISHMENTS BELOW, WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.CARROLLHOSPITALCENTER.ORG

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL SERVING THE COMMUNITIES LOCATED IN CARROLL AND SURROUNDING COUNTIES AS WELL AS PARTS OF PENNSYLVANIA. CARROLL COUNTY'S POPULATION ALONE IS CURRENTLY ESTIMATED TO BE 204,400. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPRXOMATELY 51,600 PATIENTS, HAS AN OPEN MEDICAL STAFF WITH PRIVILEDGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, AND A GOVERNING BODY PRIMARILY COMPRISED OF INDEPENDENT PERSONS

### FORM 990, PART III - PROGRAM SERVICES

REPRESENTATIVE OF THE COMMUNITY, AND PARTICIAPTES IN THE MEDICARE AND MEDICAID PROGRAMS.

THROUGH THE PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY'S HEALTHY CARROLL VITAL SIGNS PROJECT, WE HAVE IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS AND PROBLEMS FACING OUR POPULATION, INCLUDING ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS, MENTAL HEALTH, HEART HEALTH AND CANCER. THE PARTNERSHIP'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES A NUMBER OF INITIATIVES SUCH AS THE DEVELOPMENT OF ACCESS CARROLL (IN COORDINATION WITH THE CARROLL COUNTY HEALTH DEPARTMENT), A FREE HEALTH CARE CLINIC FOR UNINSURED PATIENTS; THE COMPLETION OF A SURVEY OF OLDER ADULTS IN THE COUNTY TO GATHER INFORMATION TO HELP COMMUNITY ORGANIZATIONS BETTER ADDRESS THEIR NEEDS; AND THE PARTICIPATION IN AND DEVELOPMENT OF NUMEROUS COMMITTEES AND WORK GROUPS TO ADDRESS AGE, GENDER AND ETHNIC-SPECIFIC LIVING AND HEALTH CARE ISSUES.

THE HOSPITAL ALSO SUPPORTS THE WELLNESS OF THE COMMUNITIES IT SERVES BY OFFERING HUNDREDS OF FREE EDUCATION PROGRAMS, SCREENINGS AND SUPPORT GROUPS EACH YEAR THAT ADDRESS NUMEROUS HEALTH AND WELLNESS ISSUES. IN ADDITION, FOR THE PAST 11 YEARS, THE HOSPITAL HAS PROVIDED THE WOMEN'S PLACE, A CENTER FOR HEALTH AND WELLNESS FOR WOMEN THAT PROVIDES CANCER NAVIGATION SERVICES, A COMPREHENSIVE BREAST CENTER, EDUCATIONAL PROGRAMS, SUPPORT GROUPS AND A RESOURCE LIBRARY, ALL OFFERED FREE OF CHARGE.

THE HOSPITAL ALSO HAS COMMITTED SIGNIFICANT RESOURCES TO MAKE CERTAIN THERE IS AN ADEQUATE SUPPLY OF PRIMARY CARE AND SPECIALTY PHYSICIANS IN OUR SERVICE AREA. ENSURING OUR COMMUNITIES HAVE ACCESS TO QUALITY MEDICAL EXPERTISE IS A PRIORITY FOR OUR ORGANIZATION.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL OF \$5,210,626 IN CHARITY/UNCOMPENSATED CARE TO THE COMMUNITY. ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY \$12,878,564 (NET OF REVENUES) ON PROGRAMS AND ACTIVITIES BENEFITTING THE COMMUNITIES WE SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED HOSPICE SERVICES, PHYISICIAN SUPPORT, EDUCATION PROGRAMS, SCREENINGS, SUPPORT GROUPS, HEATLH PROFESSIONAL EDUCATION AND COMMUNITY CONTRIBUTIONS, RESULTING IN APPROXIMATLEY 191,858 ENCOUNTERS WITH PERSONS IN THE COMMUNITY, AND REQUIRED APPROXIMATELY 394,582 STAFF HOURS TO PROVIDE.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVANCED RADIOLOGY 7253 AMBASSADOR RD BALTMORE, MD 21244	RADIOLOGY	1,155,702.
CARROLL COUNTY ANES ASSOCIATION PO BOX 75193 BALTIMORE, MD 21275	ANESTHESIA	2,522,999.
CENTRAL MARYLAND REHAB SERVICES 4259 HARNEY ROAD TANEYTOWN, MD 21787	REHAB SERVICES	2,860,296.
PHYSICIAN MANAGEMENT LTD 3 BETHESDA METRO CENTER BETHESDA, MD 20814	EMERGENCY PHYSICIANS	1,498,512.
DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	SLEEP STUDIES	897,300.
TOTAL COMP	ENSATION	8,934,809.

52-1452024

FORM 990, PART VIII - INVESTMENT INCOME

	(A)	(B)	(C)	(D)
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
	  -  -  -  -			!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
K-1 CARROLL COUNTY RADIOLOGY	3,366,290.			3,366,290.
K-1 PREMIER PURCHASING	379,985.		-3,111.	383,096.
K-1 CHESAPEAKE INVESTMENTS III	-48,519.		-83,231.	34,712.
K-1 WMS INCOME OPPORTUNITY FUND	65,598.			65,598.
K-1 SEAMARK FUND	152,771.			152,771.
K-1 VALSTONE OPPORTUNITY FUND III AIV LLC	10,130.			10,130.
K-1 VALSTONE OPPORTUNITY FUND III LLC	553,915.			553,915.
K-1 COMP CLAIM MANAGEMENT LLC	5,778.			5,778.
INVESTMENT INCOME	2,648,866.			2,648,866.
TOTALS	7,134,814.		-86,342.	7,221,156.

S

### RENT AND ROYALTY INCOME

Taxpayer's Name						·			ring Number
CARROLL HOSPITAL	CENTER, I	NC.					5	<u>2-14</u>	52024
DESCRIPTION OF PROPERTY		_							
ONCOLOGY CENTER						W-W			
	ctively participate in	the operation	n of the	activit	y during the tax year?		015		
REAL RENTAL INCO	ME.		<u> </u>				<u>,815</u>		
OTHER INCOME									
								_	
TOTAL ODGGO NICOME						- <u></u>		-	101 015
TOTAL GROSS INCOME	<u> </u>	· · · · · ·		· · ·				<del>-</del>	101,815.
OTHER EXPENSES:									
		<del></del>							
The state of the s				************				_	
								7	
DEPRECIATION (SHOWN BELOW	V)					#10.00 P 10.00			
LESS: Beneficiary's Portion									
AMORTIZATION						in the second			
LESS: Beneficiary's Portion							Angelov Heliotek		
DEPLETION					•	provide and the interest		2011 2010 2000	
LESS: Beneficiary's Portion								_	
TOTAL EXPENSES									101 015
TOTAL RENT OR ROYALTY INCO	DIVIE (LOSS) · · · ·		• • • •					•	101,815.
Depreciation									
Depletion								<del></del>	
Investment Interest Expense								_	
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss	s)								101,815.
Deductible Rental Loss (if Application	able)			<u></u>				•	
SCHEDULE FOR DEPRECIA	ATION CLAIMED		Γ	1		Γ'' Τ			
			(4)	(0)		(a) Danuariation		/:\ 1 ifa	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
				ļ					
· · · · · · · · · · · · · · · · · · ·									
				ļ					·
<del></del>									
				-					
			<u> </u>						
1477									
ISA Totals					<del></del>				

Totals . . . . . . . . . . . .

...........

Totals . . . . . . . . . . . .

Totals . . . . . . . . . . . . .

# (a) Description of property (b) Cost or unadjusted basis (c) Date acquired (d) ACRS des. (e) Bus. (f) Basis for depreciation (g) Depreciation (h) (i) Life or rate (i) Depreciation for this year (ii) Life or rate (j) Depreciation for this year (iii) Life or rate (j) Depreciation for this year (iv) Life or rate (iv) Life or this year (iv) Life or rate (iv) Life or rate (iv) Life or rate (iv) Life or rate (iv) Life or this year (iv) Life or th

### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
CARROLL COUNTY RADIO ONCOLOGY CENTER GROU PHYSICIAN OFFICE REN PAIN MGMT RENT WOMAN'S CENTER RENT GIST RD PROPERTY REN 4 WEST SHEPPARD PRAT METRO CALL	389,548. 101,815. 65,245. 192,780. 15,088. 5,440. 8,115. 12,072.			389,548. 101,815. 65,245. 192,780. 15,088. 5,440. 8,115. 12,072.
TOTALS	790,103.	=======		790,103.

### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION BOOK VALUE

PREPAID EXPENSES 2,832,953.

TOTALS 2,832,953.

### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
BONDS MUTUAL FUNDS IN EQUITY SEC AUCTION RATE SECURITIES	NONE NONE NONE	FMV FMV FMV
TOTALS	NONE	
	==============	

CARROLL HOSPITAL CENTER, INC.

52-1452024

FORM 990, PART X - DEFERRED REVENUE \_\_\_\_\_\_

DESCRIPTION \_\_\_\_\_

ENDING BOOK VALUE

DEFERRED REVENUE

221,299.

TOTALS

221,299.

\_\_\_\_\_

Form 990-T   Exempt Organization Busi	ness Income	Fay Refurn (and prove	tay under caction	6033(a)) H	OMB No. 1545-0687
For colondar year 2009 or o				8033(e))	2008
	) , <b>20</b> () 9 .	► See separate i			Open to Public Inspection for 501(c)(3) Organizations Only
Check box if Name of organization (		changed and see instruction		D Emplo	yer identification number
address changed		•		(Employon page	ees' trust, see instructions for Block D 9.)
B Exempt under section CARROLL HOSPI	TAL CENTER	, INC.		p.13-	**,
X 501(C)(3) Print Number, street, and room o			s,	52-1	452024
408(e) 220(e) or Type					ited business activity codes
408A 530(a) 200 MEMORIAL	AVENUE			(See in	structions for Block E on page 9.)
529(a) City or town, state, and ZIP of					
C Book value of all assets WESTMINSTER,	MD 21157			5259	90 621500
at end of year  F Group exemption number (Se	ee instructions for I	Block F on page 9.) ▶			
278, 489, 621. G Check organization type ▶	X 501(c) corpo	oration 501(c	c) trust	401(a)	trust Other trust
H Describe the organization's primary unrelated business	activity. ► D至日日	R FINANCIAL AC	TIVITY		
I During the tax year, was the corporation a subsidiary in	n an affiliated grou	p or a parent-subsidiary	controlled group?		Yes X No
If "Yes," enter the name and identifying number of the	parent corporation.	<b>&gt;</b>			
J The books are in care of ▶ DAVID MCCORMICK	(	Telephor	ie number 🕨 4	10-871	-6859
Part I Unrelated Trade or Business Incom	e	(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or sales 3,789,412.					
b Less returns and allowances c E	Balance ▶ 1c	3,789,412.			
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3	3,789,412.			3,789,412.
4 a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47	(97) 4b			DAD KONDU	
c Capital loss deduction for trusts	4c				
5 Income (loss) from partnerships and S corporations (attach s		-86,342.	STMT 1		-86,342.
6 Rent income (Schedule C)					
7 Unrelated debt-financed income (Schedule E)	7				
8 Interest, annuities, royalties, and rents from co	1 1				
organizations (Schedule F)	8				
9 Investment income of a section 501(c)(7), (9),					
organization (Schedule G)	9				
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11			evenoles sever	
12 Other income (See page 11 of the instructions; attach sche	, -	90,000.	STMT 2		90,000.
Total. Combine lines 3 through 12		3,793,070.		11	3,793,070.
Part II Deductions Not Taken Elsewhere (S					•
(Except for contributions, deductions		tiy connected with t	ne unrelated i		s income.)
14 Compensation of officers, directors, and trustees (Sch				. 14	1 500 601
15 Salaries and wages				. 15	1,588,694.
16 Repairs and maintenance					
17 Bad debts					
<ul><li>18 Interest (attach schedule)</li><li>19 Taxes and licenses</li></ul>					
<ul><li>19 Taxes and licenses</li><li>20 Charitable contributions (See page 13 of the instruction)</li></ul>	tions for limitation			. 19	
21 Depreciation (attach Form 4562)				No. 15 (71 - 16 )	
22 Less depreciation claimed on Schedule A and elsewl			203,002	22b	202 002
	= =				203,082.
				. —	
				25	369,477.
<ul><li>25 Employee benefit programs</li><li>26 Excess exempt expenses (Schedule I)</li></ul>				26	309,477.
27 Excess readership costs (Schedule J)					
28 Other deductions (attach schedule)					1,745,077.
29 Total deductions. Add lines 14 through 28		Դար թւելը	پېښېد	29	3,906,330.
30 Unrelated business taxable income before net opera	ating loss deduction	nn Subtract line 29 from	ine 13	30	-113,260.
31 Net operating loss deduction (limited to the amount					110,200.
32 Unrelated business taxable income before specific of					-113,260.
33 Specific deduction (Generally \$1,000, but see line 3					1,000.
34 Unrelated business taxable income. Subtract line 3:				.	1,000.
32, enter the smaller of zero or line 32		•		. 34	-113,260.

	t III – I a	x Computation	,			1. 2. 7	
35	Organizatio	ns Taxable as Corporation	ns. See instruction	ns <u>f</u> or tax co	emputation on page	15.	
	Controlled	roup members (sections 1561 a	and 1563) check here	See instruc	tions and:		
а	Enter your	share of the \$50,000, \$25,0	00, and \$9,925,000	taxable income	brackets (in that order)	:	
	(1)	(2)		(3)	`   '		
b		ization's share of: (1) Additional 5	% tax (not more than \$			A 20 / 19	
		al 3% tax (not more than \$100,0					
С						▶ 35c	
36		cable at Trust Rates. See i				• • • • • • • • • • • • • • • • • • • •	
		on line 34 from: Tax rate s		•	· -		
37		See page 16 of the instructions.				-	
38		minimum tax					
39	Total. Add I	nes 37 and 38 to line 35c or 36,	whichever applies			39	
Par		x and Payments			· · · · · · · · · · · · · · · · · · ·		
		credit (corporations attach Form	1118: trusts attach For	m 1116)	40a	20231063	
		s (see page 17 of the instructions			40b		
		siness credit. Attached Form 380			1		
		rior year minimum tax (attach Fo					
		s. Add lines 40a through 40d				40e	
41		e 40e from line 39					
42					66 Other (attach sched		
43		dd lines 41 and 42				· —	
						43	
		A 2007 overpayment credited to			44a 44b		
		ated tax payments			1 1		
	•	anizations: Tax paid or withheld a	et source (see instruction				
		holding (see instructions)					
		s and payments:	i i		446		
1		4136	Form 2439		446		
45		ents. Add lines 44a through 44f				45	
46		<del>-</del>					
		ax penalty (see page 4 of the ins					NONE
		ine 45 is less than the total of lir nt. If line 45 is larger than the to				• —	NONE
					Refunde		<u>NONE</u>
		nount of line 48 you want: Credit	tea to zuus estimatea i		i torunao.		NIONIE
Pari		nount of line 48 you want: Credit			ormation (see instru	1.4	NONE
Part	V St	atements Regarding Ce	ertain Activities a	ind Other Info	· · · · · · · · · · · · · · · · · · ·	ctions on page 18)	
1	t V St	atements Regarding Ce during the 2008 calendar year,	ertain Activities a	nd Other Info	or a signature or other aut	ctions on page 18) hority over a financia	Yes No
1	At any time account (ba	atements Regarding Ce during the 2008 calendar year, nk, securities, or other) in a foreig	ertain Activities a did the organization ha on country? If YES, the o	and Other Info ve an interest in o organization may h	or a signature or other aut	ctions on page 18) hority over a financia	Yes No
1	At any time account (ba Bank and Fi	atements Regarding Ce during the 2008 calendar year, nk, securities, or other) in a foreign nancial Accounts. If YES, enter the	ertain Activities a did the organization ha on country? If YES, the o e name of the foreign co	nd Other Info ve an interest in o rganization may h ountry here ►	or a signature or other aut ave to file Form TD F 90-2	ctions on page 18) hority over a financia 2.1, Report of Foreigr	Yes No
1	At any time account (ba Bank and Fi	atements Regarding Ce during the 2008 calendar year, onk, securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization rec	ertain Activities a did the organization ha gn country? If YES, the o e name of the foreign co eive a distribution from,	nnd Other Info ve an interest in corganization may hountry here ►, or was it the gra	or a signature or other aut ave to file Form TD F 90-2	ctions on page 18) hority over a financia 2.1, Report of Foreigr	Yes No
1	At any time account (ba Bank and Fi During the till YES, see p	during the 2008 calendar year, on the securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization recape 5 of the instructions for othe	ertain Activities a did the organization ha on country? If YES, the o e name of the foreign or eive a distribution from, or forms the organization	und Other Informer an interest in correction may hountry here   , or was it the gran may have to file.	or a signature or other aut ave to file Form TD F 90-2	ctions on page 18) hority over a financia 2.1, Report of Foreigr	Yes No
2	At any time account (ba Bank and Fi During the fif YES, see parter the and the second	atements Regarding Ce during the 2008 calendar year, on the securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization rec- age 5 of the instructions for othe mount of tax-exempt interest rece	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	und Other Info ove an interest in our organization may hountry here ►, or was it the grant or may have to file. the tax year ► \$	or a signature or other aut ave to file Form TD F 90-2	ctions on page 18) hority over a financia 2.1, Report of Foreigr	Yes No
1 2 3 Sche	At any time account (ba Bank and Fi During the If YES, see parter the all edule A -	during the 2008 calendar year, on the securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization recease 5 of the instructions for othe nount of tax-exempt interest receases to f Goods Sold. En	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	and Other Information on the interest in configuration may hountry here ▶, or was it the grain may have to file, the tax year ▶ \$  ory valuation ▶	or a signature or other aut ave to file Form TD F 90-2 	ctions on page 18) hority over a financia 2.1, Report of Foreigr	Yes No
1 2 3 School 1	At any time account (ba Bank and Fi During the fif YES, see part Enter the all and the first the all the first the all the first the fir	during the 2008 calendar year, on the securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization recoage 5 of the instructions for othe nount of tax-exempt interest recomposition of year.	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	nd Other Information of the property of the property of the property of the property of the tax year ▶ \$  ory valuation ▶  6 Inventory at	or a signature or other aut ave to file Form TD F 90-2 ntor of, or transferor to, a	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?	Yes No
1 2 3 School 1 2	At any time account (ba Bank and Fi During the fif YES, see penter the account to the first the account of the first the first the account of the first	during the 2008 calendar year, on the 2008 calendar year, on the 2008 calendar year, on the year, on the year, on the year, of the year, did the organization recording to the instructions for othe mount of tax-exempt interest recording to year.	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	and Other Information on the property of the	or a signature or other aut ave to file Form TD F 90-2 ntor of, or transferor to, a end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?	Yes No
1 2 3 Sche 1 2 3	At any time account (ba Bank and Fi During the fi YES, see penter the all edule A - Inventory at Purchases  Cost of laboratory	atements Regarding Ce during the 2008 calendar year, on the control of the counts. If YES, enter the ax year, did the organization recease 5 of the instructions for othe mount of tax-exempt interest receased to the counts of the deginning of year 1 2 3	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	and Other Information on the property of the	or a signature or other aut ave to file Form TD F 90-2 ntor of, or transferor to, a end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?	Yes No
1 2 3 Scho 1 2 3 4 a	At any time account (ba Bank and Fi During the fi YES, see penter the all edule A - Inventory at Purchases Cost of labor Additional s	atements Regarding Ce during the 2008 calendar year, on the control of the counts. If YES, enter the cax year, did the organization receivage 5 of the instructions for othe mount of tax-exempt interest receivations of year.  Cost of Goods Sold. En beginning of year.  1 2 3 ection 263A costs	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	und Other Information on the property of the tax year ▶ \$  ory valuation ▶  6 Inventory at  7 Cost of g 6 from lin Part I, line 2	or a signature or other aut ave to file Form TD F 90-2 ntor of, or transferor to, a end of year poods sold. Subtract I	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?	Yes No
1 2 3 Sche 1 2 3 4 a	At any time account (ba Bank and Fi During the fi YES, see parter the all the bank and Fi During the fi YES, see parter the all the bank and Fi Durchases Cost of laborational si (attach schedule A s	atements Regarding Ce during the 2008 calendar year, hk, securities, or other) in a foreig nancial Accounts. If YES, enter the ax year, did the organization rec age 5 of the instructions for othe nount of tax-exempt interest rece Cost of Goods Sold. En beginning of year . 1 2 3 ection 263A costs dule)	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	und Other Info ve an interest in corganization may hountry here ▶  , or was it the grant may have to file. the tax year ▶ \$  ory valuation ▶  6 Inventory at  7 Cost of grant in part I, line 2  8 Do the reserved.	end of year  product sold. Subtract to the sold.	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?  . 6   line   in   7   (with respect to	Yes No
1 2 3 Sche 1 2 3 4 a b	At any time account (ba Bank and Fi During the fi YES, see parter the all the sedule A - Inventory at Purchases Cost of labor Additional s (attach sche Other costs	atements Regarding Ce during the 2008 calendar year, hk, securities, or other) in a foreignancial Accounts. If YES, enter the ax year, did the organization rece age 5 of the instructions for othe nount of tax-exempt interest rece Cost of Goods Sold. En beginning of year . 1 2 3 ection 263A costs dule)	ertain Activities a did the organization hat an country? If YES, the o e name of the foreign or ever a distribution from, or forms the organization ever or accrued during to	und Other Information  ve an interest in corganization may hountry here ▶  , or was it the grant may have to file.  the tax year ▶ \$  ory valuation ▶  6 Inventory at  7 Cost of grant from lint part I, line 2  8 Do the reproperty p	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?  6 line in . 7 (with respect to	Yes No X X Yes No
1 2 3 Sche 1 2 3 4 a b	At any time account (ba Bank and Fi During the fif YES, see part the all the second of	atements Regarding Ce during the 2008 calendar year, hk, securities, or other) in a foreig nancial Accounts. If YES, enter the ax year, did the organization rec age 5 of the instructions for othe nount of tax-exempt interest rece Cost of Goods Sold. En beginning of year . 1 2 3 ection 263A costs dule)	ertain Activities a did the organization ha on country? If YES, the o e name of the foreign or evive a distribution from, or forms the organization evived or accrued during to other method of invent	und Other Info ve an interest in corganization may hountry here ▶  , or was it the grant may have to file. the tax year ▶ \$  ory valuation ▶  6 Inventory at  7 Cost of grant I, line 2  8 Do the reproperty protein to the organ	end of year  end of year  be 5. Enter here and  cles of section 263A  roduced or acquired  ization?	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?  6 line in  7 (with respect to for resale) apply	Yes No X X Yes No X X X X X X X X X X X X X X X X X X X
1 2 3 Sche 1 2 3 4 a b	At any time account (ba Bank and Fi During the fi If YES, see part the all edule A - Inventory at Purchases Cost of laborational s (attach sche Other costs Total. Add June Lorger and correct and cor	atements Regarding Ce during the 2008 calendar year, on the securities, or other) in a foreign mancial Accounts. If YES, enter the ax year, did the organization rece age 5 of the instructions for othe mount of tax-exempt interest rece Cost of Goods Sold. En beginning of year . 1 2 3 ection 263A costs dule)	did the organization hat on country? If YES, the one name of the foreign coneive a distribution from, or forms the organization eived or accrued during the termethod of inventations are method of inventations.	und Other Information  we an interest in corganization may hountry here ▶  , or was it the grammay have to file.  the tax year ▶  6 Inventory at  7 Cost of grammay formation  Part I, line 2  8 Do the reproperty property prothe organ  accompanying schedul	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreign foreign trust?  6 line in (with respect to for resale) apply	Yes No  X X Yes No  Yes No X S belief, it is true,
2 3 School 1 2 3 4 a b 5	At any time account (ba Bank and Fi During the fi If YES, see part the all edule A - Inventory at Purchases Cost of laborational s (attach sche Other costs Total. Add ii Under pentorrect, and	atements Regarding Ce during the 2008 calendar year, on the control of the counts. If YES, enter the cax year, did the organization receivage 5 of the instructions for othe mount of tax-exempt interest receivations of year.  Cost of Goods Sold. En beginning of year.  2  3 election 263A costs dule) (attach schedule) (attach schedule) (attach schedule) (attach of perjury, I declare that I have exited the county of the co	did the organization hat on country? If YES, the one name of the foreign coneive a distribution from, or forms the organization eived or accrued during the termethod of inventations are method of inventations.	und Other Information  we an interest in corganization may hountry here ▶  , or was it the grammay have to file.  the tax year ▶  6 Inventory at  7 Cost of grammay formation  Part I, line 2  8 Do the reproperty property prothe organ  accompanying schedul	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreign foreign trust?  6 line in . 7 (with respect to for resale) apply best of my knowledge and	Yes No  X X X Yes No X t belief, it is true,
3 Sche 1 2 3 4 a b	At any time account (ba Bank and Fi During the fi If YES, see part the all edule A - Inventory at Purchases Cost of laborational s (attach sche Other costs Total. Add ii Under pentorrect, and	atements Regarding Ce during the 2008 calendar year, nk, securities, or other) in a foreig nancial Accounts. If YES, enter the ax year, did the organization rec- age 5 of the instructions for othe nount of tax-exempt interest rece Cost of Goods Sold. En beginning of year 1 2 2 3 ection 263A costs dule) 4a (attach schedule) 4b Ities of perjury, I declare that I have ex- complete. Declaration of preparer (other tha	did the organization hat on country? If YES, the one name of the foreign coneive a distribution from, or forms the organization eived or accrued during the termethod of inventations are method of inventations.	und Other Information  we an interest in corganization may hountry here ▶  , or was it the grammay have to file.  the tax year ▶  6 Inventory at  7 Cost of grammay formation  Part I, line 2  8 Do the reproperty property prothe organ  accompanying schedul	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr foreign trust?  6 line in 7 (with respect to for resale) apply best of my knowledge and May the IRS discuss the preparer shown in	Yes No  X X X  Yes No  Yes No  X to belief, it is true, this return with below (see
2 3 School 1 2 3 4 a b 5	At any time account (ba Bank and Fi During the If YES, see Enter the all edule A - Inventory at Purchases Cost of labo Additional s (attach sche Other costs Total. Add If Under penicorrect, and Signature	atements Regarding Ce during the 2008 calendar year, on the control of the contro	did the organization hat on country? If YES, the of ename of the foreign country and its distribution from, or forms the organization elived or accrued during that the method of inventional this return, including an taxpayer) is based on all information.	und Other Information of which prepared to the property pto the organization of which prepared to the property pto the organization of which prepared to the organization organizati	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreign foreign trust?  6 line in . 7 (with respect to for resale) apply best of my knowledge and	Yes No  X X X belief, it is true, this return with pelow (see Yes No
2 3 School 1 2 3 4 a b 5	At any time account (ba Bank and Fi During the fi YES, see penter the an edule A - Inventory at Purchases Cost of labo Additional s (attach sche Other costs Total. Add li Under pencorrect, and Signature	atements Regarding Ce during the 2008 calendar year, on the control of the contro	did the organization hat on country? If YES, the one name of the foreign content a distribution from, or forms the organization elived or accrued during the termethod of inventional transparents.	und Other Information of the Information may hountry here ▶  , or was it the grammay have to file. The tax year ▶ \$  ory valuation ▶  6 Inventory at 7 Cost of grammay formation of the organ accompanying schedul primation of which prepared in the organ accompanying schedul primation or which prepared in the organ accompanying schedul primation or which prepared in the organ accompanying schedul primation or which prepared in the organ accompanying schedul primation accompanying schedul prima	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr  foreign trust?  6 line in 7 (with respect to for resale) apply best of my knowledge an  May the IRS discuss the preparer's SSN of the preparer's S	Yes No  X  X  X  S belief, it is true, this return with below (see Yes No
3 School 1 2 3 4a b 5 Sign Here	At any time account (ba Bank and Fi During the If YES, see Enter the all edule A - Inventory at Purchases Cost of laborational s (attach scheol Other costs Total. Add II Under penicorrect, and Signature	atements Regarding Ce during the 2008 calendar year, on the securities, or other) in a foreign annotal Accounts. If YES, enter the ax year, did the organization recease 5 of the instructions for othe mount of tax-exempt interest recease 5 of Goods Sold. En beginning of year 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	did the organization had an country? If YES, the one name of the foreign conteive a distribution from, or forms the organization eived or accrued during that the return, including an taxpayer) is based on all informate.	und Other Information of the Information of White	end of year  produced or acquired ization?  Check if 0/2010 Check if self-employed	ctions on page 18) hority over a financia 2.1, Report of Foreigr  foreign trust?  6 line in . 7 (with respect to for resale) apply best of my knowledge an  May the IRS discuss the preparer shown I instructions)? X  Preparer's SSN 0  P00482	Yes No  X  X  X  S belief, it is true, this return with below (see Yes No
3 School 1 2 3 4a b 5 Sign Here	At any time account (ba Bank and Fi During the fi YES, see parter the all edule A - Inventory at Purchases Cost of laborational s (attach sche Other costs Total. Add ii Under penacorrect, and Signature Signature Fi Signature	atements Regarding Ce during the 2008 calendar year, on the securities, or other) in a foreign nancial Accounts. If YES, enter the ax year, did the organization rece age 5 of the instructions for othe nount of tax-exempt interest rece Cost of Goods Sold. En beginning of year . 1 2 3 ection 263A costs dule)	did the organization hat on country? If YES, the of ename of the foreign country and its distribution from, or forms the organization elived or accrued during that the method of inventional this return, including an taxpayer) is based on all information.	und Other Information of the Information of the Information of Inventory at Total Part I, line 2  B Do the rup open to the organization may hove to file. The tax year ▶ \$  Ory valuation ▶  6 Inventory at 7 Cost of 9 6 from lin Part I, line 2  8 Do the rup open to the organization of which preparation	end of year	ctions on page 18) hority over a financia 2.1, Report of Foreigr  foreign trust?  6 line in 7 (with respect to for resale) apply best of my knowledge an  May the IRS discuss the preparer's SSN of the preparer's S	Yes No  X X X  Yes No  Yes No  Yes No  to belief, it is true, this return with below (see Yes No  TO PTIN

(1) (2) (3) (4)  (a) From personal property (if the percent for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column there and on page 1, Part I, line 6, column Schedule E - Unrelated Debt-F	2 Rent received or a ntage of rent but not pe 50  Total ans 2(a) and 2(b). Ente mn (A)	(b) Fircenta	ed rom real and personal pro age of rent for personal pro if the rent is based on pro	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)		
(2) (3) (4)  (a) From personal property (if the percen for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	2 Rent received or a ntage of rent but not pe 50  Total ans 2(a) and 2(b). Ente mn (A)	(b) Fircenta	ed  rom real and personal pro age of rent for personal pro if the rent is based on pro ee instructions on pa  2 Gross income from allocable to debt-finance	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
(3) (4)  (a) From personal property (if the percent for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	2 Rent received or a ntage of rent but not pe 50  Total ans 2(a) and 2(b). Ente mn (A)	(b) Fircenta	ed  rom real and personal pro age of rent for personal pro if the rent is based on pro ee instructions on pa  2 Gross income from allocable to debt-finance	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
(4)  (a) From personal property (if the perconfor personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	2 Rent received or a ntage of rent which but not pe 50 pe 10	(b) Froenta D% or	rom real and personal pro age of rent for personal pro if the rent is based on pro ee instructions on pa  2 Gross income from allocable to debt-finance	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
(a) From personal property (if the percen for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	Total ans 2(a) and 2(b). Ente mn (A)	(b) Froenta D% or	rom real and personal pro age of rent for personal pro if the rent is based on pro ee instructions on pa  2 Gross income from allocable to debt-finance	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
(a) From personal property (if the percen for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	Total ans 2(a) and 2(b). Ente mn (A)	(b) Froenta D% or	rom real and personal pro age of rent for personal pro if the rent is based on pro ee instructions on pa  2 Gross income from allocable to debt-finance	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
for personal property is more than 10% more than 50%)  (1) (2) (3) (4)  Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	Total as 2(a) and 2(b). Ente mn (A) ▶  Financed Income	rcenta D% or	ee instructions on pa	ge 19	exceeds income)	(b) Total deducti Enter here and on Part I, line 6, colun	ons. page 1, nn (B)	(attach schedule)	
(2) (3) (4) Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, column	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
(2) (3) (4) Total (c) Total income. Add totals of columnere and on page 1, Part I, line 6, columnere.	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
(3) (4) Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, colur	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
(4) Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, colur	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
Total (c) Total income. Add totals of column here and on page 1, Part I, line 6, colur	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
(c) Total income. Add totals of column here and on page 1, Part I, line 6, colur	ns 2(a) and 2(b). Enter mn (A) ▶ Financed Income	r	2 Gross income from allocable to debt-finance	or	9)	Enter here and on Part I, line 6, colun	page 1, nn (B) .		
	Financed Income	e (se	2 Gross income from allocable to debt-finance	or	9)	ctions directly conne			
		•	2 Gross income from allocable to debt-finance	or		ctions directly conne	ected with		
1 Description of debt-finan				ea m		debt-financed	<del></del>		
					(a) Straight (attach	line depreciation schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)	*****		•						
(3)	·						,		
(4)									
acquisition debt on or	Average adjusted basis or allocable to debt-financed property (attach schedule)	of	6 Column 4 divided by column 5			ome reportable x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))	
(1)		_		%					
(2)				%					
(3)				%			***		
(4)	· · · · · · · · · · · · · · · · · · ·			%					
Totals  Total dividends-received deductions in Schedule F - Interest, Annuitie	ncluded in column 8	d Re		► L	Part I, line 7,  Organization		Part I,	nere and on page 1, line 7, column (B).	
		<u> -^</u>	tempt Controlled Or	auons		Athetic C Deductions discust			
1 Name of controlled organization ide	2 Employer lentification number	1	3 Net unrelated income (loss) (see instructions)		tal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organizatio	ons								
7 Taxable Income 8 Net unrelated income (loss) (see instructions)			navments made inclu		include	of column 9 that is d in the controlling ation's gross income		11 Deductions directly connected with income in column 10	
(1)						···			
(2)								· · · · · · · · · · · · · · · · · · ·	
(3)									
(4)									
Totals					Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).	

Form **990-T** (2008)

1 Description of income  2 Amount of income  (attach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime 9, column (8).  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)  1 Description of exploited activity  2 Cross  1 Description of exploited activity  2 Cross  1 Description of exploited activity  2 Cross  2 Cross  3 Description of exploited activity  4 Nel income  (column a finity that  (column a fin	Schedule G - Investment I	income of a Sec	o)rue nous	)(1),	3 Deductions	nizati				5 Total deductions	
(2) (3) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (4) (5) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1 Description of income	Description of income 2 Amount of income		directly connected			4 Set-asides (attach schedule)			and set-asides (col. 3	
(3) (4) Enter here and on page 1, Part I, Bee 8, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)  2 Gross unrelated business income from tracks or unrelated business inco											
Enter here and on page 1, Part   sine 8, column (5).											
Enter here and on page 1, Part I, Ind. Schemm (A).   Fart II, Ind. Schemm (A).   Fart III, Ind. Schemm (A).   Fart III.   F											
Part I, line 9, column (A).  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)  1 Description of exploited activity  2 Cores  1 Description of exploited activity  2 Cores  1 Description of exploited activity  2 Cores  2 Cores  2 Cores  3 Direct  3 Direct  3 Direct  3 Direct  3 Direct  3 Direct  3 A Advertising  3 Direct  3 A Advertising  3 Direct  4 Advertising  3 Direct  4 Direct  4 Direct  5 Circulation  5 Circulation  6 Readership  Coats  Coation  7 Excess readership  Coats  Coation  6 Readership  Coats  Coation  7 Direct  Coation  8 Direct  1 Name of periodical Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2  Totals  4 Advertising  3 Direct  4 Advertising  3 Direct  3 Direct  4 Advertising  3 Direct  5 Circulation  6 Readership  Coation  6 Readership  Coation  6 Readership  Coation  7 Excess readership  Coation  6 Readership  Coation  6 Readership  Coation  7 Excess readership  Coation  8 Part II, line 12, cd. (A), line  1 Name  2 Gross  3 Direct  2 Gross  3 Direct  3 Direct  3 Direct  3 Direct  4 Advertising  Coation  6 Coation  6 Coation  6 Coation  6 Coation  6 Coation  6	(4)	Fataultara	4			alverior de asc	7 Night 10 10 8 6 14 2 13 6 1	an Face	zana diselektrika 💌		
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)  1 Description of exploited activity  2 Gross 4 Sepanses from size or business  1 Description of exploited activity  2 Gross 3 Depenses from size or business  1 Description of exploited activity  2 Gross 3 Depenses from size or business  2 Gross 6 Sepanses from size or business  3 Depenses from size or business  3 Depenses from size or business  4 Residential business income from size or business  5 Depenses from size or business  6 Depenses from size or brown size or business  6 Depenses from size or brown size or brow											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)  1 Description of exploited activity  2 Gross 4 Sepanses from size or business  1 Description of exploited activity  2 Gross 3 Depenses from size or business  1 Description of exploited activity  2 Gross 3 Depenses from size or business  2 Gross 6 Sepanses from size or business  3 Depenses from size or business  3 Depenses from size or business  4 Residential business income from size or business  5 Depenses from size or business  6 Depenses from size or brown size or business  6 Depenses from size or brown size or brow	Tatala								4.00		
1 Description of exploited activity by the comment of the comment	Schodulo I Exploited Ex	omnt Activity In	some Othe	The The	an Advartiaina In		District Charles (Sales)	(Fishe)		24\	
1 Description of exploited activity business around from trade or business and trade or business from trade or bus	Schedule 1 - Exploited Ex	Activity iii	Come, Ouic	71 11			/see msuu	Ctio	ns on page		
(2) (3) (4) Enter here end on line 10, cot (A).  Totals	1 Description of exploited activity	unrelated business income from trade or	directly conne with production unrelated busing	ected on of	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5	from is n	activity that ot unrelated		ttributable to	expenses (column 6 minus column 5, but not more than	
(4)  Enter here and on page 1, Pert   Inic 10, col. (A).  Totals	(1)										
Enter here and on page 1, Part 1, line 10, col. (A).  Totals							***************************************	<u> </u>			
Enter here and on page 1, Part 1, line 10, cot. (A).  Totals	(3)										
page 1, Part I, line 10, cot. (a), line 10, cot. (b). line 10, cot. (b). line 10, cot. (c). line 21. line 10, cot. (c). line 10, cot. (c). line 21. line 10, cot. (c). line 10, cot. (c). line 21. line 10, cot. (c). line 10, cot. (c). line 21. line 10, cot. (c). line 11, cot. (c). line 21, cot. (c). line 11, cot. (c). li	(4)										
Part   Income From Periodicals Reported on a Consolidated Basis		page 1, Part I, line 10, col. (A).	page 1, Par	t I,		7				on page 1,	
Income From Periodical Reported on a Consolidated Basis     1 Name of periodical advertising   2 Gross advertising   3 Direct advertising costs   3 Direct advertising costs   3 Direct advertising costs   4 Advertising   5 Circulation   6 Readership   costs (column 6)     (2)   (3)   (4)   (4)   (4)   (4)   (4)     Totals (carry to Part II, line (5))       Part II   Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)    Advertising gain or (loss) (col. 2 minus col. 3);   3 Circulation   6 Readership   costs (column 6)     1 Name of periodical advertising   3 Direct advertising costs   3 Direct advertising   3 pain or (loss) (col. 2 minus col. 3);   4 Advertising   3 pain or (loss) (col. 2 minus col. 3);   5 Circulation   6 Readership   costs (column 6 minus column 6).     (1)   (2)   (3)   (4)   (5)   (5)   (6)   (7)			uationa on n		)4\						
1 Name of periodical 2 Gross advertising lincome 3 Direct advertising costs (2 minus cot 3). If a gain, compute coils 5 through 7.  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))											
1 Name of periodical advertising advertising costs advertising advertising costs adv	Panul Income From Per	Toulcais Report	led on a Co	1150	iluateu basis	I		Т		T	
(2) (3) (4) Totals (carry to Part II, line (5))	1 Name of periodical	of periodical advertising 3 Directions		gain or (loss) (col. 2 minus col. 3). If costs a gain, compute		5 (	<b> </b>		•	minus column 5, but not more than	
(2) (3) (4) Totals (carry to Part II, line (5))	(1)				S. Company of the second					Secretary of the second	
Totals (carry to Part II, line (5))											
Totals (carry to Part II, line (5)) ▶  Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)  1 Name of periodical 2 Gross advertising income advertising costs advertising costs advertising costs (col. 2 minus col. 3), If a gain, compute cols. 5 through 7.  (1) (2) (3) (4) (5) Totals from Part I Enter here and on page 1, Part I, line 11, col. (A). Income	(3)										
Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising gain or (fics) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5)  Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name  2 Title  3 Percent of time devoted to business  4 Advertising gain or (fics) (col. 2 minus col. 3). If a gain, compute costs (column 6 minus column 5, but not more than column 4).  5 Circulation income  6 Readership costs (column 6 minus column 5, but not more than column 4).  Totals, Part II (lines 1-5)  Enter here and on page 1, Part I, line 11, col. (A).  Iline 11, col. (B).  2 Title  3 Percent of time devoted to business  4 Compensation attributable to unrelated business	(4)				Section progress was all			ļ		naile de andraide de l'ann	
Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising gain or (fics) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1)  (2)  (3)  (4)  (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5)  Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name  2 Title  3 Percent of time devoted to business  4 Advertising gain or (fics) (col. 2 minus col. 3). If a gain, compute costs (column 6 minus column 5, but not more than column 4).  5 Circulation income  6 Readership costs (column 6 minus column 5, but not more than column 4).  Totals, Part II (lines 1-5)  Enter here and on page 1, Part I, line 11, col. (A).  Iline 11, col. (B).  2 Title  3 Percent of time devoted to business  4 Compensation attributable to unrelated business											
through 7 on a line-by-line basis.)  1 Name of periodical  2 Gross advertising income  3 Direct advertising costs again or (loss) if a contraction on page 12  Tentance devoted for time devoted to time devot			41		1. D		air alia al liak		- D - 4 II - 6II		
2 Gross advertising lncome advertising costs adv	through 7 on a lin			para	ite Basis (For eac	cn pe	riodicai list	ea II	n Part II, III	i in columns 2	
(2) (3) (4) (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5)	1 Name of periodical advertisi		i i		gain or (loss) (col. 2 minus col. 3). If a gain, compute		1		•	minus column 5, but not more than	
(2) (3) (4) (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5)	(1)										
(3) (4) (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5) >  Enter here and on page 1, Part I, line 11, col. (B).  Enter here and on page 1, Part I, line 11, col. (B).  Enter here and on page 1, Part I, line 11, col. (B).  Enter here and on page 1, Part II, line 27.  Part II, line 27.  Totals, Part II (lines 1-5) >  Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name  2 Title  3 Percent of time devoted to business  4 Compensation attributable to unrelated business  %  %  %  %  %  %  Totals, Part II (lines 1-5) >  9%  %  %  %  Totals, Part II (lines 1-5) >  Part II, line 27.	W-W							<b></b>			
(4) (5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5) ▶  Enter here and on page 1, Part I, line 11, col. (B).  Enter here and on page 1, Part I, line 11, col. (B).  Enter here and on page 1, Part II, line 27.  Enter here and on page 1, Part II, line 27.  Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name  2 Title  3 Percent of time devoted to business  4 Compensation attributable to unrelated business  %  %  %  %  Totals Totals from Part II											
(5) Totals from Part I  Enter here and on page 1, Part I, line 11, col. (A).  Totals, Part II (lines 1-5) ▶  Enter here and on page 1, Part I line 11, col. (B).  Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name  2 Title  3 Percent of time devoted to business  4 Compensation attributable to unrelated business  %  %  %  Totals Fraction Part II (lines 1-5) ▶											
page 1, Part I, line 11, col. (A). Part II (lines 1-5) ▶  Totals, Part II (lines 1-5) ▶  Totals, Part II (lines 1-5) ▶  Page 1, Part I, line 11, col. (B). Part II, line 27.  Totals, Part II (lines 1-5) ▶  Part II, line 27.  Totals, Part II (lines 1-5) ▶  Part II, line 27.  Totals, Part II (lines 1-5) ▶  Part II, line 27.  A Compensation attributable to unrelated business  ### Compensation attributable to unrelated business  ### Part II, line 27.  ### Compensation attributable to unrelated business  ### Part II, line 27.  ### Compensation attributable to unrelated business  ### Part II, line 27.							Street States and the		10.00 (B) (B)		
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)  1 Name 2 Title 3 Percent of time devoted to business  4 Compensation attributable to unrelated business  %  %  %  Table 5 Table	Totale Dort II /lines 4.5)	page 1, Part I, line 11, col. (A).	page 1, Pa	rt I			**Live (**) 1959			on page 1,	
1 Name 2 Title 3 Percent of time devoted to business  %  %  %  %  %  %  %  7  Table Table State based as a second of time devoted to business  %  4 Compensation attributable to unrelated business  %  %  %  %  ***  **  **  **  **  **			liractore a	ad T	ruetoos (see instru	ıctions	on nage 20	) \		3	
% % %				Cuons	3 Percent of time devoted to						
% %								%			
Total State has and an accord Darth State								%			
Table Falsy have and an year 4 Dark Brands								%			
Total. Enter here and on page 1, Part II, line 14								%			
	Total. Enter here and on page 1, I	Part II, line 14						. ▶		Form <b>990-T</b> (2008	

### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

K-1 PREMIER PURCHASING

K-1 CHESAPEAKE INVESTMENTS III

INCOME (LOSS) FROM PARTNERSHIPS

-86,342.

## PART I - LINE 12 - OTHER INCOME

CC MED SERVICES MANAGMENT INCOME

PART I - LINE 12 - OTHER INCOME

90,000.

90,000.

\_\_\_\_\_

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSION	IAL	FEES
SUPPLIES		
PURCHASED	SEF	RVICES

PART II - LINE 28 - OTHER DEDUCTIONS

444,338. 967,714.

333,025.

1,745,077.