Form 990

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)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For t	he 2008 calendar year, or tax year beginning 07/01, 2008, and ending	06	5/30, 20 09
B		applicable: Please C Name of organization HARBOR HOSPITAL, INC.	D Employer identif	
L	Add	dress use IRS Doing Business As	52-049166	50
L	Nam	ne change print or type. Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone numb	er
L	Initia	el return See 3001 SOUTH HANOVER STREET	(410) 772-	-6719
L	Tern	Specific Instruc- City or town, state or country, and ZIP + 4		
	Ame	ended tions. BALTIMORE, MD 21225	G Gross receipts \$	213,687,259.
	Appl pend	F Name and address of principal officer: DENNIS PULLIN	H(a) is this a group ret	um for Yes X No
		3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	affiliates? H(b) Are all affiliates in	H 1
ī	Tax-e	exempt status: X 501(c) (3) 4 (insert no.) 4947(a)(1) or 527		st. (see instructions)
J	Webs	site: ► WWW.HARBORHOSPITAL.ORG	H(c) Group exemption	number -
ĸ	Туре		rmation: 1903 M State	
P	art I	Summary	1303	MD
	1	Briefly describe the organization's mission or most significant activities:		
		HARBOR HOSPITAL IS COMMITTED TO QUALITY, CARING, AND SERV	TCE EOD OUD	
20				
Governance		PATIENTS AND OUR COMMUNITIES.		
Š	2	Check this box if the organization discontinued its operations or disposed of more than 2		
		Number of voting members of the governing body (Part VI, line 1a)	اما	i
ون دي	1			15
Į	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)		9
Activities	2		1 1	1,443
⋖	1	Total number of volunteers (estimate if necessary)	1	110
	7a	3	7a	1,722,630.
5	b	Net unrelated business taxable income from Form 990-T, line 34		-594,815.
		Contribution and second (DodA)(III for the)	Prior Year	Current Year
e	8	Contribution and grants (Part VIII, line 1h)	891,979.	709,492.
Revenue	9	Program service revenue (Part VIII, line 2g)	197,040,029.	203,669,506.
Se S		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-34,150.	126,827.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,732,813.	9,181,434.
- 57.5		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	206,630,671.	213,687,259.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,759.	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,526,776.	100,955,315.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
Ž,	b	Total fundraising expenses, Part IX, column (D), line 25)		
ш	17		102,284,480.	105,715,140.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	198,880,015.	206,670,455.
	19	Revenue less expenses. Subtract line 18 from line 12	7,750,656.	7,016,804.
0 8	20		Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)	64,592,068.	60,014,010.
A Ba	21	Total liabilities (Part X, line 26)	30,680,555.	35,005,289.
Net Asse Fund Balz	22	Net assets or fund balances. Subtract line 21 from line 20.	33,911,513.	25,008,721.
	rt II	Signature Block	33, 911, 313.	23,000,121.
			and statements, and to t	he heat of my line it do
		Under penalties of periury, declare that I have examined this return, including accompanying schedules and belief, it is true correct, and complete. Declaration of preparer (other than officer) is based on all it	nformation of which pres	parer has any knowledge.
S	ign	Mhall B.	1 5/12/1	
	ere	Signature of offiger	Date /	0
		MARC R. BERGER AND TAXATION		
		Type or print name and title		
		I Date Constitution of the	f Prenarer's	identifying number
aid		riepaters signature	(see instru	ctions)
Jet	arer's	Silva (o employ	1 = 1	00451522
Jse	Only	if self-employed),	D1 :	3-5565207
do.	the I	address, and ZIP+4	Phone no. > 7	57-616-7000
_			• • • • • • • • • • • •	X Yes No
OF	CLIAS(cy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)

	(Rev. 4-2009)	Page 2
If you	refiling for an Additional (Not Automatic) 3-Month Extension, complete only P	art II and check this box
Note. O	only complete Part II if you have already been granted an automatic 3-month exten	slon on a previously filed Form 8868.
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	the original (no copies needed).
Type or	Name of Everent Organization	Employer Identification number
print	HARBOR HOSPITAL, INC.	52-0491660
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
extended due date fo	3001 SOUTH HANOVER STREET	
filing the return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Instruction		
Check ty	ype of return to be filed (File a separate application for each return):	
	orm 990 Form 990-PF	Form 1041-A Form 6069
Fo	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 8870
	orm 990-EZ Form 990-T (trust other than above)	Form 5227
STOP! D	Do not complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868.
• The be	ooks are in the care of MARC BERGER	
	hone No. ▶ 410 772-6719 FAX No. ▶	
• If the	organization does not have an office or place of business in the United States, chec	k this box
If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is
for the w	whole group, check this box If it is for part of the group, check this bo	x I and attach a
list with t	the names and EINs of all members the extension is for.	and account
	equest an additional 3-month extension of time until05/15/2010	
		nd ending 06/30/2009
		al return Change in accounting period
	ate in detail why you need the extension <u>INFORMATION NECESSARY TO P</u>	REPARE A COMPLETE A
ACC	CURATE RETURN IS NOT YET AVAILABLE.	COLLEGE A
8a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tel	ntative tax less any
nor	nrefundable credits. See instructions.	Ba \$ NONE
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cr	
	payments made. Include any prior year overpayment allowed as a credit and	
	viously with Form 8888.	8b \$ NONE
c Bal	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or,	if required deposit
with	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m). See instructions. 8c \$
	Signature and Verification	NONE
Under pena	alties of perjury, I declare that I have examined this form, including accompanying schedules and st	NONE. attements, and to the best of my knowledge and haliaf
It is true, co	orrect, and complete, and that I am authorized to prepare this form,	1
	10 446	
Signature	Mitthering medienal THE CPA	Date > (1/30/2009
		Form 8868 (Pay 4 2000)

KPMG LLP 2100 DOMINION TOWER NORFOLK, VA 23510-3310

Form 8868

Department of the Treasury

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue S			arate application for each r			=	
		3-Month Extension, con					► X
 If you are f Do not comple 	iling for an Additio nal te Part II unless you ha	(Not Automatic) 3-Mont	h Extension, complete of an automatic 3-month e	only Part II (on pa extension on a pre	ge 2 of this for eviously filed Fo	n). orm 8868.	
Part I Auto	matic 3-Month Ext	ension of Time. Only s	ubmit original (no copi	ies needed).			
A corporation	required to file Form 9	990-T and requesting an	automatic 6-month exte	nsion - check this	box and comple	ete	
Part I only							
time to file ince	ome tax returns.	120-C filers), partnership					
one of the re electronically i returns, or a c	turns noted below (6 if (1) you want the a omposite or consolida	you can electronically fil 5 months for a corporat dditional (not automatic) ated From 990-T. Instead onic filing of this form, vis	ion required to file For 3-month extension or (, you must submit the fi	rm 990-T). Howe (2) you file Forms ully completed an	er, you canno 990-BL, 6069 d signed page	ot file Forr 9, or 8870 2 (Part II)	m 8868), group
Type or	Name of Exempt Organ		····		Employer Ide	<u> </u>	umber
print	HARBOR HOSE	PITAL, INC.			52-049:		
File by the		oom or suite no. If a P.O. box,	see instructions.		1 32_ 043.	1000	
due date for	3001 SOUTH	HANOVER STREET					
filing your return. See		ce, state, and ZIP code. For a	foreign address, see instruc	tions.			
instructions.	BALTIMORE,	MD 21225					
Check type o		e a separate application	for each return):				
X Form 990)	Form 990-T (corpo	ration)	Fo	rm 4720		
Form 990	-BL	Form 990-T (sec. 4	01(a) or 408(a) trust)	Fo	rm 5227		
Form 990	-EZ	Form 990-T (trust	other than above)	Fo	rm 6069		
Form 990	-PF	Form 1041-A		Fo	rm 8870	•	
 If the organ If this is for	a Group Return, enter	an office or place of bus the organization's four d	igit Group Exemption Nu	s, check this box mber (GEN)		If this i	▶ ☐ a
	is of all members the			E			
until for the or	st an automatic 3- 02/15,20 ganization's return for: calendar year tax year beginning	or	a corporation requirent organization return for the state of the state	red to file For or the organization	m 990-T) ex n named above	e. The exte	f time
2 If this tax	year is for less than 1	2 months, check reason:	Initial return	Final return	Change in a	ccounting	period
	plication is for Form dable credits. See instr	990-BL, 990-PF, 990-T,	4720, or 6069, enter t	the tentative tax,	- 1	T	
		190-PF or 990-T, enter a	ny rofundable eredite	od potimoted to:	3:	a \$	NONE
		erpayment allowed as a c		ю езыпатео тах р	· I	ما	
		from line 3a. Include yo		rm or if required		b \$	NONE
		uired, by using EFTPS			1342	5	
instruction			feronionio i edelai 19	a i ayını c ını əyste			
·		electronic fund withdraw	ol with this Form 2000	200 Form 0450 F			NONE
for payment ins		electronic fund withdraw	ai willi lilis FOFM 8868, \$	See FORM 8453-E0	Jano ⊢orm 88	/9-EU	
		441 A.A.P. 41	-44				
FOR PRIVACY AC	π and Paperwork Red	duction Act Notice, see Ir	structions.		Form	1 8868 (Rev	4-2009)

_	m 990 (2008)	Statement of Program Service Accomplishments (see instructions) describe the organizations mission: STATEMENT 1 organization undertake any significant program services during the year which were not listed on in Form 990 or 990-E27 organization case conducting, or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting, or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting, or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting, or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting, or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. organization cases conducting or make significant changes in how it conducts, any program 197 describe these changes on Schedule O. (as the assumption of Schedule O.) (by Expenses \$ 9,404,225, including grants of \$) (Revenue \$ 6,555,344.) DR ROSPITAL PROVIDED 51. INCLUDED INCLUDED THE OPERATION OF THE DATE AT A LOSS AND ARE INTENDED TO ADDRESS COMMUNITY NEEDS AND RETURN TO AND IMPROVEMENT OF THE COMMUNITY AND ARE EXPECTED TO NEE AT A LOSS AND ARE INTENDED TO ADDRESS COMMUNITY NEEDS AND RETURN TO AND IMPROVEMENT OF THE DATE OF THE COMMUNITY AND ARE EXPECTED TO NEED AND IMPROVEMENT OF THE DATE OF THE COMMUNITY AND ARE EXPECTED TO THE DATE OF T	
Pa	art III Statement of Program Service Accomplishments (see ins	ructions)	
1	Briefly describe the organization's mission:		
	SEE STATEMENT 1		
			· · · · · · · · · · · · · · · · · · ·
		E u	
			
2	Did the organization undertake any significant program services of	uring the year which were not listed a	<u> </u>
_	the prior Form 990 or 990-F7?	uring the year which were not listed to	
	If "Yes" describe these new services on Schedula O	• • • • • • • • • • • • • • • • • • • •	tes XI
2		to be seen the second control	
•			
		• • • • • • • • • • • • • • • • • • • •	Yes X
	Describe the example changes on Schedule O.		
*	Seating 504(-)(2) and 504(-)(4)	lon's three largest program services by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun	t of grants and
	allocations to others, the total expenses, and revenue, if any, for each	program service reported.	
4a	(Code:) (Expenses \$ 9,404,225, including grants of	\$) (Revenue \$	6 666 044
	HARBOR HOSPITAL PROVIDED \$9.4M SUBSIDIZED (MI	SSION DELVEN) HEALTH	0,000,944.
	SERVICES IN FISCAL 2009 INCLUDED IN THIS CO	OUD OF CEDUTCES ADD	
	THOSE TURE ARE PROVIDED TO THE COMMITTEE AND	DUP OF SERVICES ARE	
			
	PRIORITIES PRIMARILY THROUGH DISEASE PREVENT	ON AND IMPROVEMENT OF	
	HEALTH STATUS. SERVICES PROVIDED INCLUDED TH	E OPERATION OF THE	
	PSYCHIATRY, HOSPITALISTS, AND EMERGENCY DEPAR	TMENT ON-CALL	
	SERVICES.		
			902,250.)
_	HARBOR HOSPITAL PROVIDED \$4.7M CHARITY CARE S	ERVICES IN FISCAL	
	2009. CHARITY CARE IS PROVIDED PURSUANT TO M	EDSTAR HEALTH'S	
		CTLY REIMBURSED VIA	
-	THE STATE OF MARYLAND'S PAYMENT SYSTEM.		
10	Other program services. (Describe in Schedule O.)		
((Expenses \$ 152,107,186. including grants of \$	(Revenue \$ 194 111 400)	
, `	Total program service expenses ▶\$ 173 107 770 (Must equi		
١.		d.c. in, Line 20, Column (D).	F: 000 (0.55
	20 1.000		Form 990 (2008

Form	990 (200	52-0491660			Page :
Par	rt IV	Checklist of Required Schedules			i age (
				Yes	No
1		organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	comp	lete Schedule A	1	X	
2	IS the	organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	candi	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
4	Section	dates for public office? If "Yes," complete Schedule C, Part I on 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		X
7				l	1000
5		ons 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4	 	X
_	notice	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6	Did th	e organization maintain any donor advised funds or any accounts where donors have the right to	5	-	
		e advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		<u> </u>	
		ule D, Part I	6	ĺ	х
7	Did th	e organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		^
	the er	vironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did th	e organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	compl	ete Schedule D, Part III	8		х
9	Did th	e organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"]		
40	compl	ete Schedule D, Part IV	9		Х
10 11		e organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
• • •		e organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, /I, VII, VIII, IX, or X as applicable			
12		e organization receive an audited financial statement for the year for which it is completing this return	11	_ X	
		as prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40		
13	Is the	organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		<u>X</u>
14a	Did th	organization maintain an office, ampleyons or agents estable of the LLC 0	14a		X
b		e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising.	140	\dashv	
		ss, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the	e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
		zation or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16		e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
		viduals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17		organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18		organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19 20		e organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
21		organization operate one or more hospitals? If "Yes," complete Schedule H organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20	Х	
22		organization report more than \$5,000 on Part IX, column (A), line 1? If Yes, "complete Schedule I, Parts I and III organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		<u>X</u>
23		e organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	22	5	<u>X</u>
	0-16-4	ut- t	23	x	
24a	Did the	e organization have a tax-exempt bond issue with an outstanding principal amount of more than		^	
		100 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		Id and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the	. and a standard to the control of t	24b		
С	Did the	e organization maintain an escrow account other than a refunding escrow at any time during the year			
		ase any tax-exempt bonds?	24c		
d			24d		
25a	Sectio	n 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		T	
	with a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
b	Did the	e organization become aware that it had engaged in an excess benefit transaction with a disqualified	- [
26	person	from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X_</u>
26		loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
27		lified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		<u>X</u>
-1		ntial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	_		
JSA		Tes, Complete Scriedule L, Part III	27	90 (<u>X</u>
8E1021	1.000		rom s	7 7 V (2008)

Form 990 (2008) Part IV **Checklist of Required Schedules** (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		生物	
а	that a said of			
	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,			
	Part IV	28a	X	es per
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		v
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	200		Х
	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			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		_X_
	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		Х
•	Part I			
32	Part I	31		X
~_	Schedule N. Part II			
33	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	- 1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		j	
	W	37		x

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1	a 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			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2	gaining (gambling) winnings to prize winners?	1c	X	
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,443			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note: If the sum of lines to and 2a is greater than 250, you may be required to e-file this return. (see instructional)			
J.	a Bid the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Х	
J 4	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	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			ĺ
	account)?	4a	Series see	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1		
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
•	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		_X_
	Prohibited Tax Shelter Transaction?	5c		
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		_	
	girls were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c)			"
а	Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$752	7a	F. SUREDINE	X
b	if res, and the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to tile Form 8282?	7.c		Х
d	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			
f	Delient Contract?	7e		X
,	and your, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
h	For contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	7h	X	- Martin
	OLOGORIZATION DRAVE AVEGES BUSINESS holdings of anti-time at the second state of the s			
9		8		s 33
а	1)Id the organization make any toyohlo distributions well as a second	9a		
b		9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter:	海	2000年	X
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 900 in liquid 5 40440	2a		
_0	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			N.C.

Form 990 (2008)

Part VI

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

<u>Sec</u>	tion A. Governing Body and Management			
æ			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		Jr. 45	
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		5. W	
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	х	
8.	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	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		İ	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sect	on B. Policies			
40-	Describe associated by the Cold Cold of the Cold of t		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	_ X	
C	described in Only of the Only of the state o			
4.2	describe in Schedule O how this is done	12c	_X	
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	rs to below
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		967191	
. h	Other officers or key employees of the executation?	15a	_X	
b	Describe the process in Schedule O. (see instructions)	15b	<u> </u>	54555
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a tayable antity during the year?			
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a	- pr 450-10	X
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the approximation of a compact of the compact of th	401	. Sych .	
Secti	on C. Disclosure	16b		
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	onk A		
	available for public inspection. Indicate how you make these available. Check all that apply.	Of liy)		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	nat.		
. •	policy, and financial statements available to the public.	รอเ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
		;		
	organization: ►MARC BERGER 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044			
	410-772-6719			

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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- 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.

	<u> </u>									
(A) Name and Title	(B) Average	Posi		(che		that ap		(D) 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										
										<i>19</i>
			9,							
	'n	25								
				_						
								i i i i i i i i i i i i i i i i i i i		
2										

Form 990 (2008)

JSA

Section A. Officers, Directors, Tr	(B)	1		1	C)					es (continuea)
Name and title	Average	Basi	41 I	•	•			(D)	(E)	(F)
L s	hours per week	or direc		Officer	Key employee	that an Highes		Reportable compensation from the	Reportable compensati from relate	on amount of other
	=	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee	ľ	organization (W-2/1099-MISC)	organizatio (W-2/1099-M	
				92		-			_ ^	
				2.2			_			
						40				
			1					1 1 15		
				7						
				7	1		7.2	Œ		27
			1	\dagger	1		-			13
			7	\dagger	1					
				1	+		1			
			\dagger	+	1		1			
			+	+	1	\dashv	+	"		
		\top	-		1		+			
b Total							\dashv			i.e.
Total number of individuals (including those organization ► 120	in 1a) wh	o rec	eive	ed i	mor	e tha	an :	5,180,753. \$100,000 in rep	2,258,32 ortable compe	7. 816,468 ensation from the
Did the organization list any former office	r. director	or t	rust	ee	ke	v en	anlo	avee or highest		Yes No
employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the	a a for such	inaivi	aua	Ι.						3 2
individual	reater that	n \$15	0,0	100	? If	"Yes	5," (complete Schedul	e J for such	
Did any person listed on line 1a receive services rendered to the organization? If "Yes," coection B. Independent Contractors	or accrue	com	per	nsat o <i>r s</i>	ion uch	from	 n a	iny unrelated org	ganization for	
- street - independent contractors										5 X
Complete this table for your five highest co compensation from the organization.	mpensated	inde	pen	nder	nt c	ontra	cto	rs that received	more than \$	100,000 of
(A) Name and business addres	s							(B) Description of service	ces	(C) Compensation
EE STATEMENT 2						$-\Gamma$				
	li.	107					_			
Total number of independent contractors (inclosumpensation from the organization ▶	luding thos	e in	1)	who	o re	ceive	ed r	more than \$100,	000 in	
- Section to diganization	22									

art	NE COLOR	Statement of Revenue		Stant Green Make Ship Corts		52-0491660	- 10	
					(A) ^ Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
ilar amounts	1 a	Federated campaigns						
ğ	b	Membership dues						
a	C	Fundraising events						
<u></u>	d	Related organizations						
등	e	Government grants (contribution					选择的信息	
and other simi	f	All other contributions, gifts, grants,		709, 492.	34			
0	_	and similar amounts not included all Noncash contributions included in I						
- 4	g h	Total. Add lines 1a-1f		7-01-01	709, 492.			
				Business Code				No. No.
	2a	NET PATIENT SERVICE REVENUE		900099	203,669,506.	203,669,506.	BALEKS OF SERVICES AND ASSESSED.	A ADSORPTION STATE OF THE STATE
	b							
	c							
	đ							
	е							
?	f	All other program service reven			- Fi	File an work of the land	and the same of th	HELP AND CHILD IN THE
+	g	Total. Add lines 2a-2f			203,669,506.		是一种	Martin R
	3	Investment income (including of						
		other similar amounts)		1	120, 345.			120,34
- 1	4 5	Income from investment of tax			NONE			
	3	Royalties	(i) Real	(ii) Personal	NONE			AND THE PARTY OF THE
	6a	Gross Rents	2,656,542.					
	b	Less: rental expenses						
	c	Rental income or (loss)	2,656,542.					
	đ	Net rental income or (loss)			2,656,542.		A	2,656,54
1,	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
1.	3)	assets other than inventory		6,482.			6 编码 外层的	
1	b	Less: cost or other basis						
3		and sales expenses						
	C	Gain or (loss)			医性结合性医结肠			
	đ	Net gain or (loss)	- 1		6,482.			6,48
1	8 a	Gross income from fund	draising		不是一个一个			
		events (not including \$.4->					
		of contributions reported on line See Part IV, fine 18						
	b	Less: direct expenses						
ä	c	Net income or (loss) from fundra			NONE	ANTHONY OLD CONTRACTOR	THE REAL PROPERTY OF THE PARTY OF	
1	9 a	Gross income from gaming activ		100			STALL SALES	
		See Part IV, line 19						
	b	Less: direct expenses	b	50 H	元 第二十年四十二			
	C	Net income or (loss) from gamin	- I	▶	NONE	estate / ap		Mary and the second sec
10	0a	Gross sales of inventory, returns and allowances		9				
	b	Less: cost of goods sold	- 1					
1	С	Net income or (loss) from sales	of inventory.		NONE			
_		Miscellaneous Revenue		Business Code		SULTENANTE:	在基础的	
111	-	PHARMACY		900099	2,422,421.			2,422,421
		OPERATING RECOVERY		900099	501,353.			501,353
	C	REBATE INCOME	 	900099	459,177.			459,177
	d	All other revenue		900099	3,141,941.	1,304,642.	1,722,630.	114,669
1	е	Total. Add lines 11a-11d			6,524,892.			是 开放 · 世
12	2	Total Revenue. Add lines 1h, 2g 9c, 10c, and 11e · · · · · ·			213,687,259.	204,974,148.	1,722,630.	6,280,989

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		9		
	organizations in the U.S. See Part IV, line 21	NONE			Mary Property
2	Grants and other assistance to individuals in			Contract of the second	
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,		=		
	trustees, and key employees	2,593,915.	2,290,396.	303,519.	
6	Compensation not included above, to disqualified		j		
	persons (as defined under section 4958(f)(1)) and	2			
	persons described in section 4958(c)(3)(B)	NONE	***		
7	Other salaries and wages	80,765,515.	71,314,971.	9,450,544.	
3	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	3,086,516.	2,725,356.	361,160.	
9	Other employee benefits	8,785,281.	7,757,297.	1,027,984.	
0	Payroll taxes	5,724,088.	4,948,681.	775,407.	
1	Fees for services (non-employees):		¥.		
а	Management	13,483,962.	4,271.	13,479,691.	
b	Legal	NONE		da	
C	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	16,313,397.	16,313,397.		
2	Advertising and promotion	793,474.		793,474.	
3	Office expenses	2,095,924.	1,567,396.	528,528.	
1	Information technology	30,265.	8,024.	22,241.	
5	Royalties	NONE			
6	Occupancy	608,623.	608,623.		
7	Travel	254,581.	169,729.	84,852.	
3	Payments of travel or entertainment expenses			5	
	for any federal, state, or local public officials	NONE			8
)	Conferences, conventions, and meetings	7,425.	3,704.	3,721.	
)	Interest	2,471,063.	2,471,063.		
I	Payments to affiliates	NONE			
2	Depreciation, depletion, and amortization	8,022,664.	8,022,664.		
3	Insurance	4,374,888.	138,143.	4,236,745.	
ŀ	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	MEDCIAL/SURGICAL_SUPPLIES	13,829,391.	13,788,681.	40,710.	
	BAD_DEBTS	13,814,042.	13,814,042.		
	MAINENANCE/CLEANING/UTILITIE	8,159,287.	7,389,399.	769,888.	
d	IMPLANTS/PROSTESES	7,746,204.	7,746,197.	7.	
	DRUGS/PHARMACEUTICALS	6,138,708.	6,121,691.	17,017.	
f	All other expenses	7,571,242.	5,994,045.	1,577,197.	
<u> </u>	Total functional expenses. Add lines 1 through 24f	206,670,455.	173,197,770.	33,472,685.	
j	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization]		= 10	
	reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				

Part X	Balance Sheet	32-0491660				Page I
		(A) Beginning of year		En	(B)	
1	Cash - non-interest-bearing		1		<u>_</u>	2,84
2	Savings and temporary cash investments		2			.,04
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net	21,679,891		17	,052	0.3
5	Receivables from current and former officers, directors, trustees, key				,052	,, 03
	employees, or other related parties. Complete Part II of Schedule L	ă.	5		10	
6	Receivables from other disqualified persons (as defined under section		(Carrie			es m
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II		634			
	of Schedule L		6			
\$ 7	Notes and loans receivable, net		7			
Assets 6 8 4	Inventories for sales or use	2,437,358.	. 8	2	,523	. 0.3
, ,	Prepaid expenses and deferred charges	478,780				,19
	Land, buildings, and equipment: cost basis 10a 181, 655, 521		100			
b	Less: accumulated depreciation. Complete					
ŀ	Part VI of Schedule D	36,368,441.	10c	35	534	. 498
11	Investments - publicly traded securities	157,391.		·		NOI
12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · ·	NONE		1 8	104	,26
13	Investments - program-related. See Part IV, line 11		13			7
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	3,467,362.	15	4.	071	.131
16	Total assets. Add lines 1 through 15 (must equal line 34)	64,592,068.	16		014	
17	Accounts payable and accrued expenses	16,096,623.			648	
18	Grants payable		18			
19	Deferred revenue	28,487.	19		57	,704
20	Tax-exempt bond liabilities		20			
ဖ္တ 21	Escrow account liability. Complete Part IV of Schedule D	10	21			
22	Payables to current and former officers, directors, trustees, key employees,		(4,8%)			
Liabilities 22	highest compensated employees, and disqualified persons. Complete Part II					
	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	14,555,445.	25	16,	298,	, 999
26	Total liabilities. Add lines 17 through 25	30,680,555.	26	35,	005,	289
sauces 27	Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.					
_	Unrestricted net assets	33,754,122.	27	24.	904,	455
ន្ទ 28	Temporarily restricted net assets	157,391.	28		104,	
일 29	Permanently restricted net assets		29			
28 29	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					#C. 75
	Capital stock or trust principal, or current funds		30	54 S G		
30 31 32 33	Paid-in or capital surplus, or land, building, or equipment fund		31			
32	Retained earnings, endowment, accumulated income, or other funds		32	·		
33	Total net assets or fund balances	22 011 512	33		000	=
34	Total liabilities and net assets/fund balances	33,911,513. 64,592,068.	34		008,	
art XI	Financial Statements and Reporting	04, 392, 000.	34	60,	014,	010
					Yes	No
Accou	enting method used to prepare the Form 990: Cash X Accrual Other			2 - 1 Y	163	NO
	the organization's financial statements compiled or reviewed by an independent accounta			20	1776	V 155
Were	the organization's financial statements audited by an independent accountant?	• • • • • • • • • • • •		· 2a	v	X
If "Ye	s" to lines 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of the	- • • •	- 20	Х	·
audit,	review, or compilation of its financial statements and selection of an independent account	tant?		. 2c	J	
Asar	esult of a federal award, was the organization required to undergo an audit or audits as se	t forth in		- 20	X	
the Si	ngle Audit Act and OMB Circular A-133?			. 3a		v
If "Yes	s," did the organization undergo the required audit or audits?	• • • • • • • • • • • •		. 3a		X
					990	(2000

SCHEDULE A (Form 990 or 990-EZ)

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
2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

	R HOSPIT				33				52-0	491660
Part I	Reason	for Public Cha	rity Status (All orga	nizations	must com	plete this	s part.) (s	see instr	uctions)	
	janization is i	not a private four	ndation because it is: (I	Please che	ck only one	organiza	tion.)			
1	A church,	convention of ch	urches, or association	of church	es describe	d in sectl	on 170(b)(1)(A)(i)		
2	A school d	lescribed in secti	ion 170(b)(1)(A)(ii). (A	ttach Sche	dule E.)					
3 <u>x</u>	A hospital	or a cooperative	hospital service orga	nization de	scribed in s	ection 17	'0(b)(1)(A)(III). (At	tach Sche	dule H.)
4	J A medical	research organ	nization operated in co	onjunction	with a ho	spital de	scribed in	n section	n 170(b)(1)(A)(III). Enter the
-		name, city, and s								
3 <u></u>	J An organiz	zation operated	for the benefit of a co	ollege or u	niversity or	wned or	operated	by a go	vernmenta	l unit described in
6			Complete Part II.)							
, -	A lederal,	state, or local go	overnment or governm	ental unit d	lescribed in	section	170(b)(1)	(A)(v).		
'	described i	in section 170/h	ally receives a substan	ntiai part o	t its suppo	rt from a	governm	ental un	it or from	the general public
8)(1)(A)(vi). (Complete ed in section 170(b)(1)							32
, -	An organiz	ration that norm:	ally receives: (1) mere	(A)(VI). (U	omplete Pa	π II.)				
٠ ــــــ	receints fr	om activities reli	ally receives: (1) more	man 331/	3 % OT ITS S	upport fro	om contri	butions,	membersh	nip fees, and gross
	support fro	om arnes invest	ated to its exempt fui tment income and ur	rolated b	ubject to c	enain ex	ceptions,	and (2)	no more	than 331/3% of its
	acquired by	v the organizatio	n after June 30, 1975.	See secti	on 600/a\/	able inc	ome (less	s section	1 511 tax) from businesses
10	An organiz	ation organizado	and operated exclusive	elv to test t	for nublic sa	foty Soo	section i	III.) 500/~\/4\	(nnn imat	
11	An organiz	zation organized	and operated exclus	ively for t	he henefit	of to n	orform th	ous(a)(4)	. (see inst	ructions)
	purposes o	of one or more r	oublicly supported org	anizations	described	in section	n 500/a\/	11) or so	olis OI, OI otion 500/	to carry out the
	509(a)(3).	Check the box th	at describes the type	of supporti	na organiza	ation and	complete	lines 11	e through	a)(2). See Section
	a Ty	pel b			pe III - Fun					pe III - Other
е	By checkir	ng this box, I co	ertify that the organia	zation is n	ot controll	ed direc	tly or ind	lirectly b	v one or	more disqualified
	persons ot	her than founda	tion managers and oth	ner than or	ne or more	publicly	supporte	d organiz	zations de	scribed in section
	509(a)(1) o	r section 509(a)	(2).							
f	If the orga	nization received	d a written determina	ation from	the IRS th	atitis a	Type I.	Type II o	or Type III	supporting
	organizatio	n, check this box	·						,,	
g	Since Augu	ıst 17, 2006, has	the organization acce	epted any	gift or contr	ibution fr	om any o	f the	• • • • •	•••••
	following pe	ersons?					-		•	
	(i) A pers	on who directly	or indirectly controls	, either a	lone or tog	ether wi	th persor	ns descri	bed in (ii)	Yes No
			erning body of the sup		anization?					11g(i)
			person described in (i) a							11g(II)
_			of a person described							11g(I(i)
h			ation about the organi		organizati	on suppo	rts.			
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the	organization		ou notify		ls the	(vii) Amount of
0.9	amzanon	9	above or IRC section		sted in your document?		nization in of your		tion in col.	support
			(see instructions))			sup	port?		.S.?	
				Yes	No	Yes	No	Yes	No	
					ļ			İ	ĺĺ	
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· ·										
		Karibar baye		5)(1±14 151	raint et	Magnit to	Tinger II	±3 -000	100 (4.88 t)	
otal				HI INC	31 18	<i>p</i> —		100	E Seatt S	

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

	ction A. Public Support	4) 6 5 5 1	THE PART DAY		,		
Ca	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	4 144 Cl. S. Sales R. Sales R. S. Sa					
5	The portion of total contributions by each	图的图象		1.0	10 Table		
	person (other than a governmental unit or						
	publicly supported organization) included	然后是					
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		AT ALL THE ALL THE	DOMESTIC DE		PERMIT	
6	Public support. Subtract line 5 from line 4.	BARRIOTE STATE	Part to the		美国的 特色系统	国产工作员	
	etion B. Total Support	(a) 2004	(b) 2005	(c) 2006	(4) 2007	(-) 0000	(D. T. ()
_		(a) 2004	(b) 2003	(6) 2000	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4			 			
	payments received on securities loans,		j				
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			BY WELL			···
12	Gross receipts from related activities, etc. (S	ee instructions.)				12	
13	First five years. If the Form 990 is for the o						<u> </u>
8	organization, check this box and stop here	<u> </u>	<u> </u>	· · · · · · · · · · · · ·			▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge			п. п.	
14	Public support percentage for 2008 (lin	e 6, column (f) divided by line	11, column (f))		. 14	
15	Public support percentage from 2007 5	Schedule A, Pa	art IV-A, line 26f			15	(
16a	33 1/3% support test - 2008. If the or	ganization did	not check the b	ox on line 13, a	nd line 14 is 33	1/3% or more, o	heck this bo
	and stop here. The organization qualification	es as a publicl	y supported org	anization			▶ 🛴
b	33 1/3% support test - 2007. If the or	ganization did	not check a bo	x on line 13 or 1	6a, and line 15	is 33 1/3% or m	ore, check_th
	box and stop here. The organization qu	ialifies as a pu	blicly supported	organization .			▶
17a	10%-facts-and-circumstances test - 2	008. If the orga	anization did no	t check a box or	ine 13, 16a or	16b, and line 14	1
	is 10% or more, and if the organization						
	in Part IV how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2						ine
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization						
	supported organization						▶ ∟
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 2008

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

Calen	dar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Tot
1 Gif				 	1	(5) 2000	(1) 101
	embership fees received. (Do not include	- 4					11
	y "unusual grants.")			1			1 "
2 Gro	oss receipts from admissions, merchandise	· · · · · · · · · · · · · · · · · · ·				 	
	d or services performed, or facilities			1			
	nished in any activity that is related to the				}]
	anization's tax-exempt purpose						
	ss receipts from activities that are not an						
	elated trade or business under section 513						
	revenues levied for the organization's						
	nefit and either paid to or expended on						
	· · · · · ·						
5 The	behalf	***		 	ļ		
	nished by a governmental unit to the						
	anization without charge						
	tal. Add lines 1-5				ļ		
	ounts included on lines 1, 2, and 3]	17	1
rec	eived from disqualified persons ounts included on lines 2 and 3						
rec	eived from other than disqualified				1\		
per	sons that exceed the greater of 1% of		83		}		
	total of lines 9, 10c, 11, and 12 for the r or \$5,000 · · · · · · · · · · ·						
	l lines 7a and 7b						
8 Pub	plic support (Subtract line 7c from						
	6.)				The state of the s	CING HE STEEL	
Section	B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Tota
	ounts from line 6	18					
10a Gro	ss income from interest, dividends,				*		
	ments received on securities loans, is, royalties and income from similar			!			
	rces						
	elated business taxable income (less			71			
sect	tion 511 taxes) from businesses						
	uired after June 30, 1975		ì				
	l lines 10a and 10b						
	income from unrelated business		***************************************	11			
activ	vities not included in line 10b.						
	ther or not the business is regularly		ļ				
	ried on · · · · · · · · · · · · · · · · · ·						
	from the sale of capital assets						
	_ *	į	1				
	plain in Part IV.)						
	al support. (Add lines 9, 10c, 11,	roesta sen	O to Carrie 20			CHIEF RESERVE	
and	112.)		TE 18 E 787				
4 First	t five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	a section 501(c)(3)
orga	anization, check this box and stop here	<u> </u>		• • • • • • • • •	<u></u>		▶
	C. Computation of Public Supp						
5 Publ	lic support percentage for 2008 (line 8,	column (f) divided	d by line 13, colum	ın (f))	<u>L</u>	15	
6 Publ	lic support percentage from 2007 Sched	lule A, Part IV-A, I	line 27g			16	
ection	D. Computation of investment	Income Perc	entage				
7 Inve	stment income percentage for 2008 (line	e 10c, column (f)	divided by line 1:	3, column (f))		17	
8 Inve	stment income percentage from 2007 S	chedule A, Part I	V-A, line 27h			18	
9a 33 1	1/3% support tests - 2008. If the orga	inization did not	check the box o	n line 14, and li	ne 15 is more tha	n 33 1/3 % and	line
17 is	s not more than 33 1/3 %, check this box	and stop here. T	he organization q	ualifies as a public	cly supported orga	nization	•
	/3% support tests - 2007. If the organ	ization did not ch	neck a box on line	e 14 or line 19a	and line 16 is mor	re than 33 1/3 %	and
b 33 1			, IIII			- man 00 1/3 /0,	ana
b 33 1	18 is not more than 33 1/3 %, check this	box and stop her	re. The organization	on qualifies as a n	ublicly supported	organization	[
line	18 is not more than 33 1/3 %, check this ate foundation. If the organization did no	box and stop he i	re. The organization	on qualifies as a p	ublicly supported	organization . ,	▶

Schedule A (Form 990 or 990-EZ) 2	800		52-	-0491660		Page 4
Part IV	Supplemental Part II, line 17a	Information. Com or 17b; or Part III,	iplete this part to line 12. Provide a	provide the explanation provide the explanation of the provided the explanation of the ex	anation required b	y Part II, line	10;
9							
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140	ζ.						
						<u></u>	
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		4					

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

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

Schedule D (Form 990) 2008

Nan	ne of the organization		Employer Identification number	
HA	RBOR HOSPITAL, INC.	<u> </u>	52-0491660	
Pa	Organizations Maintaining Donor Advis the organization answered "Yes" to Form	sed Funds or Other Similar F n 990, Part IV, line 6.	unds or Accounts. Complete if	, u _e
		(a) Donor advised 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	П		
5	Did the organization inform all donors and donor adv	visors in writing that the assets h	neld in donor advised	
	funds are the organization's property, subject to the			No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber	donor advisors in writing that g	rant funds may be	
Da	impermissible private benefit?	be organization analysis d IV	Yes	No
1	Purpose(s) of conservation easements held by the o	reanization (check all that apply)	es to Form 990, Part IV, line 7.	
•				
	Preservation of land for public use (e.g., recreat		rvation of an historically importantly land a	ea
	Protection of natural habitat	Prese	vation of certified historic structure	
2	Preservation of open space	find name and the state of the		
_	Complete lines 2a-2d if the organization held a qualit on the last day of the tax year.	ned conservation contribution in	the form of a conservation easement	
	on the last day of the tax year.		Held at the End of the Ye	
-	Total number of conservation easements			GI,
a b				
	Total acreage restricted by conservation easements. Number of conservation easements on a certified his			
c d	Number of conservation easements included in (c) a			
3 3				
5	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, o	r terminated by the organization during	
4	Number of states where property subject to conserva			
5	Does the organization have a written policy regarding			
	enforcement of the conservation easements it holds?		Yes	No
6	Staff or volunteer hours devoted to monitoring, inspe			
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing easements du	ring the year 🕨 \$ 👱	
8	Does each conservation easement reported on line 2			
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIV, describe how the organization reports co			
	balance sheet, and include, if applicable, the text of t		s financial statements that describes	
 D-:	the organization's accounting for conservation easem			
Ра	Organizations Maintaining Collections of Complete if the organization answered	of Art, Historical Treasures, of Yes" to Form 990, Part IV, line	or Other Similar Assets. e 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIV, the text of the footnote to its final	116, not to report in its revenue for public exhibition, education, cancial statements that describes	e statement and balance sheet works of or research in furtherance of public service, these items.	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	116, to report in its revenue staublic exhibition, education, or re:	ntement and balance sheet works of art, search in furtherance of public service,	
	(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, histo	orical treasures, or other similar	assets for financial gain, provide the	
	following amounts required to be reported under SFA	AS 116 relating to these items:		
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.

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Other Cherrowde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XVI. Part XVI. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XVI. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solicitor?	Pa	rt III Organizations Maintain	ing Collection	s of Art, Histo	orical Treasur	res, or	Other Similar As	ssets (continu	ıed)
lems (check all that apply): a Public exhibition d Loan or exchange programs Chief Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes N If Yes, Explain the arrangement in Part XIV and complete the following table: C Beginning balance 1 1	•	Union the constitute of	1 . 41						
a Public exhibition d	3		n and other reco	rds, check any	of the following	g that a	re a significant use	of its collectio	n
b Scholarly research Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solict or receive donations of aft, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
c Proservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?				d	-	exchan	ge programs		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?				e	Other _				
Part XV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	-								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement In Part XIV and complete the following table: □ Beginning balance .	4		ization's collection	ns and explain	how they furth	er the	organization's exen	npt purpose in	ſ
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part IV	5								
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									5 1
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 11	Pai	Part IV, line 9, or report	codial Arranger ed an amount	nents. Comp on Form 990,	lete if organiz Part X, line 2	ation a	answered "Yes" to	Form 990,	
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance	4-	1-41							
b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance	1 a								
d Additions during the year e Distributions during the year f Ending balance 11c d Additions during the year e Distributions during the year f Ending balance 11f 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 6 (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions 1 Contributions 1 Contributions 2 Contributions 3 Contributions 4 Contributions 5 Contributions 6 Grants or scholarships 7 Contributions 7 Administrative expenses 9 End of year balance 9 Provide the estimated percentage of the year end balance held as: 1 Board designated or quasi-endowment ► % 1 Permanent endowment ► % 2 Provide the estimated percentage of the year end balance held as: 2 Board designated or quasi-endowment ► % 3 Are there endowment Ival to in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related or						• • • •	• • • • • • • • • •	Yes	; N
c Beginning balance	D	if "Yes," explain the arrangement if	n Part XIV and co	omplete the fol	lowing table:				
d Additions during the year Distributions during the year of the year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d)							Am	ount	
e Distributions during the year									
f Ending balance	d								
Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. [a) Current Year	е								- 41
b if "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % 3a Are there endowment Indust not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Description of investment (a) Cost or other basis (other) (c) Depreciation (d) Book value basis (other) (e) Depreciation (d) Book value (e) Depreciation (e) Depreciation (e) Book value (e) Depreciation (e) Depreciation (e) Depreciation (e) Book value (e) Depreciation (e) Depreciat									
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Complete C				90, Part X, line	21?	"		Yes	i N
(a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions Contr									
1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 9 Forwide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % 7a Are there endowment trunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a	Par	t V Endowment Funds. Con	nplete if organ	ization answe	ered "Yes" to F	Form 9	90, Part IV, line 1	0.	
b Contributions			(a) Current Year	(b) Prior ye	ear (c) Two	years ba	ck (d) Three years	back (e) Fou	ır years bac
c Investment earnings or losses	1a								(45)
d Grants or scholarships	b	Contributions	T .		多生态 原			经存储 海绵黑色	
e Other expenditures for facilities and programs	C						A Part of the Control		
and programs	d	Grants or scholarships			5 W 12 5 Mg				Service.
f Administrative expenses	e	Other expenditures for facilities .				Sen P	格· 图图型10条件	(6)	100754
g End of year balance		and programs							
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f	Administrative expenses	24	\$2.00 m			-32 (-25%) 72 (-27%)		917
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	g	End of year balance			1 16 1 18 16 16 16 16 16 16 16 16 16 16 16 16 16	114,132		No. Property Co.	5 - 124 m.h/s
a Board designated or quasi-endowment ▶	2		of the year end t	palance held as		- No. 10 20 10 10	SCALL BUTTER AND THE WASHINGTON	PARTICIPATE STORAGE	The state of the s
b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations . 3a(i) (Ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value (d) Boo	а		-						
Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations	b	_ ,							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations	С								
organization by: (I) unrelated organizations		-	. ' •	of the organiza	ation that are he	hae ble	administered for th		
(I) unrelated organizations 3a(I) (II) related organizations 3a(II) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 3, 415, 538. 3, 415, 538. 3, 415, 538. b Buildings 29, 342, 855. 22, 676, 545. 6, 666, 310. c Leasehold improvements 26, 982, 791. 26, 908, 435. 74, 356. d Equipment 119, 403, 727. 95, 036, 996. 24, 366, 731. e Other 2,510, 611. 1, 499, 047. 1, 011, 564.			and possession	or the organize	ittori tilat are itt	sia ana	administered for the	١	V N
(II) related organizations 3a(II) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 3, 415, 538. 3, 415, 538. b Buildings 29, 342, 855. 22, 676, 545. 6, 666, 310. c Leasehold improvements 26, 982, 791. 26, 908, 435. 74, 356. d Equipment 119, 403, 727. 95, 036, 996. 24, 366, 731. e Other 2, 510, 611. 1, 499, 047. 1, 011, 564.		- ·						32(1)	Tes No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		•							
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value (investment) (a) Cost or other basis (other) (c) Depreciation (d) Book value (d) Book value (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (d) Book value (e) Depreciation (e) Depreciation (d) Book value (e) Depreciation (h	If "Voe" to 3a/ii) are the related ore	ronizationa liatad		Cabadula DO	• • •		3a(11)	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land						• • • •		[30]	
Description of Investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land						art X I	ine 10		
tall Land								(d) Book va	ilue
b Buildings				nvestment)	basis (other)		(e) Depression		
c Leasehold improvements 26,982,791. 26,908,435. 74,356. d Equipment 119,403,727. 95,036,996. 24,366,731. e Other 2,510,611. 1,499,047. 1,011,564.	-		<u> </u>					3,41	5,538
c Leasehold improvements 26,982,791. 26,908,435. 74,356. d Equipment 119,403,727. 95,036,996. 24,366,731. e Other 2,510,611. 1,499,047. 1,011,564.	b	•	L		29,342,8	55.	22,676,545.		
d Equipment	C				26,982,7	91.	26,908,435.		
e Other	d	• •							
E 4 1 4 1 1 1 1 4 4 4 6 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4					2,510,6	11.	1,499,047		
	Total	. Add lines 1a-1e. (Column (d) shou	ild equal Form 99	0, Part X, colu	mn (B), line 10(c).)	▶		

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, li	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 de	ivatives and other financial products		
Closely-held	equity interests		
Other			
	(0)		
	a		
	(b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See	Form 990, Part X, li	ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
			2
	0		
			
	(b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X,		
		Description	(b) Book value
	CEIVABLES		3,261,444.
OTHER AS			414,308.
OTHER NO	TES AND LOANS RECEIVAB		209,201.
OPTION I	T ASSET		186,178.
	(b) should equal Form 990, Part X, col. (B) line 15.)		4,071,131.
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
	(a) Description of liability	(b) Amount	
Federal incom	e taxes		
<u>ADVANCES</u>	FROM 3RD PARTY PAYORS	4,520,095.	
WORKERS	COMPENSATION LIABILITY	644,421	
SECURITY	DEPOSIT	9,249.	
STOCK OP	TION PLAN	148,038.	
PATIENT	SERVICE REFUNDS	253,687.	
CREDIT B	ALANCE REFUNDS	961,613.	
	ABILITIES	4,892,182.	
	ABATEMENT LIABILITY	4,624,815.	
	PANY PAYABLES	244,899.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	16,298,999.	
			Control of the Contro

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.

Sched	ule D (Form 990) 2008	52-0491660	Page (
Par		990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •	5
6	Investment expenses	• • • • • • • • • • • • • • • • • • • •	6
7	Prior period adjustments	• • • • • • • • • • • • • • • • • • • •	7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net). Add lines 4-8	• • • • • • • • • • • • • • • • • • • •	9
10	Excess or (deficit) for the year per financial statements. Combine	lines 3 and 9	10
Par	XII Reconciliation of Revenue per Audited Financial S		
1	Total revenue, gains, and other support per audited financial state	mente	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	Za	
c	Recoveries of prior year grants		
d	Recoveries of prior year grants		
	Other (Describe in Part XIV)	<u> 2d </u>	
e	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b		. 4c
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, I	Part I, line 12.)	. 5
	XIII Reconciliation of Expenses per Audited Financial S	tatements With Expenses per R	Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
С	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d	14	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	78	建 源设置
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990,		: 5
Part	XIV Supplemental Information		.131
		F 10 D 1111 11 11 11 11 11 11 11 11 11 11 11	
and 2	ete this part to provide the descriptions required for Part II, lines 3 o; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and	, 5, and 9; Part III, lines 1a and 4; Pai	rt IV, lines 1b
	DULE D, PART XIV, FIN 48 AUDIT REPORT FOOTNO		
<u>ocn</u>	DOLE D, PART ATV, FIN 48 AUDIT REPORT FOOTNO	<u>. E </u>	
SCHE	DULE D, PART XIV		
m			
THE.	CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSIT	ONS IN ACCORDANCE WITH	
THE_	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)	SSUED INTERPRETATION NO) <u>.</u>
48,_	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -	AN INTERPRETATION OF	
	STATEMENT 109 (FIN 48).	¥	et .

Schedule D (Form 990) 2008

Schedule D (F	orm 990) 2008	52-0491660	Page 5
Part XIV	Supplemental Information (continued)		
	**		
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	·	*~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	3		

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

Employer identification number

	RBOR HOSPITAL, I	NC.	- Ail - A			52-0491660			
Pa	Tit I Charity Care a	ind Certai	n Other Co	ommunity Benefits a	t Cost (Optional for 20	008)			65.00
								Yes	No
1 a					• • • • • • • • • • • • • • • • • • • •				
b							. 1b	maneur	E-by-at
2	charity care policy to the			which of the following be	est describes application of the	e		1	
		·		·	٦			26	
	Applied uniformly to Generally tailored to			L		st hospitals			
3				gibility oritoria that applie	s to the largest number of the				
٠	organization's patients.	ed on the cr	ianty care en	gibility criteria that applies	s to the largest number of the	•		1	
а	• '	e Federal Po	verty Guideli	nes (EBG) to determine eli	gibility for providing free care	An Anna to a			
_	individuals? If "Yes," indi-	cate which o	of the following	ng is the family income lim	it for eligibility for free care:	to low income	3.0	Marine 1	
		50%	200% [Other	%	• • • • • • • • • • • • • •	3a	対論 信	
b	Does the organization us					ualo2 if "Voo "		378	
	indicate which of the follo	wing is the	family incom	e limit for eligibility for disc	counted care:	udis: II res,	3 b	entransia.	- SANGE
		50%	300%	350% 40	1 1		题是	5 14	
C	If the organization does n	ot use FPG	to determine			for			
					whether the organization use				
	asset test or other thresh					, ar,			
4					lly indigent"?	. 	4		Maranind
5a	Does the organization but	dget amount	s for free or	discounted care provided ι	under its charity care policy?		5a		
b	If "Yes," did the organizat	ion's charity	care expense	es exceed the budgeted am	ount?		5 b		-
С	If "Yes" to 5b, as a result	of budget co	onsiderations	, was the organization una	ble to provide free or discoun	ted			
							5c		
6a	Does the organization pre						6a		
b	If "Yes," does the organization	ation make it	available to ti	he public?	• • • • • • • • • • • • •		6ь		
				provided in the Schedule	H instructions. Do not submi	t			
	these worksheets with the								
7	Charity Care and Cert Charity Care and	(a) Number of		ty Benefits at Cost (c) Total community	I (45) + 5 (6)				
Me	ans-Tested Government	activities or programs (optional)	served	benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense		Percer f total	
	Programs	(optional)	(optional)					pense	
а	Charity care at cost (from						1		
	Worksheets 1 and 2)								_
b	Unreimbursed Medicaid (from						1		
С	Worksheet 3, column a)					Z.			
	tested government programs (from Worksheet 3, column b)								
d	Total Charity Care and								
	Means-Tested Government Programs • • • • • • • • •								
	Other Benefits								_
e	Community health improvement				ð				
	services and community benefit operations (from Worksheet 4) •]				İ		
f	Health professions education						 		
•	(from Worksheet 5)								
g	Subsidized health services (from					· · · · · · · · · · · · · · · · · · ·	<u> </u>		—
3	Worksheel 6)								
h	Research (from Worksheet 7)								
1	Cash and in-kind contributions to								
•	community groups (from Worksheet 8)			j					
i	Total Other Benefits								—
	Total (line 7d and 7j)								
For P	rivacy Act and Paperwork Red	luction Act No	tice, see the i	nstructions for Form 990.		Schedule I	i (Form 9	90) 20	008

	ities (Onti	ional for 20	ompiete this table if t 108)	he o r ganization condu	cted any communi	ty		
Danieling doub	(a) Number of activities or programs	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense		(f) Pero	
Physical improvements and housing	(-)			***				
					771.1			
Community support								
Environmental improvements			***************************************			+-		_
Leadership development and			34			\vdash		
training for community members								
4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008) Section A. Bad Debt Expense			1					
			e = =		V.			
Workforce development								
Other	- 1							_
Total					· · · · · · · · · · · · · · · · · · ·			
art III Bad Debt, Me	dicare, &	Collection	Practices (Optional t	or 2008)				
1								
Does the organization	report bac	d debt exp	ense in accordance	with Healthcare Finan	cial Management		Yes	1
Association Statement No	0. 15?				• • • • • • • • • • •	_1		L
Enter the amount of the (organizatioi	n's bad debi	expense (at cost)	2				3100
attributable to notionte el	nount of the	ne organiza	ation's bad debt expe	nse (at cost)				
Provide in Port VI the ter	igible unde	r the organi	zation's charity care pol	icy			1.00	1
evpoppe in rait vi the tex	kt of the for	othote to th	e organization's financi	al statements that descr	ibes bad debt			
2 and 3 or rationale for it	ncluding of	osung meu bar bad dab	t amounts in communit	mining the amounts rep	orted on lines		100 5	
	including of	iei bau deb	t amounts in communit	y benefit.				8
	ved from M	adicara (inc	eluding DQL and IME\	I.I.				
Enter Medicare allowable	costs of c	euicale (III) aro rolatina	to payments on line 5				(3.5)	
Enter line 5 less line 6 - s	surplus or (s	thortfall)	to payments on line 5.	7	····		4	
Describe in Part VI the e	xtent to wh	ich anv sho	ortfall reported in line 7	should be treated as a				
	plagy or sai	urce used to	n determine the amou	should be treated as co	ommunity benefit			
and the costing methodo							236	
and the costing methodo of the following methods	was used:			it reported on line o, ai	id indicate will(ii		THE STATE	
of the following methods	was used:	_			id indicate will(i)			
of the following methods Cost accounting sys	was used:	_						
of the following methods Cost accounting systion C. Collection Practices	was used:	Cost to	charge ratio O	her				
of the following methods Cost accounting systion C. Collection Practices Does the organization ha	was used: stem	Cost to	charge ratio Of	her	·	9a		
of the following methods Cost accounting system Collection Practices Does the organization has If "Yes," does the organization	was used: stem ve a writter zation's coll	Cost to	charge ratio Of	ther	s to be followed			
cof the following methods Cost accounting system C. Collection Practices Does the organization have if "Yes," does the organization for patients who are known	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection policer for charity	charge ratio Offiction policy?	ther n the collection practice nce? Describe in Part VI.	s to be followed	9a 9b		
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection policy for charity s and Joint	charge ratio Of Official Contain policy?	n the collection practice nce? Describe in Part VI.	s to be followed	9b		
Cost accounting system C. Collection Practices Does the organization has if "Yes," does the organization for patients who are known	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official of Contain provisions of Care or financial assistate temperatures (Optional assistant)	ther n the collection practice nce? Describe in Part VI.	s to be followed	9 b	Physic fit % or vnership	sto
1 Physical improvements and housing 2 Economic development 3 Community support 4 Environmental improvements 6 Coalition budding 7 Community health improvement 8 Vorkforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008) Section A. Bad Debt Expense 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 2 Enter the amount of the organization's bad debt expense (at cost) 3 Enter the estimated amount of the organization's bad debt expense (at cost) 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit. Section B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME) 5 Enter Medicare allowable costs of care relating to payments on line 5. 6 6 Enter Medicare allowable costs of care relating to payments on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used: Cost accounting system Cost to charge ratio Other Section C. Collection Practices 9a Does the organization have a written debt collection priorisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. Part IV Management Companies and Joint Ventures (Optional for 2008) (a) Name of entity (b) Describion of primary activity of entity				9 b	fit % or	stc		
Cost accounting systion C. Collection Practices Does the organization har if "Yes," does the organization for patients who are known to the control of the c	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	stc
Cost accounting system C. Collection Practices Does the organization has if "Yes," does the organization for patients who are known to the control of the co	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Official charge ratio Official charge ratio Official charge or financial assistativentures (Optional scription of primary	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto
Cost accounting system C. Collection Practices Does the organization had if "Yes," does the organization for patients who are known at IV Management C	was used: stem ve a writter zation's coll vn to qualify	Cost to debt collection polic for charity s and Joint (b) De	charge ratio Of Officition policy?	n the collection practice nce? Describe in Part VI. for 2008) (c) Organization's profit % or stock	(d) Officers, directors trustees, or key employees' profit %	9 b	fit % or	sto

Part V Facility Information (Required for 2008)			,		,				· 11 · 11 · 11 · 11 · 11 · 11 · 11 · 1
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)
HARBOR HOSPITAL, INC. 3001 SOUTH HANOVER STREET BALTIMORE MD 21225	x	x		х			x		
			· [-		
	-							Ħ	
		-			- N	200		1	
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				T.					4
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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.

	identify all stat				
	-	 	 		 12
=======================================		 	 		
		 	 143		
		 	 	· 	
		 	 		3

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047 Open to Public

Schedule J (Form 990) 2008

Name of the organization

HARBOR HOSPITAL, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number

52-0491660

	t I Questions Regarding Compensation ,		Yes	l No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	155,1125	Yes	N
	990, Part VII, Section A, line 1a. Complete Part III to provide any or the following to or for a person listed in Form		+ 1	
		1989		1
	The state of the personal date		102	
	The state of the s			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		100	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	and the state of garnestion follow a written policy regarding payment of fellinglisement of			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	0.3399608	
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1.0	 	-
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	.,	(8)
	and the state of t	100	X	.330
	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		1	
				7/4/4
			440	
	[X] Form 990 of other organizations [X] Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			in 2
ì	Receive a severance payment or change of control payment?	4a	1641=14154)	Х
)	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	4.5		
	compensation contingent on the revenues of:	1241	7 1 T	4
	The organization?	H-5437	H girls	1000
		5a		<u>X</u>
	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	-W. 1960	X
	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:	Telepan	10.00	
ı		S. S. Art	THE WE	- 6
	The organization?	6a		X
)	This related organization:	6b		X
	if tes to line balor ob, describe in Part III.			
	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
	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		х

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.

	(a) preakdown or	or w-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(F) Total of columbs	(E) Company
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	compensation	benefits	(D)(i)(B)	reported in prior
			compensation				Form 990-EZ
	393,964.	297,259.	NONE	20,364.	18.636	730 223	105 000
JOSEPH M ODDIS (II)	NONE	NONE	NONE	NONE	NONE		202 102 T
	7909	50,000.	NONE	22,330.	13,646.	692.040	328 032
JAMES WOOD, M.D.		NONE	NONE	NONE	NONE	HNON	TOWN
	6124	NONE	NONE	19,856.	13,712.	646,520.	306.476
JOHN CARBONE, M.D. (ii)		NONE	NONE	NONE	NONE	HNON	MON
	4927	40,000.	NONE	11,250.	6,665.	550,871.	266.478
LEIGH-ANN CURL, M.D. (II)		NONE	NONE	NONE	NONE	NONE	HUON
:	3424	182,542.	NONE	26,991.	14,246.	566,644.	262.704
HOWARD FORKIN, M.D.		NONE	NONE	NONE	NONE	NONE	HUON
	3457	166,966.	NONE	32,344.	13,250.	558,331.	256.369
M.D.		NONE	NONE	NONE	NONE	NONE	NON
	3407	55,000.	NONE	5,683.	13,441.	414,950.	NONE
FEKILDON EKEN, M.D.		NONE	NONE	NONE	NONE	NONE	NONE
	7082	.000,000	NONE	19,730.	13,212.	373,855.	140.457
ALLAN BIKENBEKG, M.D. (II)		NONE	NONE	NONE	NONE	MONE	NONTE
(6)	<u>168</u>	75,403.	NONE	NONE	14,762.	259,036.	84.436
		NONE	NONE	NONE	NONE	NONE	NONE
(i) MOSTAGE EGONOT	<u>1704</u>	55,526.	NONE	62,333.	6,215.	294,404.	85,165
		NONE	NONE	NONE	NONE	HONE	TNON
(C)	164	52,571.	NONE	22, 964.	16, 180.	256,088.	82,187
		NONE	NONE	NONE		NONE	NONE
C) KENNETH A SAMEH	, , , , , , , , , , , , , , , , , , , ,	NONE	NONE	NONE	NONE	NONE	NONE
C CALIFFE	1,083,187.	1,157,977.	17,163.	376,568.	12,332.	2,647,227.	541.594
(ii)		7					
(ii)							
			1				
(ii)							
			1			2	
1(1)							

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 52-0491660	Page 3
Part III Supplemental Information	
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.	I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part.
	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

Part I

Name of the Organization

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

Employer Identification number

HARBOR HOSPITAL, INC.

52-0491660 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A) Name and Title	(B) Average hours	Posit	tion		C) kall	that ap	nlv\	(D)	(E) Reportable	(F)
	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)	Estimated amount of other compensation from the organization and related organizations
JOSEPH_M_ODDIS							11			- 7
PRESIDENT	40.	X	_	X	_	ļ		691,223.	NONE	39,000.
FERIDUN EREN, M.D.						ŀ				
MEDICAL DIRECTOR	40.	X	_	_			Ш	395,826.	NONE	19,124.
CARLOS ZIGEL, M.D.									I, =	
MEDICAL DIRECTOR	40.	Х			_	<u> </u>		111,398.	NONE	6,875.
KENNETH A SAMET										
DIRECTOR	1.	Х	<u> </u>					NONE	2,258,327.	388,900.
EDWARD P CAREY		2				1				
DIRECTOR	1.	X						NONE	NONE	NONE
GREGORY GURFINCHEL, M.D.					-			•		
DIRECTOR	1.	Х						NONE	NONE	NONE
JACK J HONG, M.D.										
DIRECTOR	1	Х						NONE	NONE	NONE NONE
DONALD P HUTCHINSON									-	
DIRECTOR	1.	Х						NONE	NONE	NONE
PETER MACNAB										
DIRECTOR	1.	Х						NONE	NONE	<u>NONE</u>
WILLIAM T MURRAY III									E. C	
DIRECTOR	1.	Х		_				NONE	NONE	NONE
TIMOTHY E STANSBURY										
DIRECTOR	1.	Χ·			\dashv		\dashv	NONE	NONE	NONE
WILLIAM H. COWIE					ŀ				1	
DIRECTOR	1.	Х	_		\rightarrow		\dashv	NONE	NONE	NONE
DOUGLAS MACNAB							ı			
DIRECTOR	1.	Х					_	NONE	NONE	NONE
CHARLES OBRECHT			ĺ			ĺ				
DIRECTOR	1.	Х						NONE	NONE	NONE
GREGORY H BARNHILL	_			-		ı				
DIRECTOR	1.	X		\dashv				NONE	NONE	NONE
JEANNE MARIE MURPHY	_									
DIRECTOR	1.	Х	-	\dashv	-			NONE	NONE	NONE
DAVID PITMAN						i			ļ	
VICE PRESIDENT	40.		-	Х		-		244,274.	NONE	14,762.
DELLA GLODEK										
ASSISTANT SECRETARY	40.		\dashv	X	\rightarrow		-	114,203.	NONE	32,883.
ALLAN BIRENBERG, M.D.		- 1								
VICE PRESIDENT	40.		\dashv		Х		\dashv	340,913.	NONE	32,942.
LENORA ADDISON		Į								
VICE PRESIDENT	40.				X		\dashv	225,856.	NONE	68,548.
NANCY BUTLER			- 1			ļ				
VICE PRESIDENT	40.		_		X			216,944.	NONE	39,144.

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

Schedule J-2 (Form 990) 2008

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V08-8.3 1793309

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

Part I Continuation of Officers, Direction	ectors Truste	es K	ρν ¹	Em	nlo	Vecc	an	d Highest Com	52-0491660	
Employees	otoro, rruate	, r\	ey i	-111	μıυ	yees,	, aii	u mynest con	ihansaraa	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	k Key employee	Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JAMES WOOD, M.D. CHIEF	40.					х		656,064.	NONE	35,976
JOHN_CARBONE, M.D. PHYSICIAN	40.					х		612,952.	NONE	33,568
LEIGH-ANN_CURL, M.D. PHYSICIAN	40.					х		532,956.	NONE	17,915
HOWARD POPKIN, M.D. PHYSICIAN	40.					x		525,407.	NONE	
DENNIS STERN, M.D. PHYSICIAN	40.					x		512,737.		41,237
						Î		512,737.	NONE	45,594
	177 - 1									
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						-			19	
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			1							
							\dashv		8	·
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ 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.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Schedule L (Form 990 or 990-EZ) 2008

Part I Excess Benefit Transacations To be completed by organization	s that an	SWOTON	"Voc" on E	000 501(C)(4) Olyanı Dart IV III	zations only	'). 5		00 =	7.5		
		swered	Tes on F					orm 9	90-E	Z, Par	(c) c	
1 (a) Name of disqualified persor			(b) Description		n of transact	ion		4		Yes	1	
		77										1
			34		181							
								-		-		-
9 5-4-4												
2 Enter the amount of tax imposed on under section 4958								1	▶\$_			
3 Enter the amount of tax, if any, on li	ne 2, abo	ove, rein	nbursed by	the organiz	ation			1	\$ _	12		
Part II Loans to and/or From Interest To be completed by organization				Form 990,	Part IV, line	e 26, or For	m 990	-EZ, F	art V	line 3	88a.	
(a) Name of interested person and purpose	(b) Loan the organ	to or from				1) Balance due		e) In default?				
	То	From					Yes	No	Yes	No	Yes	No
	-						-					-
							-		J)			_
							-					
otal				▶\$				7.00	VIII.	À.		V.
To be completed by organization	ns that a	nswered	d Persons I "Yes" on I	Form 990, F	art IV, line	27.						
(a) Name of interested person			between int organiza	erested pers		(c) Amo	ount of	grant	or type	e of as	sistand	æ
		81						11				
						0.5						
Part IV Business Transactions Invol	ving int	erested	Persons. "Yes" on F	orm 990, F	Part IV, line	s 28a, 28b,	or 280).				
To be completed by organization	io triat a			(a) A ==	ount of	(d) Desc	ription	of trai	nsactio	n	(e) Sha organiz revenu	ation's
(a) Name of interested person	(b) Rei	ationship	between on and the tion		action					Į		
(a) Name of interested person	(b) Re interes	lationship ted perso organizat	on and the	transa	action						Yes	No
(a) Name of interested person	(b) Rei	lationship ted perso organizat	on and the	transa		ANESTHESIA	SERVI	CES			Yes	No X
(a) Name of interested person	(b) Re interes	lationship ted perso organizat	on and the	transa	action	ANESTHESIA	SERVI	CES			Yes	
	(b) Re interes	lationship ted perso organizat	on and the	transa	action	ANESTHESIA	SERVI	CES			Yes	

Schedule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer Identification number 52-0491660
DESCRIPTION OF EXECUTIVE COMPENSATION PROCESS	
PART VI, SECTION B, QUESTION 15	
THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF D	IRECTORS OF MEDSTAR
HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OVER THE	EXECUTIVE
COMPENSATION PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH	, INC. AND ITS
AFFILIATES. TOTAL COMPENSATION FOR THE TOP MANAGEMENT	OFFICIALS,
OFFICERS AND KEY EMPLOYEES OF MEDSTAR HEALTH, INC. AND	ITS AFFILIATES ARE
REVIEWED AND APPROVED BY THE COMMITTEE WITH ASSISTANCE	AND GUIDANCE FROM
AN INDEPENDENT THIRD PARTY ADVISOR. THE MEMBERS OF TH	E COMMITTEE ARE
INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM	<u>M</u>
* <u> </u>	
THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET	COMPETITIVE TOTAL
COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STR	RONG
PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED	AT THE SYSTEM,
OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TO	FAL COMPENSATION
PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COM	MPETITIVE MARKET
FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT	HEALTHCARE
ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY	DATA IS CONSIDERED
(GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECT	TED POSITIONS THAT
CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDU	JSTRIES (E.G.,
INFORMATION TECHNOLOGY, FINANCE, ETC.).	<u>_</u>
THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO	SERVE AS AN
ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF TH	E PROGRAM. IN
DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REV	IEWS MARKET
PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED	TO THE PROGRAM.
E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL	COMPENSATION

Name of the organization	Page Z
HARBOR HOSPITAL, INC.	Employer identification number 52-0491660
SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETI	(t)
FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS.	MENDATIONS
TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON	ALL OF THE
COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MAI	DE_BY_THE
COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.	31

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Schedule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer identification number
mador nosettal, inc.	52-0491660
COMPENSATION FOOTNOTES	
FORM 990, PART VII, LINE 4	
KENNETH SAMET	
KENNETH SAMET'S DEFERRED COMPENSATION IN PART II, COLUMN (C) INCI	UDES
\$330,414 REPRESENTING THE AMOUNT TO WHICH MR. SAMET BECAME VESTER	O IN A
SUPPLEMENTAL RETIREMENT BENEFIT. THIS SUPPLEMENTAL RETIREMENT BE	
WAS EARNED DURING THE PAST 20 YEARS OF SERVICE.	
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Screaule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer Identification number 52-0491660
FINANCIAL STATEMENTS AVAILABILITY	
FORM 990, PART VI, SECTION C, QUESTION 19	
IN PRIOR YEARS, MEDSTAR HEALTH HAS POSTED ITS ANNUAL FINANCIAL	AUDIT AND
QUARTERLY FINANCIAL REPORTS TO THE NATIONALLY RECOGNIZED MUNICI	PAL
SECURITIES INFORMATION REPOSITORY (NRMSIRS) AND THIS YEAR THE	n
ORGANIZATION BEGAN POSTING ITS FINANCIALS TO THE ELECTRONIC MUN	<u>IICIPAL</u>
MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO MAILS ITS A	NNUAL AND
QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TRAD	DED_DEBT.
THE COMPANY'S GOVERNANCE DOCUMENTS AND CONFLICTS OF INTEREST PO	LICIES ARE
AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABLE	ENTITY)
PUBLIC INFORMATION OFFICES.	
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Schedule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer Identification number
MARDOR MOSPITAL, INC.	52-0491660
CONFLICT OF INTEREST POLICY ENFORCEMENT	
FORM 990, PART VI, SECTION B, QUESTION 12C	
APPOINTMENT OF BOARDS OF DIRECTORS	
MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIREC	TORS,
PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE	OF (OR
POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD R	ESULT_IN
A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED B	Y_THE
GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHI	Сн
DETERMINES HOW THE MATTER SHOULD BE RESOLVED.	
ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS	
ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS	
ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSAC	
OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTE	
SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTER	
MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER	
BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSE	PITALS
AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL	
INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH	
DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVI	EW
COMMISSION (HSCRC).	

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Scriedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
HARBOR HOSPITAL, INC.	52-0491660
FINANCIAL STATEMENTS AND REPORTING	
PART XI, QUESTION 2C	
TAKE ALL QUESTION 20	
HARBOR HOSPITAL, INC. IS PART OF THE MEDSTAF	HEALTH INC AUDIT AND
SUBJECT TO OVERSIGHT BY THE AUDIT COMMITTEE	OF THE MEDSTAR BOARD.
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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Schedule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer identification number
HARBOR HOSPITAL, INC.	52-0491660
PROCESS FOR REVIEWING FORM 990	
PART VI, SECTION A, QUESTION 10	
THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND	
TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPEND	<u>ENT</u>
OUTSIDE EXPERTS, THOROUGHLY REVIEWED THE REVISED FORM 990 AND	
ACCOMPANYING INSTRUCTIONS AND PROVIDED EDUCATION SESSIONS ON THE	REVISED
FORM TO THE ORGANIZATION'S GOVERNING BODY AND ITS SENIOR OFFICERS	IN
ADDITION, SEPARATE EDUCATION SESSIONS WERE PROVIDED TO THE FOLLOW	ING
COMMITTEES OF ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVE	RNANCE
STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. THIS EDUCATION P	ROCESS
TOOK PLACE OVER SEVERAL MONTHS. FOLLOWING THESE EDUCATION SESSION	NS, THE
GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL F	ORM AND
WAS ENCOURAGED TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE F	ORM 990
PRIOR TO ITS FILING.	
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Scredule O (Form 990) 2008	Page 2
Name of the organization HARBOR HOSPITAL, INC.	Employer Identification number
	52-0491660
BUSINESS TRANSACTION INVOLVING INTERESTED PERSON	~
SCHEDULE L, PART IV, QUESTION (B)	
DR. ALLAN BIRENBERG OWNS MORE THAN 35% OF HARBORVIEW A	
ASSOCIATES (HAA), WHICH PROVIDES SERVICES TO HARBOR HO	OSPITAL. HAA'S
GROSS REVENUES RECEIVED FROM THE HOSPITAL FOR ANESTHES	SIA SERVICES FOR THE
YEAR WAS \$5,230,467.	
N	
(4)	

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SCHEDULE R (Form 990)

HARBOR HOSPITAL, INC.

Name of the organization Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

▶ See separate instructions.

2008	Open to Public	Inspection

Employer identification number

52-0491660

(F)
Direct controlling
entity (F)
Direct controlling
entity 710,454. N/A (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section 6,667,280. (D) Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state
or foreign country) Ð (B) Primary activity HEALTH SVCS (B) Primary activity 20~5909818 BALTIMORE, MD 21237 For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Identification of Related Tax-Exempt Organizations MEDSTAR HEALTH ANESTHESIA SEVICES C, LIC (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities 9000 FRANKLIN SQUARE DRIVE SEE SCHEDULE R-1 Part II Part I

Schedule R (Form 990) 2008

Page 2

Part III Id

Identification of Related Organizations Taxable as a Partnership

(B) Primary activity	(C) Legal domicile (state or	(D) Direct controlling entity	(E) Predominant income (related, investment,	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate affocations?	Code V-UBI G amount in box 20 of m	(J) General or managing partner?
country)			unrelated)			Vec	(Form 1065)	1
	_					2		2
MEDICAL SERVICES MD N/A	N/A		RELATED			*		>
						4		<
RADIATION THERAPY MD h/A	N/A		RELATED			>		>
MD N/A	N/A		RELATED			• >		:
						4		*
			_	E				

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
SEE SCHEDULE R-1	3 1						
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		,					
							ľ

Schedule R (Form 990) 2008

Yes

4 1 1_C 70

Part V

Transactions With Related Organizations

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Purchase of assets from other organization(s)..................... (B) Transaction type (a–r) During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations by other organization(s)................... K Giff, grant, or capital contribution to other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) (A) Name of other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. HH MEDSTAR HEALTH, INC E = Ξ ρ ъ **5 4** × 0 Q. σ 2 <u>ම</u> 4 3 9

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Schedule R (Form 990) 2008

241,066.

Amount involved

Unrelated Organizations Taxable as a Partnership Part VI

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

(d) (d) (d) (d)	(8)	(0)	9	Œ.	9	i g	1
Name, addres	Primary activity	Legal domicite (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
			Yes No	* 11	Yes No	(rorm 1065)	Yes No
		(e)					
					Ţ		
						10.	
		, and the second					
	HE.	P.					
					1		

Continuation of Identification of Related Tax-Exempt Organizations Part II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state	(D) Exempt Code section	Public charity status Direct controlling	(F) Direct controlling
CHURCH HOME CORPORATION 23-7374724		(1)		וון פפרוותון סת ו(ה/פ))	enniy
9	MEDICAL FUNDMD	Ω.	501 (C) (3)	ጉ	4/A
FRANKLIN SQUARE HOSPITAL CENTER, INC. 52-0608007					***
	HOSPITAL	MD QW	501 (C) (3)	m	N/N
MEDSTAR HEALTH, INC.					W/8
TH FLOOR COLUMBIA, MD	MEDICAL SVCSMD	QW	501 (C) (3)	11R TT	W/8
MONTGOMERY GENERAL HOSPITAL			(2) (2)		H / H
OLNEY, MD 20	HOSPITAL	Q.W.	501 (C) (3)	m	4/N
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 52-0591607					
Σ	HOSPITAL	MD	501 (C) (3)	m	N/A
THE UNION MEMORIAL HOSPITAL		1			** / **
201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	QW QW	501 (C) (3)	m	4/4
			/2//2/=2		***
WASHINGTON,	HOSPITAL	DC	501 (C) (3)		N/A
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I 52-2218584					17 / 17
J	HOSPITAL	DC	501 (C) (3)	e,	4/N
WASHINGTON HOSPITAL CENTER CORPORATION 52-1272129					
TON,	HOSPITAL	DC	501 (C) (3)		N/A
HH MEDSTAR HEALTH, INC.			120		- W. G.
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCSMD	MO OM	501 (C) (3)	11 H TT	4/N
BAY DEVELOPMENT CORP					W/W
I FLOOR COLUMBIA, M	FOUNDATION	QW	501 (C) (3)	11A T	N/2
BAY LIFE SERVICES, INC.		8			
LUMBIA, MD	MENTAL HEALT MD	MD OM	501(C)(3)	6	A/N
MEDSTAR SURGERY CENTER, INC.					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS MD		501(C)(3)	6	A/N
CHURCH HOME AND HOSPITAL OF THE CITY OF 52-0591600					
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL FUNDAD		501(C)(3)	3	N/A
NIVERSITY HOS					
HOPSITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	FOUNDATION	DC	501(C)(3)	11A I	N/A
				Cohodon	2000 1000

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Continuation of Identification of Related Tax-Exempt Organizations Part II

(A)	(8)	(2)	(a)	(E)	(F)
name, address, and Ein of reated organization	Primary activity	or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
FRANKLIN SQUARE HOSPITAL CENTER FOUNDATI 52-2329546					
C, MD	FOUNDATION	MD	501(C)(3)	11A I	N/A
GOOD SAMARITAN HOSPITAL FOUNDATION, INC. 52-2307122					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	QV.	501(C)(3)	11A I	N/A
GOOD SAMARITAN NURSING CENTER, INC. 52-1672866					
IMORE, MD	MEDICAL SVCSMD	MD	501(C)(3)	6	W/W
GS_HOUSING, INC.					
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSINMD	QW	501(C)(3)	6	A/N
GS_PROPERTIES, INC.					
BALTIMORE, MD	ADMIN SVCS	WD.	501 (C) (3)	11A I	N/A
HARBOR HOSPITAL FOUNDATION, INC. 52-1284532				1	
ALTIMORE, MD	FOUNDATION	Q	501(C)(3)	11A I	HARBOR HOSP
MEDSTAR HEALTH INFUSION, INC. 52-1980510				1	
1 CALVERTON, MD	MEDICAL SVCSMD	Q	501(C)(3)	6	N/A
MEDSTAR HEALTH VISITING NURSES ASSOCIATI 53-0196597					
,	MEDICAL SVCS MD	QV QV	501 (C) (3)	6	A/N
MEDSTAR LONG TERM CARE CORPORATION 52-1489097					
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	HOSPITAL	WD Q	501(C)(3)		N/A
MEDSTAR VNA HEALTHCARE			r _i		
4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCSMD	Æ	501(C)(3)	6	W/W
MGH COMMUNITY HEALTH, INC.	,	•			
OLNEY, MD 2	MEDICAL SVCSMD	MD	501(C)(3)	6	A/N
MGH HEALTH FOUNDATION, INC.					
OLNEY, MD 20	FOUNDATION	, QM	501 (C) (3)	7	N/N
MGH HEALTH SERVICES, INC. 52-1366812					
OLNEY, MD 20	FOUNDATION	Q	501 (C) (3)	11A T	4/N
MGH WOMEN'S BOARD					
RIVE OLNEY, MD 2	FOUNDATION	Ð	501 (C) (3)	11A I	N/A
NATIONAL REHABILITATION HOSPITAL 52-1369749					
102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A
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Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state	(D) Exempt Code section	Exempt Code section Public charity status Direct controlling	(F) Direct controlling
REGIONAL REHAB AT OLNEY, INC. 52-2310902		(in the second		(II section 30 (C)(3))	entry
OLNEY, MD 20	MEDICAL SVCSMD		501 (C) (3)	м.	4/N
RBAN / NRH MEDICAL REHABILITATION, I			(5) (5) =55		W W
- 1	MEDICAL SVCSDC	Ð	501 (C) (3)	6	4/N
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 52-1104382			121/21=22		W/B
Σ	FOUNDATION MD	Ω	501(C)(3)	11A T	4/N
UNION MEMORIAL HOSPITAL FOUNDATION, INC. 52-1446828					W / W
201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	FOUNDATION MD	Ω	501(C)(3)	11A T	N/A
VNA FOUNDATION					
ILL ROAD, SUITE 21 CALVERTON, M	FOUNDATION MD	0	501(C)(3)	11A T	W/W
VNA, INC.		-			W/W
ILL ROAD, SUITE 21 CALVERTON, M	ADMIN SVCS MD		501 (C) (3)	112 7	W/W
WHC FOUNDATION, INC.			121/21=22	1	W/ B
WASHINGTON,	FOUNDATION DC	•	501 (C) (3)	112 ⊤	N/N
			121/21 222	1	W/W
BALTIMORE, M	ELDER HOUSTNAD	C	501 (0) (3)	ō	X / X
SELF INSURANCE TRUST OF WASHINGTON HOSPI 52-1128332			161 (2) 726		N/A
N,	SELF INSURANDO		501 (7) (3)	112 T	K/W
	7		101 101 TOC	7 277	N/A
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	(A) Name, address, and EiN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportores altocetors?	(I) Code V-UBI amount on box 20 of K-1	e g g
								Yes No	\$ * 2	Yes No
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52-0491660 Schedule R-1 (Form 990) 2008

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

Continuation of Identification of Related Orga	rganizations lax	able as a Corp	nizations Taxable as a Corporation or Trust	•			
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicite	(D) Direct controlling	(E) Type of entity	(F) Share of total income	(G) Share of	(H) Percentage
		fareign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership
MEDSTAR PHARMACIES, INC.							
5565 STERRETT PLACE, STH FLOOR COLUMBIA, MD 21044	DRUG SALES	Œ	N/A	C CORP			
<u>EXTENCARE, INC </u>			36				
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	Œ	N/A	C CORP			
HELIX RESOURCES MANAGEMENT.							
COLUMBIA, MD 2	ADMIN SERVICES	MD	N/A	C CORP			
HELIXCARE MEDICAL GROUP, LLC52-1955580				,			
R COLUMBIA, MD 2	MEDICAL SERVICES	Ð	N/A	C CORP			
HELIXCARE PROPERTIES, LIC.							
H FLOOR COLUMBIA, MD 2	MEDICAL SERVICES	MD	N/A	C CORP			
PARKWAY VENTURES, INC.							
COLUMBIA, MD 2	HOLDING COMPANY	Ð	N/A	C CORP			
PHYSICIANS ADMINISTRATIVE SE23-7042074							
OR COLUMBIA, MD 2	BILLING SERVICES	æ	N/A	C CORP			
<u>MEDSTAR FAMILY CHOICE, INC52-1995521</u>				-			П
LOOR COLUMBIA, MD 2	MANAGED CARE	MO	N/A	C CORP			
<u>MEDSTAR_ENTERPRISES, INC.</u> 52-2139841							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SERVICES	WD.	N/A	CORP			
NASCOIT, INC52-1693808							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	W	N/A	C CORP			
STAR BILLING, INC52-1850113							
210 CALVERTON, MD	BILLING SERVICES	WD	N/A	CORP			
WASHINGTON RISK NETWORK MANA 52-2132677							
4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	Ð	N/A	CORP			
WASHINGTON HOSPITAL CENTER P52~1931000							
STON, DC 20010	MEDICAL SERVICES	Œ	N/A	CORP			
		-					
4061 POWDERWILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SERVICES	Æ	N/A	CORP			
NRH AMBULATORY SERVICES INC52-1930165					54		
ON, DC 20010	REHAB SERVICES	Ð	N/A	CORP			
FRANKLIN SQUARE DRIVE LAND C							
OR COLUMBIA, MD 2	CONDO OWNER ASSOC	æ	N/A	CORP			
MGH_DIVERSIFIED_SERVICES,_IN52-1943602				,			
NEY, MD 20832	MEDICAL SERVICES	Æ	N/A	CORP			
GREENSPRING FINANCIAL INSURA							
23 LIME TREE BAY AVENUE P.O.BOX1051 KYI- GRAND CAYMAN,	INSURANCE	3	N/A	C CORP			

	of Transactions With Related Organizations (Schedule R (Form !
Schedule R-1 (Form 990) 2008	Part V Continuation c

	(A) Name of other organization		(B) Transaction type (a-r)	(C) Amount involved
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(20)				
(21)			4	
(22)				
(23)				
(24)				
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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS A PROUD MEMBER OF MEDSTAR HEALTH, HARBOR HOSPITAL IS COMMITTED TO QUALITY, CARING AND SERVICE FOR OUR PATIENTS AND OUR COMMUNITIES. NOW SERVING BALTIMORE CITY, AND ANNE ARUNDEL, BALTIMORE AND HOWARD COUNTIES, HARBOR HOSPITAL WAS FIRST ESTABLISHED IN 1903 TO SERVE THE WATERFRONT COMMUNITY IN BALTIMORE. IT HAS BEEN THE RECIPIENT OF THE DELMARVA FOUNDATION'S HIGHEST HONOR, THE QUALITY EXCELLENCE AWARD IN 2001, 2006, 2007, AND 2008. HARBOR HOSPITAL'S SPECIALTY AREAS INCLUDE ORTHOPEDICS, WOMEN'S SERVICES, CANCER CARE, DIABETES CARE, FETAL ASSESSMENT, CARDIO-PULMONARY REHABILITATION AND TREATMENT OF CHRONIC LUNG CONDITIONS. IN FISCAL YEAR 2009, HARBOR HOSPITAL HAD 15,443 INPATIENT ADMISSIONS, 95,917 OUTPATIENT VISITS, AND 56,795 EMERGENCY VISITS.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HARBORVIEW ANESTHESIA ASSOCIATES 29 CREAMERY LANE EASTON, MD 21601	MEDICAL SERVICES	5,230,467.
KIME, GIPSON, & SUTULA, MD 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	MEDICAL SERVICES	761,653.
DRS, GHARIB, HIGGINS, BROWN, RAZA 4 GOLDLEAF COURT BETHESDA, MD 20817	MEDICAL SERVICES	532,015.
CENTER RADIOLOGY, PC DEPT 680 WASHINGTON, DC 20042-0680	MEDICAL SERVICES	370,110.
CCN, INC. PO BOX 5267 LAUREL, MD 20726	MEDICAL STAFFING	345,780.
TOTAL COMPENS	ATION	7,240,025.