Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2008 calendar year, or tax year beginning 07 /01 2008 and ending

R	heck if a	policable Please C Name of organization MARYLAND	0//01 , 2000, and			06/30, 2009 ntification number
	Addre	ess use IRS Doing Business As	GENERAL HOSPITAL, IN	C.		
-	chang	ment on Norman and attack (. D.C.)	s not delivered to street address)	The arm facility	52-0591	
\vdash	┪	type.	s not delivered to sileet address)	Room/suite	E Telephone nur	mper
-	┪	I return See 827 LINDEN AVENUE Specific City or town, state or country, and ZIP +			(410)22	<u>5-8408</u>
-	Amer	misroc*	4			
_	returi	. """ BALTIMORE, MD 21201			G Gross receipts	100, 27,272.
L_	pend	ing Traine and address of principal officer. S			H(a) Is this a group affiliates?	return for Yes X No
		827 LINDEN AVENUE BALTIMO	RE, MD 21201		H(b) Are all affiliate	s included? Yes No
<u> </u>		tempt status: X 501(c) (3) ◀ (insert no.)	4947(a)(1) or 527		If "No," attach	a list. (see instructions)
		ite: NWW.MARYLANDGENERAL.ORG			H(C) Group exempti	<u>*</u>
		of organization: X Corporation Trust Associ	ation Other >	L Year of format	ion: 1948 M S	tate of legal domicile: MD
Pa	rt l	Summary				, _
	1	Briefly describe the organization's mission or mos	significant activities:			
ģ		HOSPITAL PROVIDING ACUTE CARE				 F
Governance		ABILITY TO PAY, AND PROMOTING				
E		THROUGH EDUCATION AND OUTREACH	I.			
ò	2	Check this box if the organization discon		more than 25%	of its assets.	
≪	3	Number of voting members of the governing body	Part VI, line 1a)			3 13
ies	4	Number of independent voting members of the go	verning bod APRINVI. III 1910			4 9
Activities	5	Number of independent voting members of the go Total number of employees (Part V, line 2a)	" PUBLIC DISCI	LOSURF	COPY H	5 1,860
Act	6	Total number of volunteers (estimate if necessary)			P. CO. 1	6 14
•	7 a	Total gross unrelated business revenue from Part V	III. line 12 column (C)			
	ь	Net unrelated business taxable income from Form	990-T line 34	• • • • • • •	· · · · · · · / 2	
			300 1, 11110 04 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · ·	Prior Year	b NONE Current Year
	8	Contribution and grapts (Part VIII line 1h)		 		· - · · · · · · · · · · · · · · · ·
nge	9	Contribution and grants (Part VIII, line 1h)	• • • • • • • • • • • • • • • • • • • •		104,553	
Revenue	10	Program service revenue (Part VIII, line 2g)	and 7d\		78,190,110	
ŭ	11	Investment income (Part VIII, column (A), lines 3, 4	, allu /u)	• • • •	1,024,540	
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8	Set (III. selves (A) Ess (A)		1,270,09	
	13	Total revenue - add lines 8 through 11 (must equal		1	80,589,294	1. 185,450,881.
	14	Grants and similar amounts paid (Part IX, column (• • • • •	NOI	NE NONE
	4.5	Benefits paid to or for members (Part IX, column (A				NONE
Expenses	15	Salaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		82,889,125	5. <u>86,904,826</u> .
ě	16a	Professional fundraising fees (Part IX, column (A), I	ne 11e)			NONE
X	b	Total fundraising expenses, Part IX, column (D), line	25) NONE			
	17	Other expenses (Part IX, column (A), lines 11a-11d	11f-24f)	L	93,897,576	5. 97,006,516.
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)	1	76,786,701	1. 183,911,342.
	19	Revenue less expenses. Subtract line 18 from line	2		3,802,593	
Assets or Balances				_	eginning of Year	
set	20	Total assets (Part X, line 16)		1	99,941,743	3. 193,071,346.
A P	21	Total liabilities (Part X, line 26)			38,165,799	
Fund	22	Net assets or fund balances. Subtract line 21 from	line 20		61,775,944	
Рa	rt II	Signature Block				<u> </u>
		Under penalties of perjury, I declare that I have examined belief it is true	ned this return including accompanying	schodules and	clatements and t	a the best of my knowledge
		and belief, it is true, correct, and complete Declaration	n of preparer (other than officer) is ba	sed on all infor	mation of which p	preparer has any knowledge.
\$	ign	I IVNX/huc	1		一口に	MA
Н	ere	Signature of officer	1 1 1		/ Date > 2	
		Social Bal	4 NHOUGHT VO	04/W/1/	HUNT	- Constant
		Type or print name and title	// 10 37/5000	/	121100	seere my
_		Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	Check if	Prenar	rer's identifying number
Paid		signature	/ Klizlin	self-		structions)
Prep	arer's	Firm's name (or yours KPMG TTP	12/10/10	employed	CIN -	P00451522
Use	Only	if self-employed),	TER MARRIE TO		EIN	13-5565207
May	the II	RS discuss this return with the preparer shown above	VER NORFOLK, VA 23510-	-3310	Phone no.	757-616-7000
		cy Act and Paperwork Reduction Act Notice, see			· · · · · · · · · · · · · · · · · · ·	· X Yes No

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2008, or tax year beginning ___07/01, 2008, and ending ___06/30, 20 09_ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Internal Revenue Service	"']	See instruct	ions on	back.			
Name of exempt orga	nization	- · · · · · · · · · · · · · · · · · · ·				Employer id	entification number
MARYLAND (<u>GENERAL HOSPITA</u>	L, INC.				52-05	91667
Part I Type	of Return and Return I	nformation (Whole Dolla	ars Onl	y)			
If you check the was blank, then then enter -0- on 1a Form 990 cl 2a Form 990-E. 3a Form 1120-l 4a Form 990-Pi	POL check here 🛌 🖳	or 5a below and the an or 5b, whichever is app to not complete more that tal revenue, if any (Form Total revenue, if any (Fig. b Total tax (Form 11.)	nount o licable, n one lii 990, lini orm 990 20-POL t Incom	n that line for to blank (do not one in Part I. e 12)	he return for enter -0-). If	or which you ente1b2b3b	rou are filing this form ared -0- on the return,
Part II Decla	ration of Officer						
to the form this Financial institution inquiries of the second organization's 200 true, correct, and electronic return. organization's return. organization of Sign	ine the U.S. Treasury and its inencial institution account return, and the financial institution account return, and the financial institution account and resolve is sues related to the control of the electronic discloss EZ/990-PF (as specifically identified the electronic return and accomplete. I further declare is consent to allow my into the IRS and to receive any refund offset, (c) the reasonature of officer Rules.	indicated in the tax prepartution to debit the entry to be later than 2 business daying of the electronic payment of the above to the am an officer of the above that the amount in Part Intermediate service provide from the IRS (a) an activation to desirable that the service provide from the IRS (a) an activation to desirable that the later that the service provide the IRS (a) an activation that IRS (a) and I	ration so this ac ys prior ent of t egulating ithin th selected ove nan stateme ! above eq. tran	oftware for paymiccount. To revoke to the payment axes to receive g charities as pairs return allow state agency(ies), ned organization ents and to the re is the amour smitter, or election or refund, and (in the country of the coun	nent of the a a payment, (settlement) confidential of the IRS ring disclosurant that best of my nt shown or etronic return to or reason or the payment of the the p	organization I must condate. I also information Fed/State ure by the have existenced the cope in the cope in originate for rejection any refund	on's federal taxes owed ontect the U.S. Treasury of authorize the financial on necessary to answer a program, I certify that he IRS of this Form amined a copy of the period and belief, they are yof the organization's or (ERO) to send the on of the transmission,
Part III Decla	ration of Electronic Retu	ırn Originator (ERO) an	d Pald	Preparer (see	e instruction	ns)	
of my knowledge, the data on the forms and information for Authorized IRS organization's return	ave reviewed the above org If I am only a collector, I return. The organization offica- ation to be filed with the IF e-file Providers for Business Re re and accompanying schedulated declaration is based on all infor	am not responsible for re- cer will have signed this for its, and have followed all conturns. If I am also the Paid Pro- tes and statements, and to the	viewing orm befo other rec reparer, u ne best o	the return and or ore I submit the quirements In Pu under penalties of of my knowledge	only declare return. I w b. 4163, Mo periury I decl	that this ill give the odernized of lare that I h	form accurately reflects e officer a copy of all e-File (MeF) Information have examined the above
ERO's	De Min 1	Date	lin	Check if also paid	Check	ERO's	SSN or PTIN
Use signatur		V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	110	preparer X	employed		451522
- Firm's r	self-employed), KPMG LI					EIN 13-	5565207
address	and ZIP code NOR FOLE			VA 23	510-3310	Phone no.	757-616-7000
Under penaities of and belief, they are true	perjury, I declare that I have e le, correct, and complete. Declarati	xamined the above return and on of preparer is based on all infor	accomp	anving schedules	and statements	and In th	ne best of my knowledge
Paid	Preparer's ignature			Date	Check if salf- employed	_	rer's SSN or PTIN
Preparer's	irm's name (or					EIN	
Use Only	ours if self-employed), address, and ZIP code						

Phone no.

8E1675 1.000

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue S	ervice File a separate application for each return.	1		
 If you are f 	iling for an Automatic 3-Month Extension, complete only Part I and check this box			▶ X
If you are to not complete	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of t te Part II unless you have already been granted an automatic 3-month extension on a previously f	nis form) iled Forn	1 8868.	-
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this box and	complete		
Part I only	• • • • • • • • • • • • • • • • • • • •			.▶ 🛄
time to file inc	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to ome tax returns.			
one of the re electronically returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic turns noted below (6 months for a corporation required to file Form 990-T). However, you if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL omposite or consolidated From 990-T. Instead, you must submit the fully completed and signed to details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities	cannot , 6069, page 2	file Fo or 887 (Part II	rm 8868 70. group
Type or		yer ident		number
print	MARYLAND GENERAL HOSPITAL, INC. 52	-05916	67	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	00210	7	
due date for filing your	827 LINDEN AVENUE			
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions.	BALTIMORE, MD 21201			
- 3	f return to be filed (file a separate application for each return):			
X Form 99	Form 990-T (corporation) Form 4720			
Form 990	10111 022			
Form 990	Tom occur			
Form 990	-PF Form 1041-A Form 8870			
 If the orga If this is fo			. If thi	
names and El	group, check this box •	n a list	with th	е
until	st an automatic 3-month (6 months for a corporation required to file Form 990- $02/15$, 2010 to file the exempt organization return for the organization named reganization's return for: calendar year or tax year beginning $07/01$, 2008 , and ending $06/2$	T) extended above.	The ex	of time tension is
2 If this tax	year is for less than 12 months, check reason: Initial return Final return Chan	ge in ac	countin	g period
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an dable credits. See instructions.	у За	\$	NONE
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment	5	7	HOHE
made. In	clude any prior year overpayment allowed as a credit.	3 b	\$	NONE
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, depos	t		
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se	9		
instructio		3с		NONE
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and F	orm 887	9-EO	
for payment in				
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form	8868 (6	Rev. 4-2009)

Form 888	8 (Rev. 4-2009)			Pag	10 2
If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box		▶ .	J
	Only complete Part II if you have already been granted an automatic 3-month ext				_
If yo	u are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).			
	Additional (Not Automatic) 3-Month Extension of Time. Only f		ies ne	eded).	_
	Name of Exempt Organization	Employer Identifi			_
Type o	MARYLAND GENERAL HOSPITAL, INC.	52-059166	7		
File by th	Number, street, and room or sulte no. If a P.O. box, see instructions.	For IRS use only	•	•	_
extended	927 I INDEN AVENUE				
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
return. S instructio					
Check	type of return to be filed (File a separate application for each return):				
×	Form 990 Form 990-PF	Form 1041-A		Form 6069	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720		Form 8870	I
	Form 990-EZ Form 990-T (trust other than above)	Form 5227			
STOP	Do not complete Part II if you were not already granted an automatic 3-moi	nth extension on a previo	usly file	d Form 88	68.
■ The	books are in the care of ► BRIAN G. BAILEY		_		
	phone No. ▶ 410 225-8408 FAX No. ▶				
• If th	e organization does not have an office or place of business in the United States, or	check this box	 .	▶[
• If th	is is for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb	er (GEN) If t	his is		
for the	whole group, check this box	box and attac	ch a		
list wit	h the names and EINs of all members the extension is for.				
4 1	request an additional 3-month extension of time until 05/15/2010				_
5 F	or calendar year, or other tax year beginning 07/01/2008	_and ending <u>06/30/2</u>	009		
6 I	f this tax year is for less than 12 months, check reason: Initial return	Final return Chang	e in acc	ounting per	lod
7 5	State in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	PREPARE A COMPLE	re a		
	CCURATE RETURN IS NOT YET AVAILABLE.				
_	•				
8a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any			
<u>r</u>	nonrefundable credits. See instructions.		8a \$	NO	NE
b l	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundabl	e credits and estimated			
t	ax payments made. Include any prior year overpayment allowed as a credit	and any amount paid	\square		
	previously with Form 8868.		8b \$	_ NO	NE
c E	Balance Due. Subtract line 8b from line 8a. Include your payment with this form	, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System). See instructions.	8c \$		
	Signature and Verification			NO	NE
	penalties of perjury, I declare that I have examined this form, including accompanying schedules are	nd statements, and to the best of	f my kno	d bne egbahw	etief,
it is true	correct, and complete, and that I am authorized to prepare this form.				
	Vatton In - 100	١.		also	
Signatu	re ▶ XVI M XV Title ▶ CP f	Date	<u>> 11</u>	4 <i>]U</i> 1	
	,		Form 8	68 (Rev. 4-2	009)

KPMG LLP 2100 DOMINION TOWER NORFOLK, VA 23510-3310

orm 990 (2008)			52-0591667	Page 2
		rvice Accomplishments (see instructions))	
	scribe the organization's i			
<u>HOSPIT</u>	'AL PROVIDING ACU'	TE CARE, 24 HOUR EMERGENCY C	CARE IRRESPECTIVE OF	
			HEALTH MATTERS	
THROUG	H EDUCATION AND	OUTREACH.		
the prior F If "Yes" de	form 990 or 990-EZ? scribe these new service	s on Schedule O.		d on Yes X No
services?			vit conducts, any program	Yes X No
Describe t Section 50	escribe these changes on the exempt purpose achie 01(c)(3) and 501(c)(4) or	scredule O. Evements for each of the organization's thr ganizations and section 4947(a)(1) trusts a	ree largest program services b are required to report the amo	v expenses.
4a (Code:) (Expenses \$	135,163,961 including grants of \$	NONE) (Revenue \$	184,426,550.)
SEE ST	ATEMENT 1			
	-			
				<u> </u>
				
•			····	
		<u> </u>		
				·
b (Code:) (Expenses \$	including grants of \$	\ (Revenue \$	
			/ (NOVERIDE V	
				· · · · · · · · · · · · · · · · · · ·
				<u> </u>
	·			
c (Code:) (Expenses \$ _	including grants of \$) (Revenue \$)
——				
				
	-			
				·
				
	 			
	·			
100				
<u> </u>				
	gram service expenses	\$ 135,163,961. (Must equal Part I.	X, Line 25, column (B).)	
A 1020 1.000	otal program service expenses ▶ \$ 135, 163, 961. (Must equal Part IX, Line 25, column (B).)		Form 990 (2008	

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? #"Yes," 1	Form 9	90 (2008) 52-0591667			Page 3
the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B., Schedule of Contributors? It is the organization required to complete Schedule B., Schedule of Contributors? It is the organization required to complete Schedule B., Schedule of Contributors on bothalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. Sections 501(c)(4), 301(c)(5), and 501(c)(6) organizations in fobbying activities on bothalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part III. Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) and the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. Dot the organization resolve or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Dot the organization resolve or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Dot the organization resolve or 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," complete Schedule D, Part V 10. Did the organization hold assats in term, permanent, or quase-endowments? If "Yes," complete Schedule D, Part V 10. A to provide credit counseling, debt management, or quase-endowments? If "Yes," complete Schedule D, Part V 10. A to did the organization hold assats in term, permanent, or quase-endowments? If "Yes," complete Schedule D, Part V 10. Did the organization hold assats in term, permanent, or quase-endow	Part	V Checklist of Required Schedules			
complete Schedule A 1				Yes	No
2 Is the organization required to complete Schedule of Continuors? 3 Did the organization required to complete Schedule of Continuors? 4 Section S01(c)(3) organization regoes in direct or individual political companign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Pert II 5 Sections S01(c)(4) organizations. Did the organizations in lobbying activities? If "Yes," complete Schedule C, Pert III 5 Sections S01(c)(4), 501(c)(5), and S01(c)(6) organizations. Is the organization subject to the section 6033(a) notice and reporting requirement and proxy lac? If "Yes," complete Schedule C, Pert III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, did the management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 X 12 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 13 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV, IVII, IV, Or X as applicable 14 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV, IVII, IV, Or X as applicable 15 Did the organization hold described in section 170(1)(1)	1				
Just the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule, P. Part I. Sections 601(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule, C. Part II. Sections 601(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 603(4) notice and reporting requirement and prove yets. "If "Yes," complete Schedule, C. Part III. 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or provide credit courseling, dobt management, credit length, or organization sections? If "Yes," complete Schedule D, Part IV. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV. 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV. 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV. 13 Is the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part IV. 14 Did the organization report on Part X, column (A), line 3, more than 55, 000 organization asset and the part and the part and the part and the part and the	2	to the agreement on required to assure the October to D. O. I. and D. I. and D. O. I. and D. I. an		X	
candidates for public office? If "Yes," complete Schedule C, Part I Sections 95(1(p)) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Sections 95(1(p)(4), 501(c)(5), and 501(c)(5) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization meintain any denor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historical structures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization hold assats in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part IV IV IV, IV, IV, IV, IV, IV, IV, IV, I		Did the organization required to complete Schedule B, Schedule of Contributors?	2		X
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 1 14b x 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 x 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 x 16b Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III 17 x 17 x 18 Did the organization report more than \$15,000 on Part IX, column (A), line \$10 Pirys, "complete Schedule G, Part III 18 x 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 x 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 x 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and III 19 x 19 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 19 x 19 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, 7 If "Yes," complete Schedule I, Parts I and III 19 22 x 19 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 sof the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 24a x 24a x 24c 24d 24d 24d 24d 24d 24d 24d		Did the organization maintain an office application are account subsidered in Section 170(b)(1)(A)(II)? If "Yes," complete Schedule E			X
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b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 X	2 30	with a disqualified person during the year? # "Yes " complete Schodule 1. Dest 1.			
person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. 25b X	h		25a		Х
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disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26		25b		Х
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substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27	27	Did the organization provide a grant or other assistance to an officer director trustee key employee or	_20		Χ_
		substantial contributor, or to a person related to such an individual? If "Yes." complete Schedule 1. Part III	27		v
				990	

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:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity	1 4 1		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	100		
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		_	_
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	102		^-
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Ų,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		X_
	III, IV, and V, line 1	34	.,	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	Х	
	Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		Х
	organization? If "Yes," complete Schedule R, Part V, line 2	36		.,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VIVI	37		v

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ai dis	
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	32.442	40	
	gaming (gambling) winnings to prize winners?	1c	~ 0.42100000	H100 40070
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		S GP	i religion :
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,860		11000	Strauge.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	0.00.000.001
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	19	by Gills	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		H	
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
D	If "Yes," enter the name of the foreign country:			A since
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Straits
E.	and Financial Accounts.			
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
·	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
6a	Prohibited Tax Shelter Transaction?	<u>5с</u> 6а		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		_X_
~	gifts were not tax deductible?	6b	l	
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	ing or protection	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 4 -
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c	ŀ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			Aleman
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		nenneen o
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	4606		
_	organization, have excess business holdings at any time during the year?	8	201.300	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			POD MICH
a	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	545 Jag 1	X
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	The septime serial series and series and series and series are series are series and series are ser			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
'' a	Ontary transmit of the state of	1981) 134 1881 133		
b	Gross income from members or shareholders			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	rouseriini.	zinniliha.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	/ _ u		
		war and	an widi.	rs Paratrick

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

	n A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	rircumstances, process, or changes in Schedule O. See instructions.			
1a E	Inter the number of voting members of the governing body			
bЕ	nter the number of voting members that are independent 9			
2 D	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
	Did the organization delegate control over management duties customarily performed by or under the direct			
S	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4 D	old the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6 D	Does the organization have members or stockholders?	6	Х	
	Does the organization have members, stockholders, or other persons who may elect one or more members			
0	of the governing body?	7a	Х	
b A	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8 D	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
th	he year by the following:			
a T	The governing body?	8a	Х	
b E	Each committee with authority to act on behalf of the governing body?	8b	X	•
9a D	Does the organization have local chapters, branches, or affiliates?	9a		Х
b If	f "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?	9 b		
10 V	Nas a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	nust describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11 Is	s there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
A L	he organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
	the regiment with the provide the manner day dual cooled in Contours C			
	n B. Policies			Λ
Section	n B. Policies		Yes	No
Section 12a D	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes X	
Section 12a D				
Section 12a D b A	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Х	
Section 12a D b A	n B. Policies Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		
Section 1 2a D b A ri c D	Opes the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12a	Х	
Section 12a D b A ri c D d 13 D	Opes the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Opes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Opes the organization have a written whistleblower policy?	12a 12b	X	
Section 12a D b A ri c D d 13 D	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12a 12b 12c	Х	
12a D b A ri c D d 13 D 14 D 15 D	Opes the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Opes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Opes the organization have a written whistleblower policy? Opes the organization have a written document retention and destruction policy? Ones the organization have a written document retention and destruction policy?	12a 12b 12c 13	X X X	
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12a D b A ri c D d 13 D ir 15 D ir a T b C D 16a D	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Doid 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12a 12b 12c 13 14	X X X X	No
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Section 12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does 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: The organization's CEO, Executive Director, or top management official? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Managements.	12a 12b 12c 13 14 15a 15b	x x x x x x x x	No
Section 12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Ones the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Does the organization have a written whistleblower policy? Ones the organization have a written whistleblower policy? Ones the organization have a written document retention and destruction policy? Ones the organization have a written document retention and destruction policy? Ones the organization have a written document retention and destruction policy? Ones the organization have a written document retention and destruction policy? One officers 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Onescribe the process in Schedule O. (see instructions) One officers or key employees of the organization? One officers or key employees of the organization? One officers or key employees of the organization or to evaluate the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the process in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD, One officers or translation and applicable, 990, and 990-T (501(c)(3):	12a 12b 12c 13 14 15a 15b	x x x x x x x x	No
Section	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization's CEO, Executive Director, or top management official? Dother officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Doid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate to sparticipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed MDL. Described organization in spection. Indicate how you make these available. Check all that apply.	12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x	No
Section	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization in comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Describe the process in Schedule O. (see instructions) Doit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed One website Another's website Upon request	12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x	No
Section	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give lise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization base a written document retention and destruction policy? Does 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: The organization's CEO, Executive Director, or top management official? Describe the process in Schedule O. (see instructions) Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the sparticipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed _MD_ Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x	No
Section	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give ise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? Does the organization in the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestication.	12a 12b 12c 13 14 15a 15b 16a 16b	x x x x x x x x	No

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not com	pensate an	iy om	cer,	aire	cto	r, trus	tee	, or key employee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec	k all	that app	oly)	Reportable	Reportable	Estimated
	hours per		$\overline{}$					compensation	compensation	amount of
	week	di di	Ê	Officer	Key employee	ib ex	Former	from	from related	other
		중교	g	· ·	룏	ee C		the organization	organizations (W-2/1099-MISC)	compensation from the
) ž	<u>a</u>) še	ğ		(W-2/1099-MISC)	(**-2/1033-1/1100)	organization
		Individual trustee or director	Institutional trustee		"	ens		[`		and related
			ď			Highest compensated employee				organizations
SEE SCHEDULE J-2	1									
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Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	ıplo	уе	es,	and I	Hig	hest Compensat	ed Employe	ees (co	ontinued)
(A)	(B) (C) Average Position (check all that app							(D)	(E)		(F)
Name and title	Average hours per week	ा Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relat organizatic (W-2/1099-M	ion ed ons	Estimated amount of other compensation from the organization and related organizations
										,	
											_
						••					
1b Total		<u></u> .		• •		<u></u>	>	3,554,149.	1,015,	712.	505,839
2 Total number of individuals (including those organization ► 134	e in 1a)w —————	tho re	ecei	ived	me	ore th	nan	\$100,000 in rep	oortable com	pensa	ation from the
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu.	er, directo ile J for suc	or or chind	tru ividt	istee ual	e, k	key e	mp	loyee, or highest	compensat	ed	Yes No 3 X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of greater th	reportan \$	tabl 150	е с ,00	omp 0?	ensa If "Ye	tion es."	and other comp	ensation fro	nm	
 individual	or accr	ue co	omo	ens	atio	n fra	m	any unrelated or	raanization t	or	
Section B. Independent Contractors	oomprete C	oncai	<i>uic</i> (7 101	Suc	ni pei	3011	<u> </u>		•	5 X
 Complete this table for your five highest of compensation from the organization. 	compensat	ed in	dep	end	lent	cont	ract	ors that received	more than	\$100	0,000 of
(A) Name and business addr	ess							(B) Description of ser	vices	Co	(C) ompensation
SEE STATEMENT 2							-				
2 Total number of independent contractors (in	acludina +	000	in 1	1 14	ıb o	FDCC		mare than \$400	000 :-		
compensation from the organization	59	IVSE I		· / W	,,,,,	1608	ved	more than \$100	וו טטט,נ		

		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51	
3	1a	Federated campaigns	1a			u se populati		e i jugër isasi b
,5	b	Membership dues	<u>1b</u>					
E	C	Fundraising events	1c		and the balance		anaka su pri	- 60 44 64
<u>혈</u>	d	Related organizations			1544044	排除 的复数有限	egyptelete Son	
Ë	e	Government grants (contribu	' h l				Control of the Contro	
힐	f	All other contributions, gifts, gran		70.070	constitution and	ar il ale di bar	Salata Asset	
and other similar amounts		and similar amounts not included		70,972.				i di Gulanda
- 1	g h	Noncash contributions included Total. Add lines 1a-1f			70,972.			
an l				Business Code			Utago (USB) - USB) (12500500000000
ו פו א	2 a	NET PATIENT REVENUE		900099	184,426,550.	184,426,550.	122711221121111111111111111111111111111	
2	b					1 2017, 1207, 2007		
2	c							
ดี	d							
riogram service nevenue	е							
§	f 	All other program service rev						
-+	<u>g</u>	Total. Add lines 2a-2f			184,426,550.		a principal de Bri	66748
	3	Investment income (includin						ĺ
-	4	other similar amounts) Income from investment of t						
	5	Royalties			NONE NONE			-
ĺ	•	royanes	(i) Real	(ii) Personal	NONE		gradur zakal	
	6a	Gross Rents	236, 424				HU Open Janes III	1986
	b	Less: rental expenses						
-	С	Rental income or (loss)					durante de descri	an independ
-	d	Net rental income or (loss).			236,424.			236,42
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1,000.	10.200		m Guarm Fill	a GGBBBBBB
	b	Less: cost or other basis	1 076 414		Carlotte Carrier (1997) Caller	400.00.00.00.00.00		THE CONTRACTOR
		and sales expenses	1,276,411.					
	c d	Gain or (loss)						
	8a		undraisina		1,273,411.			-1,275,41
200		events (not including \$	aria alang					44400
		of contributions reported on	line 1c).					
niner vever		See Part IV, line 18,	•					La de la composición
1	Ь	Less: direct expenses			Albeide Barber			ndivinessi a
5	С	Net income or (loss) from ful		<u> </u>	NONE			
	9 a	Gross income from gaming a						
		See Part IV, line 19					greet marija	
	b C	Less: direct expenses Net income or (loss) from ga			produces and about			
	10a	Gross sales of inventor returns and allowances	ory, less		NONE			
	b	Less: cost of goods sold						100000000000000000000000000000000000000
-	c	Net income or (loss) from sal Miscellaneous Reven	es of inventory.		NONE			
	11a	GARAGE REVENUE	•••	900099	269,118.	269,118.		
	b	PHARMACY		900099	157,213.	157,213.		_
	c	DIETARY SALES		900099	523,794.	523,794.		
	ď	All other revenue		900099	1,042,221.	1,042,221.		
	e	Total. Add lines 11a-11d .	<i></i>		1,992,346.			
- -	12	Total Revenue. Add lines 1h 9c, 10c, and 11e			185,450,881.	186,418,896.		

	rt IX Statement of Functional Expenses	52-0591667 Page 1						
LE	· · · · · · · · · · · · · · · · · · ·							
	All other organizations must comple	กต 501(c)(4) organizส ete column (A) but ar	ations must complete e not required to com	: all columns. :plete columns (B), (C)), and (D),			
	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							
_	organizations in the U.S. See Part IV, line 21	NONE						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE						
3	Grants and other assistance to governments, organizations, and individuals outside the 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	1,769,577.	1,769,577.	NONE	NONI			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	68,558,181.	53,081,505.	15,476,676.	NONE			
8	Pension plan contributions (include section 401							
	(k) and section 403(b) employer contributions)	3,512,980.	2,883,152.	629,828.	NONE			
9	Other employee benefits	7,927,409.	6,506,136.	1,421,273.	NONI			
10	Payroll taxes	<u>5,136,679.</u>	4,215,745.	920,934.	NONI			
11	Fees for services (non-employees):							
a	Management	2,043,277.	NONE	2,043,277.	NONE			
b	Legal	287,997.	NONE	287,997.	NONE			
	Accounting	6,709.	NONE	6,709.	NON			
	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17	NONE						
	Investment management fees	NONE						
	Other	1,299,360.	NONE	1,299,360.	NONE			
12	Advertising and promotion	183,496.	2,535.	180,961.	NONE			
13	Office expenses	425,647.	264,500.	161,147.	NONE			
14 15	Information technology	3,628,883.	NONE	3,628,883.	NONE			
16	Royalties	NONE			 			
17	Travel	NONE	100 007					
18	Payments of travel or entertainment expenses	192,164.	128,807.	63,357.	NONE			
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE						
20	Interest	932,109.	NONE	932,109.	NONE			
21	Payments to affiliates	NONE	IVOIVE	<u> </u>	NOIVE			
22	Depreciation, depletion, and amortization	7,670,446.	7,670,446.	NONE	NONE			
23	Insurance	NONE						
24	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.)							
	CONTRACTED_SERVICES	21,259,243.	20,315,660.	943,583.	NONE			
	EXPENDABLE_SUPPLIES	16,151,919.	13,369,452.	2,782,467.	NONE			
	BAD_DEBT	19,191,468.	19,191,468.	NONE NONE	NONE			
d	PURCHASED_SERVICES	23,733,798.	5,764,978.	17,968,820.	NONE NONE			
	All other expenses				NONE			
	Total functional expenses. Add lines 1 through 24f	183,911,342.	135,163,961.	48,747,381.	NONE			
26	Joint Costs. Check here ► If following		ŀ					
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

	n 990 (2-0591667			P	age 11
Pa	rt X	Balance Sheet					
			(A) Beginning of year			(B) of yea	
	1	Cash - non-interest-bearing	Degining of year	1	Enu	or yea	
	2	Savings and temporary cash investments	31 756 267	2		275	002
	3	Pledges and grants receivable, net	11,756,367.	3	3,	<u>373,</u>	093.
	4	Accounts receivable, net	17,059,509.	4	11	720	040
	5	Receivables from current and former officers, directors, trustees, key	17,039,309.	-	±±,	120,	849.
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		<u> </u>			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
ţş	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7			
ssets	8	Inventories for sales or use	1,565,817.	8	1	578	462.
ď	9	Prepaid expenses and deferred charges	757,927.	9			464.
	10a	Land, buildings, and equipment cost basis 10a 195, 994, 753.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			330)	-101.
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	53,566,034.	10c	78.	724,	871.
	11	Investments - publicly traded securities		11			<u> </u>
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets	·	14			
	15	Other assets. See Part IV, line 11	115,236,089.	15	95.	273.	607.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	199,941,743.	16		071,	
	17	Accounts payable and accrued expenses	21,480,789	17			964.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					•
ap	ŀ	highest compensated employees, and disqualified persons. Complete Part II					
		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	261,814.	23			NONE
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	116,423,196.	25	120,	787,	535.
	26	Total liabilities. Add lines 17 through 25	138,165,799.	26	145,	496,	499.
sacus		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
ä	27	Unrestricted net assets	29,993,726.	27	17.	369,	105.
Fund Bala	28	Temporarily restricted net assets	31,782,218.	28		205,	
B	29	Permanently restricted net assets		29			
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
ţ	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32			
Net	33	Total net assets or fund balances	61,775,944.	33	47.	574,	847
	34	Total liabilities and net assets/fund balances	199,941,743.	34		071,	
Pa	rt XI	Financial Statements and Reporting			1,7,5,7	<u> </u>	<u> </u>
						Yes	No
1		unting method used to prepare the Form 990: Cash X Accrual Othe					-
2a		e the organization's financial statements compiled or reviewed by an independent account				<u> </u>	X
b		e the organization's financial statements audited by an independent accountant?			· <u>2b</u>	4	X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				1	
1 -		, review, or compilation of its financial statements and selection of an independent account			<u>2c</u>	<u> </u>	<u> </u>
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
L		Single Audit Act and OMB Circular A-133?				<u> </u>	Х_
<u>_b</u>	I↑ "Y∈	es," did the organization undergo the required audit or audits?	• • • • • • • • • • • •	· · · ·		<u> Ш</u>	<u></u>
10.4					Fon	m 990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.



Name of the organization Employer identification number MARYLAND GENERAL HOSPITAL, 52-0591667 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	Nο	Yes	No	Yes	No	
							<u> </u>		
									· .
				,					-
		-							
otal				·					-

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

Schedule A (Form 990 or 990-EZ) 2008

11g(i)

11g(ii)

JG5428 E014

Par	Support Schedule for Org (Complete only if you ched	ganizations D cked the box o	escribed in S n line 5, 7, or	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
Sect	ion A. Public Support			<u> </u>			
Cale	ndar 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		32 14 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1				
5	The portion of total contributions by each				ande bees de		
	person (other than a governmental unit or			dag signardi	etatu in kunggula		
	publicly supported organization) included	teris ilgani en con		alaye da baqirda		nes unite autori	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.				5-12-4-5151	umile by	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (-	See instructions.)				12	
13	First five years. If the Form 990 is for the	organization's fire	st, second, third, f	ourth, or fifth tax ye	ear as a 501(c)(3)		
	organization, check this box and stop here		<u> </u>	<u> </u>	<u> </u>		▶∐
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (I	ne 6, column (f) divided by line	e 11, column (f))		14	%
15	Public support percentage from 2007	Schedule A, Pa	irt IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the o	rganization did	not check the I	oox on line 13, a	and line 14 is 33	3 1/3% or more,	check this box
	and stop here. The organization quali						
b	33 1/3% support test - 2007. If the o	rganization did	not check a bo	x on line 13 or 1	6a, and line 15	is 33 1/3% or r	nore, check this
	box and stop here. The organization of	ualifies as a pu	blicly supporte	d organization .			▶ 🗀
17a	10%-facts-and-circumstances test -	2008. If the orga	nization did no	t check a box o	n line 13, 16a o	r 16b, and line	14
	is 10% or more, and if the organization						
	in Part IV how the organization meets	the "facts and	circumstances'	test. The organ	nization qualifies	as a publicly sup	ported
	organization						
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization			•		•	licly
	supported organization					•	· · · · · · · · · · · · · · · · · · ·
18	Private foundation. If the organization						
	instructions						

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

	llendar 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.")					<u></u>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the		l				
	organization's tax-exempt purpose		i				
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					<u> </u>	
4	<u>-</u>						
	benefit and either paid to or expended on						
	its behalf			<u> </u>	<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3		-				
	received from disqualified persons				1		
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the						
_	year or \$5,000	· · · · · · · · · · · · · · · · · · ·		-			
	Add lines 7a and 7b				-	-	
0	Public support (Subtract line 7c from				<u> </u>		
	line 6.)	<u> </u>			l	l	
-	tion B. Total Support	(-) 0004	41.0005				
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
_	Add lines 10a and 10b	<u>.</u>	 		 -	-	-
		·	-		-		
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly				į		
	carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	<u></u> _					ŀ
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)				<u> </u>		1
4	First five years. If the Form 990 is for		n's first second	third fourth as	fifth tay year =	E a postion E04	(c)(3)
ec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percent	200	<u> </u>	<u></u>	· · · · · · · · · ·	· · · · · ·
5				(0)	•••	r	 .
	Public support percentage for 2008 (line 8	, column (1) alvia	ed by line 13, colur	^{nn (1))}		15	
16	Public support percentage from 2007 Sche					16	
	tion D. Computation of Investmen				<u> </u>		
17	Investment income percentage for 2008 (li	ne 10c, column ((f) divided by line 1	3, column (f))		17	!
8	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	
9 a	33 1/3% support tests - 2008. If the org	ganization did no	ot check the box	on line 14, and I	ine 15 is more th		
	17 is not more than 33 1/3 %, check this bo						
	33 1/3% support tests - 2007. If the orga	inization did not	check a boy on lir	ne 14 or line 10a	and line 19 in	ore then 22 4/00	and
h		e hay and ca b	are. The erei	ie 14 oi illie 198, ien austrus	and me to is m	ore man 33 1/3%	o, arriu _ [
b		S DOX ADD STOR h	ere. The organizat	ion qualifies as a	publicly supported	organization	▶
	line 18 is not more than 33 1/3 %, check thi	o oox and blop ii					••••
b 20	Private foundation. If the organization did	not check a box	on line 14, 19a, o	r 19b, check this I	oox and see instru	ctions	▶

Schedule A (Form 990 or 990-EZ) 2008 52-0591667				7	Page 4	
Part IV	Supplemental	Information. Complete a or 17b; or Part III, line	this part to provide 12. Provide any other	the explanation r	equired by Part II, line	10;
						
			·	·• ·• · · · · · · · · · · · · · · · · ·		
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Na	ame of organization			Employer ident	ification number
	RYLAND GENERAL HOSI	PITAL, INC.		52-0	591667
Pa		ed by all organizations exempt ons for Schedule C for details.	t under section 50	01(c) and section 527 o	rganizations.
1	Provide a description of the	he organization's direct and indirect	t political campaign	activities in Part IV.	
2					
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
Pa		d by all organizations exempt ons for Schedule C for details.	under section 50°	1(c)(3).	
1	Enter the amount of any e	excise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2	Enter the amount of any e	excise tax incurred by organization i	managers under se	ction 4955 🕨 \$	_
3	If the organization incurre	d a section 4955 tax, did it file Form	n 4720 for this year'	?	Yes No
4a b	Was a correction made? , if "Yes," describe in Part IV	<i></i>	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · L Yes No
	rt I-C To be complete	ed by all organizations exempt	t under section 50	01(c), except section 5	01(c)(3).
		ons for Schedule C for details.			
1	Enter the amount directly	expended by the filing organization	n for section 527 e	xempt function	- "
	activities	· · · · · · · · · · · · · · · · · · ·		▶\$	
2	Enter the amount of the fil	ling organization's funds contributed	d to other organizati	ions for section	
	527 exempt function activ	vities		▶ \$	
3		t exempt function expenditures. Ad-			
_	on Form 1120-POL, line 1	7b	• • • • • • • • • • •	▶ \$	
4		file Form 1120-POL for this year? .			
5	State the names, addresse	es and employer identification numb nount paid and indicate if the amo	per (EIN) of all section	on 527 political organizat	ions to which payments
	contributions received and	d promptly and directly delivered to	ount was paid from a senarate notitical	organizations	tunds or were political
	or a political action comm	ittee (PAC). If additional space is ne	eded, provide inforn	nation in Part IV.	cparate segregated fulld
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

JSA 8E1264 1.000

Sch	nedule C (Form 990 or 990-EZ) 2008				52-0	591667	Page 2
P	art II-A To be completed (election under so	by organ ection 501	izations e (h)). See	xempt under sec the instructions fo	ction 501(c)(3) t	hat filed Form 5768	
A				an affiliated grou		- "	_
В	Check ► if the filing org	<u>janization</u>	checked I	box A and "limited	control" provisi	ons apply.	
		ts on Lobb ditures" me		ditures nts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influence	public opini	ion (grass roots lob	bying)		
	Total lobbying expenditures to						
	: Total lobbying expenditures (
d	I Other exempt purpose expen	ditures					
е	 Total exempt purpose expend 	ditures (ado	l lines 1c an	nd 1d)			
f	Lobbying nontaxable amount.	Enter the	amount froi	m the following tabl	e in both		
	columns.						
	If the amount on line 1e, column	(a) or (b) is:	The lobbying	ng nontaxable amoun	t is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,0	00,000	\$100,000 p	lus 15% of the exces	s over \$500,000.		
	Over \$1,000,000 but not over \$1	,500,000	\$175,000 p	lus 10% of the exces	s over \$1,000,000.		
	Over \$1,500,000 but not over \$1	7,000,000	\$225,000 p	lus 5% of the excess	over \$1,500,000.		
_	Over \$17,000,000		\$1,000,000				
	Grassroots nontaxable amou						
h	Subtract line 1g from line 1a.	Enter -0- if	line g is m	ore than line a			
i							
j							<u> </u>
	section 4911 tax for this year	?		 		 	. Yes No
		ations that	made a se	raging Period Unde ection 501(h) electi tructions for lines	on do not have t	o complete all of the f the instructions.)	ive
		Lobb	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% line 2a, column(e))						
	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Par	t II-B To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for a	NOT detail:	filed	Form			
		(8	. 1		(b)		
		Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or	İ					
	referendum, through the use of:						
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b			X			•	
c d	Media advertisements? Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X		-		
f	Grants to other organizations for lobbying purposes?		X				
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
i	Other activities? If "Yes," describe in Part IV	Х	- 11			13.	681
j	Total lines 1c through 1i						681
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				: .
Pa	rt III-A To be completed by all organizations exempt under section 501(c)(4), se	ection	501	(c)(5)	, or		
	section 501(c)(6). See the instructions for Schedule C for details.						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						L
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), s						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "Nestion 3 is answered "Yes." See Schedule C instructions for details.	NO. C	וו אי	Part	III-A,		
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amo			-			
_	political expenses for which the section 527(f) tax was paid).		•	.			
а	Current year			2a			
b	Carryover from last year			2b			
C	Total			2 c	-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	•			_		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I						
	and political expenditure next year?		_	4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
Pa	rt IV Supplemental Information		•				
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-Co, complete this part for any additional information.	C, line	5 an	d Part	II-B, lir	ne 1	
	E PAGE 4			- -			
	·				. .		

Schedule C (Form 990 or 990-EZ) 2008	52-0591667	Page 4
Part IV Supplemental Information (continued)		
I ODDATNO OMNED AGETHERIC		
LOBBYING - OTHER ACTIVITIES		
	· · · · · · · · · · · · · · · · · · ·	
THE ORGANIZATION DOES NOT ENGAGE IN ANY DIF	ECT LOBBYING ACTIVITIES. THE	
ORGANIZATION PAYS MEMBERSHIP DUES TO THE MA	ARYLAND HOSPITAL ASSOCIATION	
(MHA) AND THE AMERICAN HOSPITAL ASSOCIATION	(AHA). MHA AND AHA ENGAGE IN	
MANY SUPPORT ACTIVITIES INCLUDING LOBBYING	AND ADVOCATING FOR THEIR	
MEMBER HOSPITALS. THE MHA AND AHA REPORTED	THAT 14.51% AND 26.13% OF	
MEMBER DUES WERE USED FOR LOBBYING PURPOSES	AND AS SUCH THE ODCANIZATION	
	AND AS SOCIL THE ORGANIZATION	
HAS REPORTED THIS AMOUNT ON SCHEDULE C PART	IV AS LOBBYING ACTIVITIES.	
		
		
		
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2008
Open to Public

Schedule D (Form 990) 2008

Department of the Treasury Internal Revenue Service ▶ 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.

$\overline{}$		to Form 990, Part IV,	, line 6, 7, 8, 9, 1	U, 11, OF 12	Ĺ.	Inspection
	ne of the organization			En	ployer identification	on number
MA)	RYLAND GENERAL HOSPITAL, INC.				<u>52</u> -059166	57
Pa	Organizations Maintaining Donor Add the organization answered "Yes" to Fo	vised Funds or Oth orm 990, Part IV, line	er Similar Fun e 6.	ds or Acc	ounts. Comp	lete if
		(a) Donor ac	dvised funds	T	(b) Funds and o	ther accounts
1	Total number at end of year				-	
2	Aggregate contributions to (during year)					-
3	Aggregate grants from (during year)					· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a	advisors in writing tha	t the assets held	d in donor a	dvisad	
	funds are the organization's property, subject to the	he organization's exc	lusive legal contro	al?	.aviseu	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in	writing that gran	nt funds ma	vhe	162 140
	used only for charitable purposes and not for the l	benefit of the donor of	or donor advisor	or other	y be	
	impermissible private benefit?				ſ	Yes No
Pa	rt II Conservation Easements. Complete i	if the organization a	nswered "Yes"	to Form	990 Part IV I	<u> 165 </u>
1	Purpose(s) of conservation easements held by the	e organization (check :	all that apply).		200, r are (v, 1	
	Preservation of land for public use (e.g., recr			tion of an I	nietorically imp	ortantly land area
	Protection of natural habitat				tified historic st	
	Preservation of open space			11011 01 001	inca matoric si	.racture
2	Complete lines 2a-2d if the organization held a qu	alified conservation o	contribution in the	e form of a	consensation s	asement
	on the last day of the tax year.		one baddin in the	5 101111 Of a	Conscivation e	asement
					Held at the	End of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement					
C	Number of conservation easements on a certified	historic structure incl	uded in (a)	2c		
d	Number of conservation easements included in (c	acquired after 8/17	/06	2d		
3	Number of conservation easements modified, tran	nsferred, released en	dinguished or te	rminated h	v the organizat	ion duzina
	the taxable year ▶	, , , , , , , , , , , , , , , , , , , ,	an iguioriou, or to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y the organizat	ion during
4	Number of states where property subject to conse	ervation easement is k	ocated >			
5	Does the organization have a written policy regard	ling the periodic mon	itorina inspectio	n violation	e and	
	enforcement of the conservation easements it hold	ls?		n, violation	s, and	Voc No
6	Staff or volunteer hours devoted to monitoring, ins	specting, and enforcing	na easements du	ring the ve	or ≯	162 140
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing s	easements during	n the veer	. · ·	
8	Does each conservation easement reported on lin	ie 2(d) above satisfy t	he requirements	of section	~ ~	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			01 00001011	Γ	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports	conservation easem	ents in its revenu	ie and eyne	nse statement	and
	balance sheet, and include, if applicable, the text of	of the footnote to the	organization's fi	nancial sta	tements that de	ecribes
	the organization's accounting for conservation eas	ements.				301ibe3
Рa	rt III Organizations Maintaining Collections	s of Art, Historical	Treasures, or (Other Sim	ilar Assets.	
	Complete if the organization answered	<u>i "Yes" to Form 990</u>	, Part IV, line 8	.		
1 a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	AS 116, not to report id for public exhibition financial statements t	in its revenue st n, education, or r hat describes the	tatement ar research in ese items.	nd balance she furtherance of	et works of public service,
b	If the organization elected, as permitted under SF, historical treasures, or other similar assets held fo provide the following amounts relating to these iter	AS 116, to report in it or public exhibition, ed ms:	ts revenue stater lucation, or rese	ment and baarch in furt	herance of pub	orks of art, lic 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, hi	istorical treasures or	other similar as	sets for fine	incial dain prov	ide the
	following amounts required to be reported under S	FAS 116 relating to t	hese items:	DOWN TOT TITLE	morar gain, prov	nao trie
а	Revenues included in Form 990, Part VIII, line 1				> r	

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

Par	t III Organizations Maintaining Colle	ections of Art,	Historica	Treasures,	or Other Similar /	Assets (continued)			
_									
3	Using the organization's accession and othe	r records, check	any of the	e following tha	t are a significant u	se of its collection			
	items (check all that apply):		. —						
a	Public exhibition	C	├ ─┤		ange programs				
b	Scholarly research	e	· 🗀	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and ex	kplain how	they further th	ne organization's ex	empt purpose in			
_	Part XIV.								
5	During the year, did the organization solicit of	or receive donat	ions of art	, historical tre	asures, or other simi	lar			
Des	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Fal	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.								
	r art 14, mile 3, or reported air air	iodii oiii oiii	330, r an	. A, IIIIC Z I .					
1 a	Is the organization an agent, trustee, custod	ian or other inte	rmediany f	or contribution	e or other essets as				
ıu	included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Part XIV					· · · · L Yes L No			
~	Too, explain the all angularities at 700	and complete ti	ile iollowiii	g table.		mount			
С	Beginning balance			1	c	inount			
d	Additions during the year			<u> </u>	d				
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F					Yes No			
b	If "Yes," explain the arrangement in Part XIV					,,,,			
Par			nswered	"Yes" to Form	n 990, Part IV, line	10.			
	(a) Curr	ent Year (b)	Prior year	(c) Two years	back (d) Three ye	ars back (e) Four years back			
1 a	Beginning of year balance								
b	Contributions					:			
C	Investment earnings or losses		•						
d	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs								
f	Administrative expenses								
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of the year		eld as:						
a	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
C 20	Term endowment ▶%								
Ja	Are there endowment funds not in the poss-	ession of the org	ganization	that are held a	and administered for				
	organization by: (i) unrelated organizations					Yes No			
	(ii) related organizations					3a(i)			
b	If "Yes" to 3a(ii), are the related organization		•			3a(ii)			
4						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 t				AD Deviler II			
	Substitution of wifesting in	(investment)	Jasis (b) Cost or other basis (other)	(c) Depreciation	(d) Book value			
1 a	Land			1,480,276		1 490 276			
b	Buildings			1,480,276 $1,649,284$		1,480,276. 26,949,891.			
С	Leasehold improvements		'	±10121204	. 44,055,333.	20,343,031.			
d	Equipment		- -	4,302,690	. 63,100,586.	11,202,104.			
е	Other			8,562,503		39,092,600.			
	I. Add lines 1a-1e. (Column (d) should equal I	Form 990, Part X	, column (B), line 10(c).)		78,724,871.			
						70,724,071.			

Part VII	Investments - Other Securities. See	Form 990, Part X, Iin	e 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 der	ivatives and other financial products		
	equity interests		
			
		- 	
	# 15		
	(b) should equal Form 990, Part X, col. (B) line 12.)		42
Part VIII	Investments - Program Related. See		***
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost of cite of your market value
			
		-	
	····		

Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	•	
Part IX	Other Assets. See Form 990, Part X	line 15.	
) Description	(b) Book value
SELF INS	SURANCE TRUST		16,754,588
	ESTRICTED ASSETS		40,821,742
OTHER AS	SSETS OF LIMITED USE		986,000
DUE FROM	4 AFFILIATES		1,216,658
OTHER AS	SSETS		162,900
CONSTRUC	CTION FUNDS		35,331,719
		<u>. </u>	
			95,273,607
Part X	Other Liabilities. See Form 990, Part		
	(a) Description of liability	(b) Amount	
Federal incor	me taxes		eti i kirili iziki belli izi ledikili pura menendaki kirili kabuluki di dibili.
ADVANCES	S FROM THIRD PARTIES	5,197,516.	
	IABILITIES	1,386,181.	
	PENSION EXPENSE	21,609,477.	
	FICE LIABILITY	9,177,451.	
	MENTAL LIABILITY	157,069.	
UMMS OB	LIGATED GROUP BOND DEBT	83,259,841.	
		 	
		 	
Total (C-1	(b) should a wal 5 - 000 5 . W (D) 5	l	
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 25.)	120,787,535.	

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.

Schedule D (Form 990) 2008

Schedul	e D (Form 990) 2008 52-0591667	Page 4
Part :	Reconciliation of Change in Net Assets from Form 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
Part		
1	Total revenue, gains, and other support per audited financial statements	. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	. 2e
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIV)	`
	Add lines 4a and 4b	. 4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
Part		
1	Total expenses and losses per audited financial statements	. 1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities 2a 2a	<u> </u>
b	Prior year adjustments 2b	-
c d	Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 2c 2d	<u> </u>
		⊢ a. l
3		- 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3 -
-	Investment expenses not included on Form 990, Part VIII, line 7b	
b		-
	Add lines 4a and 4h	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5
Part	XIV Supplemental Information	
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1h
	y; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	1117, 11103 10
SEE	PAGE 5	
		
		-

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.

OMB No. 1545-0047

Schedule H (Form 990) 2008

Department of the Treasury Part IV, line 20. Open to Publ								lic	
Intern	Itemal Revenue Service ► Attach to Form 990.							ion	
Name	Name of the organization Employer identification number								
MAR	YLAND GENERAL :	HOSPITAL,	INC.			52-059166	7		
Par	tl Charity Care	and Certain	Other Co	mmunity Benefits at	Cost (Optional for 20	008)	, ,		
					, , , , , , , , , , , , , , , , , , ,			Yes	Νo
1a	Does the organization t	one a abasitu	ooro naliavO I	f UNIa U aldu ka arraski su Os			4-	100	-
							<u>1a</u>		
2							1b		Horse
-	charity care policy to th			which of the following be	st describes application of th	e	Hill	-	
		•			7				
	Applied uniformly	•			→ Applied uniformly to mo	st hospitals			
_	Generally tailored		•						
3		ased on the ch	arity care eli	gibility criteria that applies	s to the largest number of the)		100	
	organization's patients.						17.6	100	
a	Does the organization to	use Federal Po	verty Guideli	nes (FPG) to determine eliq	gibility for providing free care	to low income	Hans		
	1 1 1	1 1	t the followir T	ig is the family income lim	it for eligibility for free care:		3a	12452411.44	12 x 3x 3x 5x 5x 5x
		150%	200% L	Other					
b	Does the organization (ise FPG to det	ermine eligib	ility for providing discounte	d care to low income individ	uals? If "Yes,"		JOHN S	
	indicate which of the fo	llowing is the f	amily incom	e limit for eligibility for disc	counted care:		3b		
		250%	300%	350% 40	· · · · · · · · · · · · · · · · · · ·				
C					VI the income based criteria				
	determining eligibility for	or free or disco	unted care.	Include in the description	whether the organization use	s an			
	asset test or other three	shold, regardle	ss of income	e, to determine eligibility for	free or discounted care.		124		
4	Does the organization's	policy provide	free or disc	ounted care to the "medica	lly indigent"?		4_		
5a					inder its charity care policy?				
b					ount?				
					ble to provide free or discour				
							5c		
6a									
					H instructions. Do not subm			J.	
	these worksheets with t			<u> </u>					
_7	Charity Care and Co								
Mo	Charity Care and ans-Tested Government	(a) Number of activities or	(b) Persons served	(c) Total community benefit expense	(d) Direct offsetting	(e) Net community) Perc	
1436	Programs	(optional)	(optional)	Deficial expense	revenue	benefit expense		of tota expens	
а	Charity care at cost (from							-	
	Worksheets 1 and 2)						İ		
b	Unreimbursed Medicaid (from				-				
	Worksheet 3, column a)								
С	Unreimbursed costs - other mea tested government programs (fi		}						
	Worksheet 3, column b)	1					•		
d	Total Charity Care and Means-Tested Government					<u> </u>			
	Programs	_•							
	Other Benefits								
e	Community health improvement								
	services and community benefit operations (from Worksheet 4)	I	L						
f	Health professions education						1. —		
	(from Worksheet 5)			<u>L</u>					
g	Subsidized health services (from	}				*			
•	Worksheet 6)	i i		L					
h	Research (from Worksheet 7) .								
i	Cash and in-kind contributions t						_		
•	community groups (from	<u> </u>							
i	Worksheet 8) Total Other Benefits		-				_		
- 1.	TOTAL CUICI DETICINS	•	 		 				

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

Part II Community E building activi	luilding Adties. (Opti	ctivities C onal for 2	omplete this table if the	e organization condu	icted any community		
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense		ercent of expense
1 Physical improvements and housing							
2 Economic development				 ,			
3 Community support						+	
4 Environmental improvements					***	ļ <u> </u>	
5 Leadership development and							
fraining for community members							
6 Coalition building 7 Community health improvement							
advocacy							
8 Workforce development						 	
9 Other				-		ļ	
10 Total					 -		
Part III Bad Debt, Me	dicare, &	Collection	n Practices (Optional fo	r 2008)		•	
C-4 A B-4 D-14 F							
Section A. Bad Debt Expense					_	Y	es No
1 Does the organization					ncial Management		ĺ
					<u>.</u> .	1	
2 Enter the amount of the	organizatio	n's bad de	bt expense (at cost)	2			
			zation's bad debt expen				
			nization's charity care poli				
			the organization's financia				
			thodology used in determ		ported on lines		
Section B. Medicare	including o	tilei bau de	ebt amounts in community	benent.			
5 Enter total revenue rece	ived from f	Medicare (i	ncluding DSH and IME)	ا ج ا			
			g to payments on line 5.				
			hortfall reported in line 7	——————————————————————————————————————	community benefit		
			to determine the amoun		, , , , , , , , , , , , , , , , , , ,		
of the following methods	s was used	<u>. </u>					
Cost accounting sy	stem [Cost t	o charge ratio 🗀 Ot	her	-		
Section C. Collection Practices							
9a Does the organization ha						9a	
b If "Yes," does the organ							
			ty care or financial assista		<u>/I </u>	9 b	
	Companie		int Ventures (Optional	tor 2008)		Т	
(a) Name of entity	İ	(b)	Description of primary activity of entity	(c) Organization's profit % or stock	(d) Officers, directors trustees, or key		ysicians' % or stock
			,-,	ownership %	employees' profit %		ership %
					or stock ownership %		
1						1	
2		· · · · ·	········			1	
3						1	
4							
5						1	
6							
7							
8							
9						<u> </u>	
10						 	
11							
12			<u> </u>			ļ	
13						 -	
JSA			<u> </u>		Schedule	H /Form	9901 2000
i=					ocneune	Troutil	2401 TOUG

Part V Facility Information (Required for 2008)	·,								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
MARYLAND GENERAL HOSPITAL 827 LINDEN AVENUE BALTIMORE MD 21201	х	х		Х			х		
						·			
	1		= -						
				E					

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

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Schedule H (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

2008 Open to Public Inspection

52-0591667

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

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

Employer identification number

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

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 52-0591667

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.

	ļ	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name		(i) Base compensation			compensation	benefits	(B)()-(O)	reported in prior Form 990 or Form 990-EZ	
	(i)	281,418.	72,000.	119,336.	11,500.	15,527.	499,781.	62,581.	
SYLVIA SMITH JOHNSON	(6)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	225,878.	47,122.	1,767.	34,140.	5,202.	314,109.	NONE	
BRIAN G BAILEY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	162,925.	NONE	727,	10,109.	16,484.	190,245.	NONE NONE	
SAMUEL D FRIEDEL MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	249,132.	50,000.	6,260.	30,429.	15,527.	351,348.	NONE	
ROY T SMOOT MD	(ii)	NONE	NONE	NONE	NONE	NONE	иои́е	NONE	
	(i)	319,482.	27,600.	1,032.	13,800.	16,484.	378,398.	NONE	
BRUCE GNESHIN MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	151,521.	22,500.	617.	22,822.	1,200.	198,660.	NÖNE	
DAVID P SWIFT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	149,734.	13,200.	NOÑE	18,172	5,202,	186,308.	NONE	
DONALD E RAY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	129,741.	64,410.	21,289.	8,038.	9,586.	233,064.	NONE	
EDWARD H STREYLE	(ii)	88,736.	NONE	40,134.	11,065.	7,141.	147,076.	NONE	
	(i)	370,267.	25,000.	1,584.	13,800.	16,484.	427_135.	NONE	
ERROL BENNETT MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	291,634.	NONE	1,032.	13,800.	16,484.	322,950.	NONE	
MILES HARRISON MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(0)	393,743.	42,159.	360.	13,800.	16,484.	466,546.	NONE	
REYAZ HAQUE MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ROBERT CHRENCIK	(ii)	640,584.	232,530.	13,728.	116,748.	15,527.	1,019,117.	NONE	
	(i)	310,000.	NONE	679.	13,800.	16,484.	340,963.	NONE	
WILLIAM GRAY MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
	(ii)								
	(i)	L		L					
	(ii)								
	(i)			l					
	100								

Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008 52-0591667	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, for any additional information.	, 7, and 8. Also complete this part
HEALTH_CLUB	
SCHEDULE J. LINE 1A	
UMMS_EXECUTIVES_HAVE_A_BENEFIT_PROGRAM_WHICH_MAY_BE_USED_TOWARDS_HEALTH	
CLUB_DUES_OR_OTHER_HEALTH_MAINTENANCE_PROGRAMSSUCH_BENEFITS_ARE_CAPPED	
AT \$5,000 OR \$7,000 AS OUTLINED IN THE PROGRAM DOCUMENTS.	
NON-QUAL RETIREMENT	
SCHEDULE J, LINE 4B	
THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) SUPPLEMENTAL,	
NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING	
ORGANIZATION OR A RELATED ORGANIZATION:	
BRIAN G. BAILEY	
ROBERT_CHRENCIK	
SYLVIA SMITH JOHNSON	
ROY_TSMOOT,_MD	
EDWARD H. STREYLE	
DONALD P. SWIFT	
DONALD E. RAY	

8E1292 1.000

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008	52~0591667	Page 3
Part III Supplemental Information		
Complete this part to provide the information, e for any additional information.	explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a,	6b, 7, and 8. Also complete this part
·	<u></u>	
NON QUAL RETIREMENT (CONTINUED)		
SCHEDULE J, LINE 4B (CONTINUED)		
	THE DECIME VECTOR IN AD DEPARTMENT	
IN ADDITION, THE FOLLOWING INDIVIDU	ALS BECAME VESTED IN OR RECEIVED	
PAYMENTS FROM THE PLAN THAT HAVE BE	EN REPORTED ON SCHEDULE J, PART II,	
COLUMN B(III):		
- ####################################		
·		
SYLVIA SMITH JOHNSON \$103,	459	4
EDMADD II GMDCVI I		
EDWARD H. STREYLE 48,	.71.4	
·		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	W	Schedule J (Form 990) 2008

JSA 8E12921,000

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

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

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Part I

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

Open to Public Inspection

Name of the Organization

MARYLAND GENERAL HOSPITAL, INC.

Employer Identification number

52-0591667

Continuation of Officers, Directors,	Trustees, Key Employees.	and Highest Compensated
Employees	, ,,,	and my more of mportourou

(A) Name and Title	(B) Average hours	(C)						(D)	(E)	(F)
	per week	Position (check all th				T	_	Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARILYN_CARP CHAIR	1,	x						None	11011	
DR_MARCELA_COPES			$\vdash$		_	-	<del>                                     </del>	NONE	NONE	NON!
DIRECTOR	1.	x						NONE	NONE	NON
WARREN N WEAVER		12			$\vdash$		$\vdash$	NONE	NONE	NON
DIRECTOR	1 1.	х	ŀ					NONE	NONE	NONI
MICHAEL DAVIS		1 **				-	<u> </u>	NOIVE	NONE	NON
DIRECTOR	1.	Х						NONE	NONE	NONI
VIVIAN BRAXTON		1					-	NONE	NONE	NOME
DIRECTOR	1 1.	Х						NONE	NONE	NONI
WILLIAM F PECK								NONE	NONE	NOM
TREASURER	Ī 1.	x						NONE	иоие	NON
REVEREND PHILIP B ROULETTE								HOULE	TOWN.	NOM
SECRETARY	1.	X						NONE	NONE	NONI
SYLVIA SMITH JOHNSON								NOME	NONE	NON
PRESIDENT & CEO	40.	X		х				472,754.	NONE	27,027
SAMUEL D FRIEDEL MD										21,027
DIRECTOR/ PHYSICIAN	40.	х						163,652.	NONE	26,593
REV_DR_ALVIN_HATHAWAY_SR								,	.,,,,,,	207033
DIRECTOR	1.	Х						NONE	NONE	NONE
SUMNER_MILLER				Ì						
VICE CHAIR	1.	Х						NONE	NONE	NONE
DANIEL R HOWARD MD										
DIRECTOR/PHYSICIAN	1.	X						NONE	NONE	NONI
ROBERT_CHRENCIK	-{					}				
UMMS_REPRESENTATIVE	40.	Х						NONE	886,842.	132,275
BRIAN_G_BAILEY	_									
ASST TREAS/ASST SECRETARY	40			Х				274,767.	NONE	39,342
ROY_T_SMOOT_MD										-
CHIEF MEDICAL OFFICER	40.		_		Χ			305,392.	NONE	45,9 <u>5</u> 6.
DAVID_P_SWIFT	_									
SR VP HUMAN RESOURCES	40				Χ			174,638.	NONE	24,022.
DONALD E RAY										
VP OPERATIONS	40.		_		Χ			162,934.	NONE	23,374.
EDWARD_H_STREYLE										
VP NURSING	40.				Х			215,440.	128,870.	35,830
BRUCE GNESHIN MD					i					
PHYSICIAN	40.				_	Х		348,114.	NONE_	<u>30,284</u> .
ERROL BENNETT MD	_									
PHYSICIAN	40.		_			X		396,851.	<u>none</u>	30,284.
MILES HARRISON MD	-									
PHYSICIAN For Privacy Act and Paperwork Reduction	40.	<u> </u>				Χ		292,666.	NONE	<u>30,284.</u>

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

Schedule J-2 (Form 990) 2008

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

Department of the Treasury Internal Revenue Service

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

2008

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

Open to Public Inspection

Name of the Organization

MARYLAND GENERAL HOSPITAL, INC.

Employer Identification number

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(B) (C)					(D)	(E)	(F)		
Name and Title	Average hours per week		tion (		_	that ap	,	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
	pel week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REYAZ HAQUE MD PHYSICIAN WILLIAM GRAY MD	40.					х		436,262.	NONE	30,284
PHYSICIAN	40.					х		310,679.	NONE	30,284
	_									
										······································
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number MARYLAND GENERAL HOSPITAL, INC 52-0591667 AUDITED FINANCIAL STATEMENTS PART IV, LINE 12 THE ORGANIZATION DID NOT RECEIVE A STAND ALONE AUDITED FINANCIAL STATEMENT FOR THE YEAR FOR WHICH IT IS COMPLETING THIS RETURN. HOWEVER, THE ORGANIZATION WAS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT AUDIT PERFORMED FOR THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND SUBSIDIARIES FOR THE REPORTING YEAR BY OUR AUDITING FIRM, KPMG.

Schedule O (Form 990) 2008	
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-05916 <u>6</u> 7
TAX_EXEMPT_BOND_ISSUE	
PART IV, LINE 24A	
PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MAS	TER_LOAN
AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTE	<u>M</u>
CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES H	AVE
ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FA	CILITIES
AUTHORITY (THE "AUTHORITY"), AS SECURITY FOR THE PERFORMANCE OF T	HE BOND
OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAI	<u>NS_A</u>
SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN	
AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS	REQUIRE
THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE	OF
ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS	AND
RESTRICT THE DISPOSITION OF ASSETS.	
THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE	
CORPORATION, UNIVERSITY SPECIALTY HOSPITAL, THE JAMES LAWRENCE KE	CRNAN
HOSPITAL, MARYLAND GENERAL HOSPITAL, BALTIMORE WASHINGTON MEDICAL	CENTER
AND SHORE HEALTH SYSTEM. EACH MEMBER OF THE OBLIGATED GROUP IS JO	PINTLY
AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER T	<u>'HE</u>
MASTER LOAN AGREEMENT OF THE CORPORATION'S \$885,495,000 OF OUTSTA	ŊŊŢĬŊĠ
AUTHORITY BONDS ON JUNE 30, 2009.	
ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MAR	RYLAND
MEDICAL SYSTEM CORPORATION, WITH THE EXCEPTION OF THOSE BONDS ISS	SUED_IN
THE NAME OF SHORE HEALTH SYSTEM PRIOR TO SHORE HEALTH SYSTEM JOIN	NING_THE
OBLIGATED GROUP ON JULY 1ST, 2007, AND ARE REPORTED ON SCHEDULE	OF THE
CODDODATIONIC FORM 000	

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
MEMBER	
PART VI LINE 6	
MEMBER OF MARYLAND GENERAL HOSPITAL IS MARYLAND GENERAL H	EALTH_SYSTEMS,
_ INC.	
	<b></b>
	<del></del>
	<del></del>

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
MEMBER ELECT AND APPROVE	
PART VI, LINE 7A, 7B	
MARYLAND GENERAL HEALTH SYSTEMS, INC AND UNIVERSITY OF MARYLAND N	MEDICAL
SYSTEM CORPORATION MAY ELECT MEMBERS AND APPROVE DECISIONS OF THE	G
MARYLAND GENERAL HOSPITAL BOARD.	
	·
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	· <b></b>
<b></b>	
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
FORM 990 PREPARATION AND REVIEW PROCESS	
PART_VI_SECTION_A_LINE_10	
THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE INDEPENDENT ACCOU	UNTING
FIRM OF KPMG. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT	THE
UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEED	ED_TO
COMPLETE THE RETURN AND INPUT THE DATA INTO THE KPMG TAX ORGANIZED	R, WHICH
IS A WEB-BASED SYSTEM.	
WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO K	PMG_FOR
IMPORTATION INTO ITS TAX SOFTWARE. AT THIS POINT, KPMG STAFF MEM	BERS
REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION AND CLARIFICATION	S_IF
NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEV	VERAL
LEVELS AT KPMG INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROC	CESS, A
DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT FINANCE SHARED SE	RVICES
FOR AN IN-HOUSE REVIEW.	
UPON COMPLETION OF THE IN-HOUSE REVIEW, KPMG IS INSTRUCTED TO MAKE	E_ANY
NECESSARY CHANGES AND TO PREPARE THE FINAL DRAFT TAX RETURN. THE	FINAL
DRAFT RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT	FINANCE
SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE	HE
DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND	D_THE
CFO WHO SIGNS THE RETURN.	~ <b>~~~~</b>
PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRM	
TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN	
OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE	
990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER	R_WILL

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 9	90 TO
THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD	
RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S I	RS_FORM
990. EACH BOARD MEMBER IS GIVEN A COPY OF THE FINAL IRS FORM 990	BEFORE
IT IS FILED.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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<u></u>	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
CONFLICT OF INTEREST POLICY	
PART VI SECTION B LINE 12C	
THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STA	FF
MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTERESTS OR	
POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS	AND THE
INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWN	ED_IN
SUBSTANTIAL PART BY THE ORGANIZATION.	
	
A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST I	<u>S</u>
DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES	. THE
GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORP	ORATION
(UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOS	PITAL
AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF TH	E_OTHER
ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE	
RESPONSES FOR THOSE ENTITIES.	
THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF	,
NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR	UMMSC,
UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL.	WITH
RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDIC	<u>AL</u>
SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, TH	E
GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE IF NECESSARY.	
-	
WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE	_NATURE
OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOS	ED_IN
WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER	OF_THE
ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAV	ING A

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF TH	<u> </u>
ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWN	ED, IN
ANY TRANSACTION IN WHICH A CONFLICT EXISTS.	
ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS I	NCLUDE
THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST	,
DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATIO	N
OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLU	DING
FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO C	OMPLY
WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.	
IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND	HEALTH
SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BU	SINESS
TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.	
	
	
	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
EXECUTIVE COMPENSATION	·
PART VI SECTION B LINE 15	
THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO IT	?s
EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATI	ONS:
EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF	THE
BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONF	LICT_OF
_ INTEREST	
THE INDEPENDENT COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET	DATA
CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUT	
THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFOR	MANCE
AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING	
PROCESS.	
THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS AND DECISIONS IN DET	AII.FD
MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.	81BBU
THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE	
DECULDEMENTS OF THE INC. INSERNICITES OF THE	~
THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR A	
MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.	
	·

Schedule O (Form 990) 2008	Page 2
Name of the organization MARYLAND GENERAL HOSPITAL, INC.	Employer identification number 52-0591667
PUBLIC DISCLOSURE	
PART VI SECTION C LINE 19	
IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZ	
DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. H	
SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZA	
DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC R	
FOR THAT INFORMATION.	-
REQUESTS FOR FORM 990 AND FORM 1023:	
A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZ	ATION'S
IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERV	ICE,
INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR	SUBMIT A
WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY	BE
REQUESTED.	
IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO	THE
OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND TH	E_FORM
990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDI	VIDUAL
IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY.	<u>IF</u>
REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS	CHARGED
FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRE	SENT
DURING THE PUBLIC INSPECTION OF THE DOCUMENT.	" "
WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECT	
IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE	
ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MARYLAND GENERAL HOSPITAL, INC.	52-0591667
REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE	
REQUESTOR.	·
CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:	
IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR	
ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR_STATE
PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY A	VAILABLE
AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENT	S_AND
CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE	
DISCRETION OF MANAGEMENT.	

SCHEDULE R (Form 990)

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.

nternal Revenue	Service	► See se	parate instructions.				Inspection
lame of the o	•					Employer id	entification numbe
<u>IARYLAN</u>	D GENERA	L HOSPITAL, INC.				52-059	1667
Part I	ldentifica	ation of Disregarded Entities					
		(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
							
				1			
Part II	Identifica	ation of Related Tax-Exempt Organizations					
Part II	Identifica	ation of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempl Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling
		(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling
	EDULE R-	(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling
	EDULE R-	(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling
	EDULE R-	(A) Name, address, and EIN of related organization		(C) Legal domidle (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling
	EDULE R-	(A) Name, address, and EIN of related organization		(C) Legal domidle (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling
	EDULE R-	(A) Name, address, and EIN of related organization		(C) Legal domidle (state or foreign country)	(D) Exempl Code section	Public charity status	Direct controlling

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Part III	Identification of	Related Organizations	Taxable as a	Partnershin

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legel 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	Die	H) orforete store?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	Ger	(J) neral or naging ntner?
		Country					Yes	No		Yes	s No
SEE SCHEDULE R-1											
			,								
							ļ				

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							

Pa	rt V	Transactions With Related Organizations					
Not	e. Con	nplete line 1 if any entity is listed in Parts II, III, or IV.				Yes	No
1	During	g the tax year did the organization engage in any of the following transactions with one or more related organizations listed	l in Parts II_I\/2		4100		
a	Recei	pt of (i) interest (ii) annuities (iii) royallies (iv) rent from a controlled entity			1a		Х
b	GIII, Ç	rant, or capital contribution to other organization(s)			1 b	x	Ť.
С	GIII, g	rant, or capital contribution from other organization(s)			to		Х
d	Loans	or loan guarantees to or for other organization(s)			14	1	Х
e	Loans	or loan guarantees by other organization(s)			1e		х
					- 1	-	su;
f	Sale	of assets to other organization(s)			11	<u> </u>	х
g	Purch	ase of assets from other organization(s)			1g		х
h :	Excha	nge of assets			1h		Х
'	Least	of facilities, equipment, or other assets to other organization(s)			11		х
	Longe	of facilities or view and a subject to the subject			1000		
k	Perfo	of facilities, equipment, or other assets from other organization(s)	• • • • • • • • • • • • •	<i>.</i>	1j	Х	<u> </u>
ì	Perfo	mance of services or membership or fundraising solicitations for other organization(s)	<i></i>		1k	Ш	Х
m	Sharir	mance of services or membership or fundraising solicitations by other organization(s).	· · · · · · · · · · · · · ·	· · · · · · ·	11	х	<u> </u>
n	Sharir	ng of facilities, equipment, mailing lists, or other assets ng of paid employees		· · · · · · ·	1 m	H	Х
		3	• • • • • • • • • • • • •	• • • • • •	1n		X
0	Reimi	oursement paid to other organization for expenses			1000		1012912
р	Reim	oursement paid by other organization for expenses	• • • • • • • • • • • • • •		10	Х	-
				<i>.</i>	1р	een	Х
q	Other	transfer of cash or property to other organization(s)			10	5.4e-2.25	X
	Other	transfer of cash or property from other organization(s).			14-		X
2	If the	answer to any or the above is "res," see the instructions for information on who must complete this line, including covere	d relationships and tra	insaction thre	eshold:		_^_
		(A) Name of other organization(s)	(B) Transaction		(C) nt invok		
		ranie of other miganization(s)	type (a-r)		III IIIVON	reo	
(1)							
<u></u>							
(2)							
7=1					_		
(3)							
7-7							
(4)							
							
(5)							
							—
(6)							
				Schedule	R (For	n 990)	2008

Part VI Unrelated Organizations Taxable as a Partnership

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

Name, address, and EM of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all S01 organi	D) partners stion (c)(3) zations?	(E) Share of end-of-year assets	Dispro alloc	(F) portionate ations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	þa ma	(H) neral e attagin attrer?
			Yes	No	:	Yes	No	(,,	Yes	No
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Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	(E) on Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326				Ι	1
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3	5) 11	BWMS
BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243		1			
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (0 11	BWMS
BALTIMORE WASHINGTON MEDICAL CENTER, INC 52-0689917					
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3	n 3	BWMS
BALTIMORE WASHINGTON MEDICAL SYSTEM, INC 52-1830242			, , , , , , , , , , , , , , , , , , ,		
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	501 (C) (3	3 11	UMMSC
BW MEDICAL CENTER FOUNDATION, INC. 52-1813656				1	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	FUNDRAISING	MD	501 (C) (1) 11	BWMS
NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404				1	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501 (C) (2	9	BWMS
NORTH COUNTY CORPORATION 52-1591355				1	
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MD	501 (C) (2	2)	BWMS
CHESTER RIVER HEALTH FOUNDATION, INC. 52-1338861			-		
100 BROWN STREET CHESTERTOWN, MD 21620	FUNDRAISING	MD	501 (C) (3	1) 11	CRHS
CHESTER RIVER HEALTH SYSTEM, INC. 52-2046500					Ĭ
100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD DM	501 (C) (3	1) 11	UMMSC
CHESTER RIVER HOSPITAL CENTER, INC. 52-0679694					
100 BROWN STREET CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3	3	CRHS
CHESTER RIVER MANOR, INC. 52-6070333					
200 MORGNEC ROAD CHESTERTOWN, MD 21620	HEALTH CARE	MD	501 (C) (3) 11	CRHS
MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211					
827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3	11	MGHS
MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532		1	, , , ,		
827 LINDEN AVENUE BALTIMORE, MD 21201	FUNDRAISING	MD	501 (C) (3	11	MGHS
MARYLAND GENERAL HEALTH SYSTEMS, INC. 52-1175337		1			
827 LINDEN AVENUE BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3	0 1 1	UMMSC
CARE HEALTH SERVICES, INC. 52-1510269		1			
219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3	nl11	SHS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal dornicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
DORCHESTER GENERAL HOSPITAL FOUNDATION 52-1703242					
219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 (C) (3)	11	SHS
MEMORIAL HOSPITAL FOUNDATION, INC. 52-1282080					
219 SOUTH WASHINGTON STREET EASTON, MD 21601	FUNDRAISING	MD	501 (C) (3)	11	SHS
SHORE CLINICAL FOUNDATION, INC. 52-1874111					
219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3)	11	SHS
SHORE HEALTH SYSTEM, INC. 52-0610538		}			
219 SOUTH WASHINGTON STREET EASTON, MD 21601	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
JAMES LAWRENCE KERNAN HOSP ENDOW FD 23-7360743		1			
2200 KERNAN DRIVE BALTIMORE, MD 21207	FUNDRAISING	MD	501 (C) (3)	11	UMMSC
JAMES LAWRENCE KERNAN HOSPITAL, INC. 52-0591639	Į				
2200 KERNAN DRIVE BALTIMORE, MD 21207	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
SHIPLEY'S CHOICE MEDICAL PARK, INC. 04-3643849]				
22 SOUTH GREENE STREET BALTIMORE, MD 21201	REAL ESTATE	MD	501 (C) (2)		UMMSC
UMMS FOUNDATION, INC. 52-2238893					
22 SOUTH GREENE STREET BALTIMORE, MD 21201	FUNDRA1SING	MD	501 (C) (3)	11	UMMSC
UNIVERSITY OF MD MEDICAL SYSTEM CORP 52-1362793	,				
22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
UNIVERSITY SPECIALTY HOSPITAL 52-0882914					
611 SOUTH CHARLES STREET BALTIMORE, MD 21230	HEALTH CARE	MD	501 (C) (3)	3	UMMSC
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Schedule R-1 (Form 990) 2008					52-059	91667			_	P	age 3
Part III Continuation of Id	lentification of R	elated O	rganizations Ta	xable as a Partners	hip						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	Orthod	H) colorete store?	(I) Code V-UBI amount on box 20 of K-1	Gen	(J) eral or naging tner?
						ļ	Yes	No	l	Yes	No
ARUNDEL PHYSICIANS ASSOCIATES,											
301 HOSPITAL DRIVE	HEALTH CARE	ДM	APA, INC					Х		<u> </u>	X
CENTRAL MD REHABILITATION CENT]	1	}						ļ		1
22 SOUTH GREENE STREET	HEALTH CARE	MD	UMMSC				_	Х		_	X
HELEN P. DENIT CANCER TREATMEN]										
22 SOUTH GREENE STREET	HEALTH CARE	MD	UMMSC				 	Х		↓	X
INNOVATIVE HEALTH, LLC 52-1997	j	1		ļ		1	1			1	
29165 CANVASBACK DRIVE, SUITE	BILLING	MD	SHS				ļ	х		ļ	X.
NORTH ARUNDEL PET CENTER, LLC		1	1						ł	1	1
301 HOSPITAL DRIVE	HEALTH CARE	MD	BWPS, INC.					Х			X
NORTH ARUNDEL SENIOR LIVING, L]							1			
301 HOSPITAL DRIVE	HEALTH CARE	MD	BWHE, INC.					х		.	Х
NAH/SUNRISE OF SEVERNA PARK, L		Į.		1		1				1	
301 HOSPITAL DRIVE	HEALTH CARE	MD	BWHE, INC.				_	х		\vdash	X
SHIPLEY'S IMAGING CENTER, LLC			Ì								
22 SOUTH GREENE STREET	HEALTH CARE	MD	UMMSC					Х		↓ —	Х
UNIVERSITYCARE, LLC 52-1914892	1				1						
22 SOUTH GREENE STREET	HEALTH CARE	MD	UMMSC					Х		+	_ X
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Part IV Continuation of Identification of Related O			oration or Trus				
(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
ARUNDEL PHYSICIANS ASSOCIATE 52-1992649							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	BWHE	C CORP			
BALTINORE WASHINGTON HEALTH 52-1936656]						
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH_CARE	MD	BWHS	C CORP			
BW PROFESSIONAL SERVICES, IN 52-1655640	_				" - [
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	HEALTH CARE	MD	BWHE	C CORP			
COUNCIL OF UNIT OWNERS OF MD 52-1891126]	ŀ					
827 LINDEN AVENUE BALTIMORE, MD 21201	REAL ESTATE	MD	HGHS	C CORP			1
SHORE HEALTH ENTERPRISES, IN 52-1363201]						
219 SOUTH WASHINGTON STREET EASTON, MD 21601	REAL ESTATE	MD	SHS	C CORP			
UNIVERSITY LITHOTRIPTER, INC 52-1451021			1				
22 SOUTH GREENE STREET BALTIMORE, MD 21201	HEALTH CARE	HD	UMMSC	C CORP			
UMMS_SELF_INSURANCE_TRUST 52-6315433							
22 SOUTH GREENE STREET BALTIMORE, MD 21201	INSURANCE	MD	UMMSC	TRUST			
TERRAPIN INSURANCE COMPANY 98-0129232]					_	
P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	сл	UMMSC	C CORP			
NA EXECUTIVE BUILDING CONDO							
301 HOSPITAL DRIVE GLEN BURNIE, MD 21061	REAL ESTATE	MO	NADCO	C CORP			1
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	(A) Name of other organization	(B) Transaction type (a-t)	(C) Amount involved
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FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE ______

MARYLAND GENERAL HOSPITAL, INC. IS A HOSPITAL WITH 242 LICENSED BEDS PLUS 17 NURSERY BASSINETS. THE HOSPITAL IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS IRRESPECTIVE OF THEIR ABILITY TO PAY, AND CONTINUING EDUCATIONAL SEMINARS AND PROGRAMS WHICH PROMOTE PUBLIC AWARENESS OF HEALTH CARE MATTERS.

DURING ITS FISCAL YEAR ENDED JUNE 30, 2009, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE:

PROVIDED INPATIENT SERVICES WHICH INCLUDED 12,430 INPATIENT ADMISSIONS AND 53,946 INPATIENT DAYS

PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 31,243 EMERGENCY DEPARTMENT VISITS AND 22,305 OUTPATIENT CLINIC VISITS

PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT A COST OF \$22,315,000 WHICH IS 12.2% OF GROSS PATIENT SERVICE REVENUE PROVIDED

CONDUCTED COMMUNITY HEALTH EDUCATIONAL PROGRAMS WHICH INCLUDED CLASSES AND SEMINARS ON SUCH TOPICS AS DIABETES, CANCER, HEART DISEASE, CHILD BIRTH AND NUTRITION COUNSELING

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SHERIDAN ANESTHESIA SERVICES OF MARYLAND 1613 NORTH HARRISON PKWY SUNRISE, FL 33323	ANESTHESIA SERVICES	3,427,376.
UNIVERSITY OF MARYLAND EMER MEDICINE 110 SOUTH PACA STREET BALTIMORE, MD 21201	EMERG MED PHYS	4,246,644.
SODEXHO, INC. AND AFFILIATES PO BOX 536922 ATLANTA, GA 30353	FOOD SERVICE	1,768,091.
BARTON MALOW COMPANY 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034	FACILITIES CONSTRUCT	17,899,869.
JEFFREY BROWN CONTRACTING LLC 400 EAST JOPPA ROAD STE 400 TOWSON, MD 21286	FACILITIES CONSTRUCT	2,027,565.
TOTAL COMPENSAT	ION	29,369,545.