Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

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

Open to Public Inspection

<u>A </u>	or the		, 2008, and	enaing			6/30,2009
B _c	heck if app	Olicable: Please C Name of organization ST MARYS HOSPITAL OF	ST MARYS		D Emplo	yer identi	fication number
	Address change					06190	
L	Name	change print or Number and street (or P.O. box if mail is not delivered to street at type.	ddress)	Room/suite	E Teleph	one numb	per
	Initial i				(30	1)475	-6003
	Termin	Specific Instruc- City or town, state or country, and ZIP + 4		<u></u>			
	Amend	led tions. TECHADDOCANI MD 20050			G Gross	receipts 5	118,864,427.
	return Applica	F Name and address of principal officer Cup Tom TND GRAD	,		H(a) Is thi		11070047427
	pendin				affilia	tes?	H [A]
	Tayleye		20650		H(b) Are a		list. (see instructions)
÷	Websit	1 1 1 (a) (b) (c) (c)	527		=		
							number -
_		f organization: X Corporation Trust Association Other		Year of form	ation: 191	2 M/Sta	te of legal domicile: MD
Pa	rt i	Summary					
	1	Briefly describe the organization's mission or most significant activities: _					~
a	1	AS A PROUD MEMBER OF MEDSTAR HEALTH, ST. M	ARY'S IS	A COMMU	UNITY		
313		HOSPITAL THAT UPHOLDS ITS TRADITION OF CAR	ING BY PF	ROMOTING	3,		
Governance		MAINTAINING AND IMPROVING HEALTH THROUGH E	DUCATION	AND SEE	VICE.		
Š	2	Check this box if the organization discontinued its operations	or disposed of m	nore than 25	% of its ass	ets	
න	3	Number of voting members of the governing body (Part VI, line 1a)				۱.	19
Activities &	4	Number of independent voting members of the governing body (Part VI,		• • • • •		4	
Ξ	5	Total number of employees /Part V. line 2a)		• • • • •	· · · · ·	5	
访	6	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)					
⋖						6	
	'a	Total gross unrelated business revenue from Part VIII, line 12, column (C))				
-	b	Net unrelated business taxable income from Form 990-T, line 34		****		71	122,855.
	_			<u> </u>	Prior \	rear	Current Year
e	8	Contribution and grants (Part VIII, line 1h)		L	33	0,688	. 1,437,558.
Revenue	9	Program service revenue (Part VIII, line 2g)			108,60	3,425	. 114,490,165.
Ę,	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1		6,301	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•••		4,704	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),	ine 12)		110,99		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			110,55	J, 110	
	14	Benefits paid to or for members (Part IX column (A) line 4)		• • • •			236,355.
	15	Benefits paid to or for members (Part IX, column (A), line 4).		· · · ·			NONE
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lin	es 5-10)		51,86	1,466	. 60,891,332.
pen	104	Professional fundraising fees (Part IX, column (A), line 11e)					NONE NONE
X	b	Total fundraising expenses, Part IX, column (D), line 25) ▶62	<u>, 195</u>				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	. <i>.</i>		51,67	1,544	. 52,865,356.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	103,53	3,010	. 113,993,043.
	19	Revenue less expenses. Subtract line 18 from line 12				2,108	
0 6	31				Beginning		
ssets or	20	Total assets (Part X, line 16)			117,86		
لمانت	1174	Total liabilities (Part X, line 26)		· · · · · 			
Net/	22	Net assets or fund balances. Subtract line 21 from line 20.		• • • • • -		7,330	
2	art II	Signature Block	* * * * * * * * *		13,94	4,403	. 72,913,829.
-	ويتقد						
		Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other the	ng accompanying nan officer) is ba	g schedules a	and statemen	its, and to	the best of my knowledge
	Sign	1 CORK				-/	. Coparer riad arry knownedge.
	dere	Signature of officer		· · · · · · · · · · · · · · · · · · ·		<u> 3 //4</u>	1/10
ı	iere	17			Da	ate '	
		KICHARD A- BRAAM CFO					
		Type or print name and title					
Do:	н	Preparer's	Date	Check it			er's identifying number
Pai		signature a. 8.	05/13/20	self-) 1 () employe	ed 🕨	(see ins	structions) P00482524
	parer's	Firm's name (or yours \ COURN DIMILED BODD + WHE CHE	PC		EIN	·	
USE	Only	address and ZIP + 4			Phone no	. · · >	52-1202280
Ma	y the I	RS discuss this return with the preparer shown above? (See instructions)	MD 20817-1800		1		301-828-1002
		cy Act and Paperwork Reduction Act Notice, see the separate instructi	ione		• • • • • •	<u></u>	. X Yes No
JSA			10113.				Form 990 (2008)
8E:	010 2.0	00					

Form	n 990 (2008)	52-0619006	Page 2
Pa	rt Statement of Program Service Accomplishment		
1	Briefly describe the organization's mission:	No. 100 (100 (100 (100 (100 (100 (100 (100	
	AS A PROUD MEMBER OF MEDSTAR HEALTH, S	T. MARY'S IS A COMMUNITY	
	HOSPITAL THAT UPHOLDS ITS TRADITION OF		
	MAINTAINING AND IMPROVING HEALTH THROU		
			,
2	Did the organization undertake any significant program	services during the year which were not liste	d on
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes" describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significa	nt changes in how it conducts, any program	
	services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
	Describe the exempt purpose achievements for each of the		
	Section 501(c)(3) and 501(c)(4) organizations and section		ount of grants and
	allocations to others, the total expenses, and revenue, if ar	y, for each program service reported.	
4a	(Code:) (Expenses \$3,365,310, including	g grants of \$) (Revenue \$	NONE)
	ST. MARY'S HOSPITAL PROVIDED \$3.4M CHA		
	2009. CHARITY CARE WAS PROVIDED IN AC	CORDANCE WITH ST. MARY'S	
	HOSPITAL'S CHARITY CARE POLICY TO MEME		
	INCOME IS BELOW CERTAIN THRESHOLDS AND		
	NOT COMPENSATED. UNDER MARYLAND'S UNI	QUE PAYER SYSTEM, THE AMOUNT	
	REPORTED REPRESENTS THE HOSPITAL'S CHA	RITY CARE EXPENSE AND	
	REVENUES REPRESENT DIRECT PAYMENTS FRO		
	POOL. OTHER CHARITY CARE EXPENSES ARE		
	THE STATE OF MARYLAND'S PAYMENT SYSTEM		
4b	(Code:) (Expenses \$2,770,917includit		NONE)
	ST. MARY'S HOSPITAL PROVIDED \$2.8M SUE	SIDIZED (MISSION DRIVEN)	
	HEALTH SERVICES IN FISCAL 2009. INCLU		
	SERVICES ARE THOSE THAT ARE PROVIDED T		
	EXPECTED TO OPERATE AT A LOSS AND ARE		
	COMMUNITY NEEDS AND PRIORITIES PRIMAR		
	PREVENTION AND IMPROVEMENT OF HEALTH S		
	HOSPITAL'S SUBSIDIZED HEALTH SERVICES	INCLUDE COSTS INCURRED FOR	
	THE RECRUITMENT OF PHYSICIANS TO A RUI	AL AREA WITH A CRITICAL	
	SHORTAGE OF PHYSICIANS.		
_			- 1
	: (Code:) (Expenses \$309,803. including		NONE)
	ST. MARY'S HOSPITAL PROVIDED \$0.3M COM		
	FISCAL 2009. THESE SERVICES INCLUDE O		
	(SUPPORT GROUPS AND SELF HELP); COMMUN	ITY BASED CLINICAL SERVICES	
	(SCREENINGS AND MOBILE UNITS), HEALTH	CARE SUPPORT SERVICES, BLOOD	
	DRIVES, AND IMMUNIZATION CLINICS		
4 d		E STATEMENT 1	
	(Expenses \$ 98,682,732, including grants of \$	236, 355.) (Revenue \$ 114, 490, 165.)	
40	Total program service expenses ►\$ 105,128,762	(Must equal Part IX, Line 25, column (B).)	
JSA 8E10	020 1.000		Form 990 (2008)

Part	Checklist of Required Schedules	—		
4	In the arganization described in acction E01(a)(2) or 4047(a)(1) (athor than a private foundation)? If "Von "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		,	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	,	ĺ	v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		<u>X</u>
7	Schodulo C Part II	4		v
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		<u>X</u>
J	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	-		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
-	complete Schedule D, Part III	8	1	Х
9	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, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	•••		
	Parts VI, VII, VIII, IX, or X as applicable	11	$_{\rm x}$	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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	14b		X
15	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		Х
16	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
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Χ	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	<u>X</u>	
24a	2 minimum and a			
	\$100,000 as of 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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	t tt t and an			
1.	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
20	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	20	-	,,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		X
£ !	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		\ ,,
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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: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Χ b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Χ Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II. 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

rai	Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		**	***
	gaming (gambling) winnings to prize winners?	1c	Χ	au e keç
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			X. 75.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,371		A.M	L. Marie
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	*
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		100	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1.5		
	this return?	3a	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b	X	
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
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	-	• •	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		ļ
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١ ا		
_	gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	_		1.4
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a	<u>X</u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		١
-4	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c	,	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
,	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	v	_^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, 9	X_	
••	required?	7h	Х	
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			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	\$ 100 mg		:
	amounts due or received from them.)		4.00	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1000	11.78A 6.844	

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

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			<u> </u>
			Yes	No
12a		12a		No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes X	No
12a b	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	No
12a b	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 rise to conflicts?	12a 12b		No
b	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 rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	No
b	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 rise 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	12b 12c	X	No
b c	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 rise 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?	12b 12c 13	х х х	No
b c 13	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 rise 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?	12b 12c	X	No
b c 13 14	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	х х х	No
b c 13 14	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	X X X X	No
to c 13 14 15	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X X	No
b c 13 14 15	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X	No
b c 13 14 15	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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)	12b 12c 13 14	X X X X X	No
b c 13 14 15 a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 with a taxable entity during the year?	12b 12c 13 14	X X X X X	No
b c 13 14 15 a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? List the states with which a copy of this Form 990 is required to be filed MD,	12b 12c 13 14 15a 15b	X	
b c 13 14 15 a b 16a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	12b 12c 13 14 15a 15b	X	
b c 13 14 15 a b 16a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Describe in 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b	X	
b c 13 14 15 a b 16a b	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD. 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 Upon request	12b 12c 13 14 15a 15b	X	
b c 13 14 15 a b 16a b Sect 17 18	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoology of the polic inspection. Indicate how you make these available. Check all that apply. Own website ightharpoology and sport of the organization makes its governing documents, conflict of interestic in the office of the office of the office of the organization of the	12b 12c 13 14 15a 15b	X	
b c 13 14 15 a b 16a b Sect 17 18	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MD. 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 X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intepolicy, and financial statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X	
b c 13 14 15 a b 16a b Sect 17 18	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 rise 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? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 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 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? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoology of the polic inspection. Indicate how you make these available. Check all that apply. Own website ightharpoology and sport of the organization makes its governing documents, conflict of interestic in the office of the office of the office of the organization of the	12b 12c 13 14 15a 15b 16a 16b	X	

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	nsate any officer, director, trustee,						e, or key employee.			
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply) Former (C) Position (check all that employ employ or directivation or di						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	icer	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	
SEE SCHEDULE J-2											
		=1.4.									

JSA

(A)	(B)	(C) Position (check all that apply)						(D)	(E)		(F)
Name and title	Average hours per week	Individual trustee	nstitutional trustee	o Officer	Key employee	ন্ধ Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizat (W-2/1099-	ation ated ions	Estimated amount of other compensation from the organization and related organizations
								:			
	_										
	-										
	-										
1b Total	e in 1a) v	vho i	ece	ive	d m	ore t	har			NONE	231,820 ation from the
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, direct lule J for su	or or	tru Iivid	uste lual	e,	key e	em;	ployee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater the	han S	3150 • •	0,00	00? •••	<i>If</i> "Y	es, ••	" complete Sched	dule J for	such	4 X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,	e or acci "complete	rue c Sched	om lule	oen: <i>J fo</i>	sati or su	on fr <i>ich pe</i>	om rso	any unrelated on	organization	for	5
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization.	compensa	ted i	nde	pen	den	t con	itra	ctors that receive	d more th	an \$10	0,000 of
(A) Name and business ad	droop							(B)			(C)
SEE STATEMENT 2	u1655						1	Description of se	er vices		ompensation
							+			-	
2 Total number of independent contractors	(including	those	in	1)	who	rece	eive	ed more than \$10	00,000 in	1.	
compensation from the organization	35									***	Form 990 (200

1. (41)	t VIII	Statement of Revenu	ue		52-0619006						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
ts st	1 a	Federated campaigns	1a								
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b								
ts,	С	Fundraising events	<u>1c</u>	18,456.							
lar lar	ď	Related organizations	1d	1,063,222.							
Sim	е	Government grants (contribu	itions) 1e	106,517.							
utic er s	f	All other contributions, gifts, gran	its,			100 A					
e ti		and similar amounts not included	above . 1f	249,363.				the state of			
52	g	Noncash contributions included i	in lines 1a-1f: \$								
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		1,437,558.	Maria Caral Date of the Control of t	ALE SATE OF SA				
Program Service Revenue				Business Code							
Şev		NET PATIENT REVENUE			110,639,070.	110,639,070.					
9		CHARITY CARE			3,539,395.	3,539,395.					
Σ	С	OTHER PATIENT REVENUE			311,700.	311,700.					
Š	d										
ᄪ	е				·····						
<u>5</u>	f	All other program service rev					SESSECTIONS OF SESSEE AND MORE	5075 57 15 1005 00 <u>1</u> 2			
	<u>g</u>	Total. Add lines 2a-2f			114,490,165.			A STATE OF THE STA			
	3	Investment income (includin			700 450						
1		other similar amounts)			723,453.			723,453.			
İ	4 5	Income from investment of t			NONE						
	5	Royalties • • • • • • • • • • • • • • • • • • •	(i) Real	(ii) Personal	NONE		1.00 page 1				
	6a	Gross Rents		(1)							
ŀ	b	Less: rental expenses					to a superior for the second	-			
	C	Rental income or (loss)									
ŀ	d	Net rental income or (loss).			-19,232.	Barre Late April 1	1	-19,232.			
			(i) Securities	(ii) Other	13,232		E-1455.24	-19,232.			
	7 a	Gross amount from sales of assets other than inventory		19,870.				Light of the second			
	b	Less: cost or other basis		257,0.01							
ŀ		and sales expenses		52,928.							
	С	Gain or (loss)									
1	d	Net gain or (loss)			-33,058.			-33,058			
ŀ	8a	Gross income from f	undraising					经 物制度			
une		events (not including \$	18,456.	STMT 7							
Ven		of contributions reported on	line 1c).								
8		See Part IV, line 18	а	4,529.							
Other Reve	b	Less: direct expenses		7,412.							
ō	С	Net income or (loss) from fur		STMT. 8▶	-2,883.			-2,883.			
	9 a	Gross income from gaming a	activities.								
		See Part IV, line 19		123,855.				n a transfer			
	b	Less: direct expenses						7,			
	C	Net income or (loss) from ga		STMT 9	123,855.	SANCE OF SECURITY OF THE SECUR	113,589.				
	10a	Gross sales of invento	ory, less								
		returns and allowances									
	b	Less: cost of goods sold Net income or (loss) from sal									
ļ		Miscellaneous Reven	nue	Business Code	NONE			3			
ŀ	11a	CAFETERIA			1	PROGRAMME STATE OF ST	BOCKMARSON TO THE T	Ϊ			
1	b	OTHER			527,397.		-	527, 397			
	C				1,420,317.			1,420,317			
	d	All other revenue									
	e	Total. Add lines 11a-11d			1,947,714.		58890-815.55.				
- 1			· · · · · · · · · · · · · · · · · · ·		1, 231, 119.	Proceedings of the Control of the Co	MONTHS NO.	1			
	12	Total Revenue. Add lines 1h	1. 2a. 3. 4. 5 Rd	7d 8c	i		1				

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . NONE Grants and other assistance to individuals in the U.S. See Part IV, line 22 236,355 236,355 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 NONE NONE Compensation of current officers, directors, 231,452 1,157,261 925,809. 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 46,095,164 48,952,256 2,810,098 46,994. Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . 941,577 880,966. 59,686, 925. 6,223,039. 5,915,075. 297,372. 10,592. 3,617,199 3,385,432 228,083. 3,684. Fees for services (non-employees): a Management 1,154,035 804,797 349,238 b Legal 306,324 15,638 290,686 137,705 137,705 d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees NONE NONE 308,288 6,640. 301,648 13 NONE Information technology..... 569,090. 455,272. 113,818 15 Royalties.... NONE <u>86,936</u>. 16 Occupancy 86,936 17 192,497 109,514 82,983 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings NONE 1,238,344. 1,052,592 185,752 NONE Depreciation, depletion, and amortization 6,905,052 6,341,440. 563,612 Insurance 23 2,417,655 2,055,007 362,648. 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.) a SUPPLIES_____ 17, 199, 434 17,080,121 119,313 b BAD_DEBTS_____ 5,381,200 5,381,200 c PROFESSIONAL EEES PHYSICIANS 3,785,228 3,225,033 560,195 d CONTRACTED_SERVICES_____ 3,652,229 2,921,783 730,446 e PURCHASED_SERVICES_____ 3,654,797 2,923,838 730,959. f All other expenses _____ 5,876,542 5,230,150 646,392 25 Total functional expenses. Add lines 1 through 24f 113,993,043 105, 128, 762 8,802,086. 62,195. 26 Joint Costs. Check here > If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation JSA

Fal	ťΧ	Balance Sneet					
			(A) Beginning of year		(E End o	3) f year	
	1	Cash - non-interest-bearing	3,083,658.	1	2,2	238,6	585,
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	15,404,820.	4	14,2	233,	742.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
sts	7	Notes and loans receivable, net	521,928.	7		<u>390, </u>	<u>759.</u>
Assets	8	Inventories for sales or use	1,099,488.	8		177,8	
۲	9	Prepaid expenses and deferred charges STMT. 11 .	1,160,739.	9	8	302,	<u> 346.</u>
		Land, buildings, and equipment: cost basis 10a 117,597,519.					
	þ	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	71,841,212.			937,	
	11	Investments - publicly traded securities STMT- 12	18,875,270.	11	20,6	50 <u>4,</u>	<u>765.</u>
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12			
İ	13	Investments - program-related. See Part IV, line 11		13			
-	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,874,618.	15		342,	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	117,861,733.	16	137,0		
	17	Accounts payable and accrued expenses	12,023,248.	17	15,	901,	<u>616.</u>
	18	Grants payable		18			
	19 20	Deferred revenue	10.011.001	19			
	21	Tax-exempt bond liabilities	18,314,381.	20	32,	900,	415.
ties	22	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees,		21			
Liabilities	44	highest compensated employees, and disqualified persons. Complete Part II					
Lia		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT. 13.	7,821,764.	23		197,	016
	24	Unsecured notes and loans payable	1,021,104.	24	0,	191,	040.
	25	Other liabilities. Complete Part X of Schedule D	5,757,937.	25	a	114,	613
	26	Total liabilities. Add lines 17 through 25	43,917,330.	26		114,	
es		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	10,32,7000		·		<u> </u>
Balances	27	Unrestricted net assets	73,733,266	27	71.	974,	800.
Bal	28	Temporarily restricted net assets	111,137			839,	
ри	29	Permanently restricted net assets	100,000	29		100,	
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds		30			
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
t A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Š	33	Total net assets or fund balances		33	72,	913,	829
	34	Total liabilities and net assets/fund balances	117,861,733	34	137,	028,	349.
Pa	rt XI	Financial Statements and Reporting					
4	A					Yes	No
1 2a		ounting method used to prepare the Form 990: Cash X Accrual Oth					
b		e the organization's financial statements compiled or reviewed by an independent accour				ļ	X
C		e the organization's financial statements audited by an independent accountant? és" to lines 2a or 2b, does the organization have a committee that assumes responsibility			· · · 2b	X	-
·		es to lines 2a of 2b, does the organization have a committee that assumes responsibility t, review, or compilation of its financial statements and selection of an independent acco					
3 a		result of a federal award, was the organization required to undergo an audit or audits as			· · · 2c	X	-
-		Single Audit Act and OMB Circular A-133?			за		X
b		es," did the organization undergo the required audit or audits?					
				<u> </u>		200	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

wame of t	ne organizatio	n ST MARYS	HOSPITAL OF ST	MARYS				∣⊨mploye	r identificat	tion number		
COUNTY	, INC.								52-06	19006		
Part I	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	part.) (se	e instruc	ctions)			
The orga			ation because it is: (Pl						 			
1			ches, or association o					1)(A)(i).				
2			n 170(b)(1)(A)(ii). (Att					-74-74-7				
3 X			nospital service organi			ction 170	/b\/1\/A\	(iii) (Δtta	ch Schedi	ıle H \		
4			ation operated in co									
· []		me, city, and sta	·	iljuliciloli v	vitii a iiosį	pitai uest	sibed iii	Section	170(0)(1)	(A)(III). Litter the		
5			r the benefit of a coll							unit described in		
ـــا				lege or uni	versity ow	nea or o	perated t	y a gove	mmentai	unit described in		
• 🗀		(b)(1)(A)(iv). (Co										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	agreement that the many reserves a substantial part of the support from a governmental and or from the general pasts											
. \Box	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8			in section 170(b)(1)(
9 🔛			ly receives: (1) more t									
			ted to its exempt fun-									
			nent income and unr						511 tax)	from businesses		
			after June 30, 1975.									
10	An organiza	tion organized a	nd operated exclusive	ly to test fo	r public saf	ety. See s	section 5	09(a)(4).	(see instr	uctions)		
11	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform th	e functio	ns of, or	to carry out the		
	purposes of	one or more p	ublicly supported orga	anizations o	described i	n section	509(a)(1) or sec	tion 509(a	a)(2). See section		
	509 <u>(a)(</u> 3). C	Check the box that	at describes the type o	f supportin	g organiza	tion and c	complete	lines 11e	through '	11h.		
	а Тур	el b	Type II c	: 🔲 Тур	e III - Func	tionally Ir	ntegrated		d Ty	pe III - Other		
е	By checking	g this box, I ce	rtify that the organiz	ation is no	t controlle	ed directl	y or ind	irectly by	one or	more disqualified		
			on managers and oth									
		section 509(a)(. •	• •	Ū				
f	If the organ	nization received	a written determina	tion from t	he IRS tha	atitis a	Type I.	Tvoe II o	r Type III	supporting		
		, check this box						.,,,,,,,,,				
g			the organization acce	oted any d	ift or contri	bution fro	 m anv of	the				
•	following pe		g	,,,,,,								
			or indirectly controls	either ald	one or tog	ether wit	h nersor	s descrit	ned in (ii)	Yes No		
			erning body of the sup							11g(i) X		
			erson described in (i) a						• • • • • •	11g(ii) X		
	(iii) A 35%	controlled entity	of a person described	l in /i\ or /ii\	ahove?	• • • • •		• • • • •		11g(iii) X		
h	Provide the	following inform	ation about the organi	zations the	organizati					119(m/) X		
	of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(4)	s the	(vii) A = = = = + = f		
	anization	(11) =111	(described on lines 1-9		sted in your		nization in		tion in col.	(vii) Amount of support		
			above or IRC section	governing	document?		of your	(i) organi	zed in the			
			(see instructions))	Yes	No	Yes	port?		S.?			
·				162	NU	res	No	Yes	No			
			,									

								1	<u> </u>			
						<u> </u>		<u> </u>				
				1								
	··					1		<u> </u>				
Tatal												
Total				1	1	1	1	1				

Sche	dule A (Form 990 or 990-EZ) 2008			52-	-0619006		Page 2
Par	Support Schedule for Org (Complete only if you ched	ganizations D	escribed in S	ections 170(b)		170(b)(1)(A)(v	i)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	8000 December 2000		SCORPORATE SOCIETA PROPERTY CONTROL OF THE SOCIETA	and the state of t		
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					Contraction and the contraction of the contraction	
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(=) 0000	(4) 2007	(-) 0000	(f) T-1-1
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
·	payments received on securities loans,			:			
	rents, royalties and income from similar						
	sources				· · · · · ·		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				San San San San San San San San San San	Notes Strain Control	
12	Gross receipts from related activities, etc. (4	produce and produce of the production of		
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here		or, occorra, trima, r	Jurui, or murtax ye	sal as a 50 (c)(5)		▶□
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (I	ine 6, column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the o						check this box
	and stop here. The organization quali	fies as a publicl	y supported org	anization			▶□
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 n	nore, check this
	box and stop here. The organization of						
17a	10%-facts-and-circumstances test -	2008. If the orga	anization did no	t check a box oi	n line 13, 16a o	r 16b, and line 1	14
	is 10% or more, and if the organization	n meets the "fa	ct-and-circumst	ances" test, chec	ck this box and s	stop here. Expla	in
	in Part IV how the organization meets	the "facts and	circumstances"	test. The organ	ization qualifies	as a publicly sup	ported
	organization						▶∟
b	10%-facts-and-circumstances test -	2007. If the orga	anization did no	t check a box o	n line 13, 16a, ¹	16b, or 17a, and	lline
	15 is 10% or more, and if the organiz	ation meets the	"facts and circu	umstances" test,	check this box a	and stop here.	
	Explain in Part IV how the organization	n meets the "fac	cts-and-circums	tances"" test. Th	ne organization o	qualifies as a pub	licly
	supported organization						▶ 🗀
18	Private foundation. If the organization	n did not check	a box on line 13	3, 16a, 16b, 17a	i, or 17b, check	this box and see	• _
	instructions						▶∐

Sched	ule A (Form 990 or 990-EZ) 2008			52	-0619006		Page 3
Par	Support Schedule for Orga (Complete only if you checke			tion 509(a)(2)			
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	` .					
	membership fees received. (Do not include						
	any "unusual grants.")	•				1	
2	Gross receipts from admissions, merchandise						· ·
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
·	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf			1			
5	The value of services or facilities				ļ		
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
٠. ۵	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the						
_	year or \$5,000		 				
8	Add lines 7a and 7b			 			
Ü	line 6.)	<u> </u>	 				
Sec	tion B. Total Support	<u> </u>	<u> </u>	J	<u></u>	<u> </u>	<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9		(4) 2004	(8) 2000	(0) 2000	(u) 2001	(e) 2000	(1) 10(a)
	Gross income from interest, dividends,			 			
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less			 	-		
	section 511 taxes) from businesses						
	acquired after June 30, 1975				}		
	Add lines 10a and 10b			1			-
	Net income from unrelated business			-			
• • •	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income Do not include gain or		-				
12	Other income. Do not include gain or loss from the sale of capital assets					İ	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		-			***************************************	
1.5			 -				-
14	and 12.) First five years. If the Form 990 is fo	r the ergenizati	anla firet assend	thind faculty -	. 6:641- 4		(-)(0)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su			• • • • • • • • • • • • • • • • • • • •			
15	Public support percentage for 2008 (line			(F)\		1	0/
16	Public support percentage for 2000 (IIIIe	o, column (i) divi	ded by lifte 13, cold	⁽⁽¹⁾⁾		15	<u>%</u>
	Public support percentage from 2007 Schetion D. Computation of Investme	nt Incomo Po	reentage			16	<u>%</u>
17	Investment income percentage for 2008 (line 100 column	(f) divided by line	13 column (4)		147	0/
18	Investment income percentage for 2007	Schedule A. De-	TO GIVIGEU BY HITE HEIVA BEADTE	ro, column (T))		17	<u>%</u>
	Investment income percentage from 2007	- Lik acitation	ot check the best	on line 44 == 1	line 45 is	18	d line
134	33 1/3% support tests - 2008. If the or						
b	17 is not more than 33 1/3 %, check this be 33 1/3 % support tests - 2007. If the org						► ∟ % and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008				52-0619006 Page			
Part IV	Supplemental Part II, line 17a	Information. a or 17b; or Pa	Complete this part III, line 12. Prov	art to provide ide any other	the explanation additional inform	required by Part ation. (see instruction	II, line 10; ons)
		·				·	
							
					···		
							
	~~ •• •• •• •• •• •• •• •• •• •• •• •• •						
	~						
							
		~		· 			
				·			

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2008

CE MADYO HOODTEAT OR	OH, MARVO	Employer identification number
ST MARYS HOSPITAL OF COUNTY, INC.	ST MARYS	52-0619006
Organization type (check one):		1 32-0613006
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
Check if your organization is covorganization can check boxes for General Rule	vered by the General Rule or a Special Rule. (Note . Only a section 501(c) or both the General Rule and a Special Rule. See instructions.)	(7), (8), or (10)
X For organizations filing property) from any one	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or e contributor. Complete Parts I and II.	· more (in money or
Special Rules		
under sections 509(a)	s) organization filing Form 990, or Form 990-EZ, that met the 331/3 % sup (1)/170(b)(1)(A)(vi), and received from any one contributor, during the yor (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount of II.	ear, a contribution of the
during the year, aggre	(), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive gate contributions or bequests of more than \$1,000 for use exclusively for ducational purposes, or the prevention of cruelty to children or animals.	or religious, charitable,
during the year, some not aggregate to more the year for an exclusiv applies to this organiz	(), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, ethan \$1,000. (If this box is checked, enter here the total contributions total religious, charitable, etc., purpose. Do not complete any of the parts ation because it received nonexclusively religious, charitable, etc., contributions.	but these contributions did hat were received during unless the General Rule ibutions of \$5,000 or more
Caution. Organizations that are 990-EZ, or 990-PF), but they mu	not covered by the General Rule and/or the Special Rules do not file Schest answer "No" on Part IV, line 2 of their Form 990, or check the box in heir Form 990-PF, to certify that they do not meet the filing requirements	nedule B (Form 990, the heading of their
For Privacy Act and Paperwork Reducti for Form 990. These instructions will be	ion Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990, 990-EZ,	, or 990-PF) (2008)	Page of of Par
Name of organization	ST MARYS HOSPITAL OF ST MARYS	Employer identification number

	(Porm 990, 990-EZ, 01990-PF) (2008)		Page of of Part I
Name of or	ganization ST MARYS HOSPITAL OF ST MARYS COUNTY, INC.		Employer identification number 52-0619006
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JAMES DOBRY ESTATE 22335 EXPLORATION DR LEXINGTON PARK, MD 20653	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	ST MARYS HOSPITAL FOUNDATION 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20659	\$137,395.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CONTRIBUTIONS LESS THAN 5000 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20659	\$139,412.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ST MARYS COUNTY HEALTH DEPT 21580 PEABODY ST LEONARDTOWN, MD 20650	\$24,944.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ST MARYS COUNTY GOVERNMENT 23115 LEONARD HALL DR LEONARDTOWN, MD 20650	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_	DHMH OFFICE OF PREPARDNESS 300 W PRESTON ST	\$ 99,951.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

BALTIMORE, MD 21201

	(Form 990, 990-EZ, or 990-PF) (2008) Ganization		Page of of Part Employer identification number
	COUNTY, INC.		52-0619006
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	COUNTY COMMISSIONER ST MARYS COUNTY		Person X Payroll
	23115 LEONARD HALL DR LEONARDTOWN, MD 20650	\$ 68,592.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	HOSPICE OF ST MARYS INC 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	\$ 925,827.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	ST MARYS HOSPITAL AUXILIARY 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	\$18,456.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4,,-,-			Person

JSA 8E1253 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(Complete Part II if there is a noncash contribution.)

Noncash

SCHEDULE D (Form 990)

Supplemental Financial Statements

ST MARYS HOSPITAL OF ST MARYS

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

	NTY, INC.		52-0619006
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to For	sed Funds or Other Similar m 990, Part IV, line 6.	Funds or Accounts. Complete if
***************************************		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		driance in weiting that the areas	- baldin danan advisa d
J	Did the organization inform all donors and donor ac		
6	funds are the organization's property, subject to the		
0	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b	id donor advisors in writing the	t grant funds may be
	impermissible private handit?	enent of the donor of donor ad	visor of other
Day	impermissible private benefit? **TII Conservation Easements. Complete if	the enginetic ending	Yes No
1	Purpose(s) of conservation easements held by the	organization (shade all that and	Yes" to Form 990, Part IV, line 7.
7			
	Preservation of land for public use (e.g., recre		servation of an historically importantly land area
	Protection of natural habitat	∟ Pre	servation of certified historic structure
_	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qua	llified conservation contribution	in the form of a conservation easement
	on the last day of the tax year.		Street State Co.
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans	sferred, released, extinguished	, or terminated by the organization during
	the taxable year		
4	Number of states where property subject to conse	rvation easement is located 🕨 _	
5	Does the organization have a written policy regard	ng the periodic monitoring, ins	pection, violations, and
	enforcement of the conservation easements it holds		
6	Staff or volunteer hours devoted to monitoring, ins		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing easements	during the year ▶ \$
8	Does each conservation easement reported on line	2(d) above satisfy the require	nents of section
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports	conservation easements in its	revenue and expense statement and
	balance sheet, and include, if applicable, the text of	f the footnote to the organizati	on's financial statements that describes
	the organization's accounting for conservation ease	ements.	on o mandar statements that describes
Pa	it III Organizations Maintaining Collections	of Art. Historical Treasure	s, or Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV,	line 8.
1a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	AS 116, not to report in its reve	nue statement and balance sheet works of
	art, historical treasures, or other similar assets hel	d for public exhibition, education	n, or research in furtherance of public service,
h	provide, in Part AIV, the text of the footnote to its f	inancial statements that describ	es these items.
b	If the organization elected, as permitted under SFA	AS 116, to report in its revenue	statement and balance sheet works of art,
	historical treasures, or other similar assets held fo provide the following amounts relating to these iter	i public exhibition, education, c ns:	r research in turtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ •
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, hi		
_	following amounts required to be reported under S	Storical Heasures, or other SIM	nar assets for financial gain, provide the
а			
a b	Revenues included in Form 990, Part VIII, line 1 .		
	Assets included in Form 990, Part X		
For	Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Schedule D (Form 990) 2008

Schedu	le D	(Form	990)	2008

Par	t III Organizations Maintaining	Collections of	f Art, Histo	rical Treasure	s, or Oth	er Similar As	sets (continued)
•	I laine the eventinations access as	J _ Al	-11	- 4 4 4 - 4 - 11	414 -	_1	of its collection
3	Using the organization's accession and	other records,	check any	of the following	that are a	significant use	of its collection
	items (check all that apply):		. –	7			
a	Public exhibition		d	Loan or ex	kcnange p	orograms	
b	Scholarly research	•	e	Other			
C	Preservation for future gener			1			
4	Provide a description of the organization	on's collections	and explain	now they furthe	r the orga	inization's exem	ipt purpose in
_	Part XIV.	P . **		A . A . D. C. A			
5	During the year, did the organization s						
Do	assets to be sold to raise funds rather						
Par	Trust, Escrow and Custodia Part IV, line 9, or reported a	ai Arrangemei an amount on	n is. Compi Form 990	ete ii organiza Part X line 21	nion ansi	wered tes to	0 FOIII 990,
	Tarett, into o, or reported t	an amount on	. 01111 000,	T dit X, III C Z I	•		
1a	Is the organization an agent, trustee, o	ustodian or othe	er intermedi	ary for contribut	ions or of	ther assets not	
	included on Form 990, Part X?			-			Yes No
b	If "Yes," explain the arrangement in Pa						
	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g		Am	ount
С	Beginning balance				1c		· · · · · · · · · · · · · · · · · · ·
	Additions during the year						
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun	nt on Form 990,	Part X, line	21?			Yes No
b	If "Yes," explain the arrangement in Pa						
Par	tV Endowment Funds. Compl	ete if organiza	ation answe	ered "Yes" to F	orm 990	, Part IV, line 1	10.
	,	a) Current Year	(b) Prior ye	ear (c) Two y	ears back	(d) Three years	back (e) Four years back
	Beginning of year balance	100,000.					
	Contributions						
	Investment earnings or losses						
	Grants or scholarships						
е	Other expenditures for facilities .						
_	and programs			nacu.)			
	Administrative expenses						
	End of year balance	100,000.		;			
2	Provide the estimated percentage of t			:			
	Board designated or quasi-endowmen		%				
	Permanent endowment ► 100.000 Term endowment ► %	0 %					
	Are there endowment funds not in the	nossossion of	the ergoniz	ation that are he	مم ممم مم	Inniniatored for th	_
-	organization by:	: possession or	the organiza	ation that are ne	and and	immistered for tr	
	(i) unrelated organizations						[n (n)
	(ii) related organizations						0 - (11)
b	If "Yes" to 3a(ii), are the related organi						
4	Describe in Part XIV the intended uses						
Par					art X. line	∋ 10.	· · · · · · · · · · · · · · · · · · ·
	Description of investment	(a) Cost	or other basis estment)	(b) Cost or oth basis (other)) Depreciation	(d) Book value
1a	Land			3,921,3	23		3,921,323.
b	Buildings			76,459,9	i	,790,774.	61,669,148.
С	Leasehold improvements				+4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V#/ VV/ 140.
d	Equipment			37,216,2	74. 25	,868,960.	11,347,314.
_ е	Other						
Tota	il. Add lines 1a-1e. (Column (d) should	equal Form 990,	Part X, col	umn (B), line 10(c).)		76,937,785.

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
Financial deri	vatives and other financial products			
	equity interests			
	~~			
				
		-		
Total (Column	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	(b) should equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. See		ne 13	
I GIL VIII	(a) Description of investment type	(b) Book value	(c) Method of valuati	on:
	(a) Description of investment type	(b) Book value	Cost or end-of-year marke	
				·····
				
Total (Column	(b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	ling 15		
T WILLIA) Description		(b) Book value
DEFERRE	FINANCING COSTS	,		741,236
	CED ASSETS	****		15,385,168
	RECEIVABLE			11,510
OTHER AS				47,460
INVEST 1	N JOINT VENTURES			2,280,723.
	CCEIVABLES			376,648.
····				
			770	
	(b) should equal Form 990, Part X, col. (B) line 15.)		<u></u> ▶	18,842,745
Part X	Other Liabilities. See Form 990, Part	T	Programme surplement memory and surplement of the first o	and the second of the second o
Endoral incor	(a) Description of liability	(b) Amount	The state of the s	
Federal incor				
	S FROM THIRD PARTY PAYE	4,308,486		
_	LEASE OBLIGATION	15,432		
	LIABILITY	3,921,202	A Section 25 to the second of additional section of the second of the se	
	N LIABILITY	750,403	The state of the Control of the first the state of the st	The state of the s
PLEDGES OTHER C	JRRENT LIABILITIES	100,000	To Cart Continue Baseline Act 1975	
OTHER CO	NUMBER TANDITITES	19,120		
				tata a Magandaren 1900 deri al-
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	9,114,643		
	provide the text of the features to the	J, 114, 043		949 No. 20 . 3 . 2 . 2 . 2

	le D (Form 990) 2008 52-0619006			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments	· · · -		
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		0	
Part				
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments2a			
b	Donated services and use of facilities 2b		┥	
c			-	
d	Other (Describe in Part XIV)		1 1	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		J -	
a				
b			1	
			- 4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses			
1	Total expenses and lesses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>	
a	Donated services and use of facilities 23.			
a b			- i	
			-	
c d			-	
	Add lines to the such ad		ا ۵۰	
3			2e 3	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
a L	Other (December in Dect VIII)		-	
b	Other (Describe in Part XIV) Add lines 4a and 4b		-	
_	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		4c 5	
5 Par	Supplemental Information	• • • • •	. 5	
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	d 4; Part	t IV, lines 1b	
	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
SCHI	EDULE D, PART XIV			
T.100				
<u>TN.T.1</u>	ENDED USE OF ENDOWMENT FUNDS			
<u>GENI</u>	ERAL SUPPORT OF HOSPITAL			
-				

	e D (Form 990) 2008		Page 4
Part 2	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	· · · · · · · · · · · · · · · · · · ·		<u></u>
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:		
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities	\dashv	
C ,	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)	\dashv	
е	Add lines 2a through 2d	• -	2e
3	Subtract line 2e from line 1	٠ _	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ľ	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	_	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retu	rn
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
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 IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ort IV	/ lines 1h
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	aitiv	, mes in
			~

Schedule D (Fo	Supplemental Information (continued)	52-0619006	Page 5
Part XIV	Supplemental Information (continued)		
	~ 		
		• • • • • • • • • • • • • • • • • • •	
	~		
		•	
	·		

Schedule D (Form 990) 2008

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

2008 Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. ST MARYS HOSPITAL OF ST MARYS

COUNTY, INC.		MAKID			- Employer Identificati	
					52-06190	
Part I Fundraising Activities. Con						17.
1 Indicate whether the organization ra	ised funds through	n any of the	following	activities. Check	all that apply.	
a Wall solicitations	e	∍ Soli	citation of	non-government	grants	
b Email solicitations	f	Soli	citation of	government gran	gi anto te	
c Phone solicitations	g	Sne	cial fundra	ising events	13	
d In-person solicitations	ž	, орс	olai lullula	nang events		
2a Did the organization have a written or key employees listed in Form 990), Part VII) or entity	with any in y in conne	dividual (ir ction with p	ncluding officers, o professional fundr	directors, trustees aising activities?	Yes No
b If "Yes," list the ten highest paid indi to be compensated at least \$5,000 i	viduals or entities by the organizatior	(fundraise n. Form 99	s) pursuar 0-EZ filers	nt to agreements are not required	under which the fun	draiser is
(i) Name of individual	(ii) Activity				T	· · · · · · · · · · · · · · · · · · ·
or entity (fundraiser)	(ii) Activity	custody of	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
4		Yes	No		COI. (1)	<u> </u>
						·
		İ				
			T		 	· · · · · · · · · · · · · · · · · · ·
:						
·						
		 	 			
		 				
		 -	<u> </u>			
						
Total						
Total		· · · · · ·	▶			
3 List all states in which the organization or licensing.	on is registered o	or licensed	to solici	t funds or has b	een notified it is	evemnt from
registration of licensing.					Total Indianou it is	exempt nom
1D,						
	~~~~~~~~~~					
			~			
~						

Sche	edule G (Form 990 or 990-EZ) 2008		52-0	619006	F	age 2
Pa	rt II Fundraising Events. Comple more than \$15,000 on Form	te if the organization a 990-EZ, line 6a. List	answered "Yes" to Fo events with gross re	orm 990, Part IV, line ceipts greater than S	∍ 18, or reporte \$5,000.	:d
43		(a) Event #1  GOLF TOURN (event type)	(b) Event #2	(c) Other Events NONE (total number)	(d) Total Events (A (a) through col.	
Revenue	Gross receipts     Less: Charitable	22,985.			22,	985.
"	contributions	18,456.			18,	456.
_	minus line 2)	4,529.			4,	529
	4 Cash prizes					
penses	5 Non-cash prizes	į.			<del>,</del>	
<b>Direct</b> Expenses	6 Rent/facility costs					
Dir	7 Other direct expenses					412
	8 Direct expense summary. Add lines 4	through 7 in column (d)				112.)
Pa	9 Net income summary. Combine lines  Gaming. Complete if the org than \$15,000 on Form 990-l	anization answered "Y	es" to Form 990, Pa	rt IV, line 19, or repo		, 883
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming col. (a) through co	
-Re	1 Gross revenue	123,855.			123,	,855
sesu	2 Cash prizes					
Direct Expenses	3 Non-cash prizes	7.				
Direc	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	Yes%No	Yes% No	Yes% No		
	7 Direct expense summary. Add lines 2	through 5 in column (d)			(	
	8 Net gaming income summary. Comb	ine lines 1 and 7 in colun	nn (d)		123	,855
9	Enter the state(s) in which the organizat	tion operates gaming acti	vities: MD,		Yes	No
i	a Is the organization licensed to operate of b If "No," Explain:	gaming activities in each o	of these states?		9a X	
	a Were any of the organization's gaming but If "Yes," Explain:				10a	
11	Does the organization operate gaming a	activities with nonmembe	rs?			
12	Is the organization a grantor, beneficiar formed to administer charitable gaming?				12	x

Sched	lule G (Form 990 or 990-EZ) 2008	52-0619006			Page 3
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility	13a % 13b 100.0000 % n's gaming/special event books	6	Yes	No
15a	Address	e organization receives gaming	3	X	
c	amount of gaming revenue retained by the third party ▶ \$	·	ļ		
16	Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer				
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions retain the state gaming license?		. 17a		X

Schedule G (Form 990 or 990-EZ) 2008

# **SCHEDULE H** (Form 990)

# Hospitals

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

ST MARYS HOSPITAL OF ST MARYS

Employer identification number 52-0619006

COU	NTY,						52-0619006			
Par	t I	<b>Charity Care an</b>	d Certain	Other Co	mmunity Benefits at (	Cost (Optional for 20	108)			
									Yes	No
1 a	Does	the organization have	a charity c	are policy? If	"No," skip to question 6a			1 a		
b								1b		
								4,5%	345-453- 23-23-24	3.5
2					which of the following best	describes application of the	9	8 9 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9.77
	Charle	ty care policy to the va	•	als.		1			4	9
		Applied uniformly to	•		L	Applied uniformly to mo	st hospitals		2 1	. 421
_	٠	Generally tailored to		•						
3			d on the cha	rity care elig	pibility criteria that applies	to the largest number of the	•			
	-	rization's patients.								
а	Does	the organization use	Federal Pov	erty Guidelir	es (FPG) to determine eligit	pility for providing free care	to low income			
	Indivi	1 1	1 1	the followin	g is the family income limit	for eligibility for free care:		3 a		<u> </u>
		100% 📖 150	)%	200% L	Other	_ %				
þ	Does	the organization use	FPG to dete	ermine eligibi	lity for providing discounted	care to low income individ	uals? If "Yes,"			Mary
	indica	ate which of the follow	ving is the fa	amily income	limit for eligibility for disco	unted care:		3 b		
		200% 250	)%	300% L	350% 4009	% Other	%			
С	If the	organization does no	t use FPG t	o determine	eligibility, describe in Part V	· · · · · · · · · · · · · · · · · · ·				** / 11; - 12 / 14;
					nclude in the description w					
					, to determine eligibility for f		S all			2
4					ounted care to the "medically			4		
5a								5 a	ļ	-
b					discounted care provided ur					
-					es exceed the budgeted amo			5 b	-	<del></del>
С					, was the organization unab			1_		
					nted care?			5 c	-	<del></del>
6a					y benefit report?			6 a	<del> </del>	<u> </u>
b					ne public?			6 b	ļ.,	<u> </u>
				worksheets	provided in the Schedule I	Hinstructions, Do not subm	nit			
7		worksheets with the							100	in the second
		arity Care and Cen	(a) Number of		ty Benefits at Cost (c) Total community	(d) Diseat offenting	(-) N-4	т .		
Me	ans-T	ested Government	activities or programs	served	benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	1 6	f) Perc of tota	
		Programs	(optional)	(optional)			, , , , , , , , , , , , , , , , , , ,		expen:	se
а	Charity	care at cost (from								
	Works	heets 1 and 2)				····				
b	Unreim	nbursed Medicaid (from								
_		heet 3, column a)								
С	tested	bursed costs - other means- government programs (from								
	Works.	heet 3, column b)								
a		Charity Care and -Tested Government			•					
		ms • • • • • • • •								
	0	ther Benefits						1		
е		unity health improvement								
		es and community benefit ions (from Worksheet 4)						}		
f		professions education						1		
-		Worksheet 5)		***				<del> </del>		
9		fized health services (from								
L		heel 6)						1		
		rch (from Worksheet 7)						-		
'	Cash a	and in-kind contributions to unity groups (from								
	Works	heet 8)						<del> </del> -		
j k		Other Benefits						1		
		line 7d and 7j)	Juction Act N	otice secths	Instructions for Form 990.		0.5.3.1	u m	m 000	1 2225
			NO! NO! IN	, Jee ale			Schedule	וז ערטדו	11 220	12000

Part II Community building acti	Building A	ctivities C onal for 2	omplete this table if th	ne organization condu	cted 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	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements					<del></del>	
5 Leadership development and						
training for community members						
6 Coalition building						
7 Community health improvemen	nt					
advocacy						
8 Workforce development						
9 Other						
10 Total						
Part III Bad Debt, M	ledicare, &	Collectio	n Practices (Optional i	for 2008)		
Section A. Bad Debt Expense					_	Yes No
<ol> <li>Does the organization</li> <li>Association Statement</li> </ol>	•		•	with Healthcare Finar	ncial Management	1
2 Enter the amount of th	e organizatio	on's bad de	bt expense (at cost)	2		
			zation's bad debt expe			
attributable to patients	eligible und	er the orga	nization's charity care po	licy 3		
4 Provide in Part VI the					cribes bad debt	
expense. In addition, of	lescribe the	costing me	thodology used in dete	rmining the amounts rep	ported on lines	
			ebt amounts in communi			
Section B. Medicare						
5 Enter total revenue red	eived from	Medicare (i	ncluding DSH and IME)	5		
			g to payments on line 5			
7 Enter line 5 less line 6	- surplus or	(shortfall) .				
			hortfall reported in line		community benefit	
and the costing metho	odology or s	ource used	to determine the amou	unt reported on line 6. a	and indicate which	
of the following metho						
Cost accounting	ſ		o charge ratio	Other		
Section C. Collection Practice	•	0030	o charge ratio	Juliei .		
9a Does the organization	have a writte	en debt col	lection policy?			9a
b If "Yes," does the orga					ces to be followed	
for patients who are kr	nown to qual	ifv for char	ty care or financial assist	ance? Describe in Part V	/1	9b
			int Ventures (Optiona			<u> </u>
(a) Name of entity			Description of primary	(c) Organization's	(d) Officers, directors	(a) Physicianal
(a) Name of entity		(0)	activity of entity	profit % or stock	trustees, or key	(e) Physicians' profit % or stock
				ownership %	employees' profit %	ownership %
					or stock ownership %	
1						
2						
3		***				
4	-					
5						
6						
<u>6</u> 7		<del>.,</del>				
8						-
9					-	<del> </del>
10						1
11		<del></del>				
12	-	·				-
13		<del>-</del>				
14					<del></del>	<del> </del>
JSA					Cahadul-	H (Form 990) 2008
8E1285 1.000					Schedule	n (⊏01111 aa0) ₹008

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)
ST MARYS HOSPITAL OF ST MARYS COUNTY 25500 POINT LOOKOUT RD LEONARDTOWN MD 20659	Х	Х					Х		
									No. of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of
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## Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

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

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

SCHEDULE (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

Open to Public

× Schedule I (Form 990) 2008 (h) Purpose of grant or assistance __ Yes Employer identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 52-0619006 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance ► Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable ST MARYS HOSPITAL OF ST MARYS General Information on Grants and Assistance (p) EIN Enter total number of other organizations . . 1 (a) Name and address of organization or government Name of the organization Internal Revenue Service COUNTY, INC.

Schedule I (Form 990) 2008

Part III Grants an

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule L1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE SCHEDULE I-1					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	ormation required	l in Part I, line 2, and any	other additional information.
<u>MONITORING_FUNDS</u>					
WE HAVE AN EMPLOYEE SCHOLARSHIP (ES)	S	PROGRAM AT ST. MARY'S HOSPITAL	'S HOSPITAL.	THE	
EMPLOYEE SCHOLARSHIPS UNDERGO A THC	I <u>OROUGH REVIEW AND</u>	IEW_AND_APPR	APPROVAL PHASE		
DEPENDENT UPON PROPER SUBMISSIONS I	BY THE REQ	BY THE REQUESTING RECIPIENT.	PIENT. ANY		
CHANGES TO THE ES PROGRAM MUST GO THROUGHT THE	THROUGHT T	HE PRESIDENT	PRESIDENT'S OFFICE FOR	84	
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INTERVIEWED BY HRD DEPARTMENT LEADER OF THE NURSING RECRUITER/HR	ER OF THE	<u>NURSING RECR</u>	<u>UITER/HR</u>		
GENERALIST FOR REVIEW OF THE APPLICATION AND AGREEMENT EXPECTATIONS.	CATION AND	AGREEMENT_E	XPECTATIONS.		

Schedule | (Form 990) 2008

Part | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Use Schedule FT (FOITH 990) II additional		space is necueu.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this	ete this part to	provide the info	ormation require	d in Part I, line 2, and any	is part to provide the information required in Part I, line 2, and any other additional information.
APPLICANTS MAY BE INTERVIEWED IF NEEDED BY THE SELECTION COMMITTEE.	EEDED BY T	HE_SELECTION	COMMITTEE.		
<u>WITHIN 10 DAYS APPLICANT IS NOTIFIED I</u>	ED IN WRIT	ING OF SCHOL	N WRITING OF SCHOLARSHIP DECISION	NOIS	
<u>AND_THE_HRD_ASSOCIATE_WILL_REVIEW_WITH</u>	i	EACH RECIPIENTT	THE REQUIREMENTS	<u>SNTS</u>	
OF THE PROGRAM. ALL INVOICES WILL BE		ED_FOR_REQUI	REVIEWED FOR REQUIRED INFORMATION	NOT:	
AND VERIFICATION BEFORE PROCESSING, IH	L THEN PAY	EN PAYMENT IS REQUESTED.	ESTED.		
					Schedule I (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury

OMB No. 1545-0047 2008

Open to Public

Inspection

(h) Purpose of grant or assistance Employer identification number 52-0619006 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (f) RC Code section (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (f) Applicable (dook, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990) ST MARYS HOSPITAL OF ST MARYS (b) EIN (a) Name and address of organization or government Name of the organization Internal Revenue Service INC.

JSA 8E1317 3.000

Enter total number of other organizations .............

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

Schedule I-1 (Form 990) 2008

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Schedule 1-1 (Form 990) 2008  Part   Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	Assistance to Indi	52- ividuals in the U.S	52-0619006 <b>U.S.</b> (Schedule I (Form	990), Part III.)	Page 2
(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO CEDARVILLE UNIVERSITY	2	13,327.		INVOICE	
SCHOLARSHIPS TO COLLEGE OF SOUTHERN MARYLAND	49	154,748.		INVOICE	
SCHOLARSHIP TO LEBANON VALLEY COLLEGE	-	15, 662.		INVOICE	
SCHOLARSHIPS TO SALISBURY UNIVERSITY	2	8,800.		INVOICE	
SCHOLARSHIPS TO STEVENSON UNIVERSITY	2	6, 600.		INVOICE	
SCHOLARSHIPS TO TOMSON UNIVERSITY	2	15,495.		INVOICE	
SCHOLARSHIP TO UNIV OF MD SCHOOL OF PHARMACY		10,000.		INVOICE	
SCHOLARSHIPS TO UNIV OF MD SCHOOL OF NURSING	2	5,123.		INVOICE	
SCHOLARSHIP TO WEST VIRGINIA UNIVERSITY	<b>~</b>	6, 600.		INVOICE	
					Schedule I-1 (Form 990) 2008

# SCHEDULE J (Form 990)

# **Compensation Information**

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

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

2008
Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

ST MARYS HOSPITAL OF ST MARYS

Employer identification number

COUNTY, INC. 52-0619006 Part I **Questions Regarding Compensation** 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 Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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? 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. Х Compensation committee Х Written employment contract Independent compensation consultant Compensation survey or study Х Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a **b** Any related organization? 5b Χ If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a 6b Χ If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 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

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Denefits			(B) Breakdown of	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
BARBER  (b) 133,954. 225,000. 9,337. 19,451. 6,515. 392.267. 180.  BARBER  (c) 129,266. 8,000. 19,4245. 6,500. 19,424. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1000. 1	(A) Name	L	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
BARBER   (i)   124 260;   19,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,245;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;   15,244;		(8)	133,964.			1 4	6,515.	393,267.	180,195.
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COLUMNATION   0	JOAN GELRUD		{   		NONE			NONE	
(II)         NONE         NONE         NONE         NONE         NONE         NONE         NONE         112.1           (II)         225,016         37,500.         1,805.         29,517.         319,338.         112.1           (II)         225,896.         24,432.         NONE         15,000.         10,819.         276,147.         121.1           (II)         195,000.         17,415.         31,080.         9,200.         10,819.         276,147.         121.1           (II)         195,000.         17,415.         31,080.         9,200.         10,819.         262,212.           (II)         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000.         10,000. <td< td=""><td></td><td>ε</td><td>162,898.</td><td></td><td>9</td><td>12,282.</td><td>157.</td><td>201,812.</td><td>100,906.</td></td<>		ε	162,898.		9	12,282.	157.	201,812.	100,906.
(ii)         2550.016.         37,500.         1,805.         20,500.         9,517.         319,338.         112.           (iii)         NONE         NONE         NONE         NONE         NONE         NONE         NONE         NONE         121.         121.           (ii)         195,000.         17,415.         31,000.         9,200.         9,200.         9,517.         262,212.         121.           (ii)         195,000.         17,415.         31,080.         9,200.         9,517.         262,212.         121.           (ii)         185,016.         5,568.         32,532.         NONE	MARY LOU WATSON	<u> </u>	NONE		- 1	NONE	NONE	NONE	
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(ii) (iii) (	ROBERT KONKOL		NONE		NONE	NONE	NONE	NONE	
(II)         NONE         NONE <th< td=""><td></td><td>€</td><td>225,896.</td><td>24,</td><td>NONE</td><td>15,000.</td><td>10,819.</td><td>276,147.</td><td>- J</td></th<>		€	225,896.	24,	NONE	15,000.	10,819.	276,147.	- J
(ii)	YAHIA TAGOOURI	(E)	NONE		NONE	NONE	NONE	NONE	
(i) 185,016. 5,568. 32,532. NONE NONE NONE NONE NONE NONE NONE NON		€	195,000.	17,	٠,	9,200.	9,517.	262,212.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DAVIS (f) NONE NONE NONE NONE NONE NONE NONE NON		ε	180,003.	_	NONE	2,285.	10,819.	202,770.	80,662.
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# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

ST MARYS HOSPITAL OF ST MARYS

Employer Identification number

OUNTY, INC.

52-0619006

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

(A)	(B) Average hours	Basis	ion (	(C	•	that ap	ah.A	(D)	(E) Reportable	(F) Estimated
Name and Title	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LEWIE ALDRIDGE JR VICE CHAIRMAN	3.	Х		x		,		NONE	NONE	NONE
		<del>  ^ </del>		^			<del>                                     </del>	NONE	14014	110111
RICHARD_BRAAM VP_FINANCE_CFO	40.	X	ļ	x		1	ŀ	95,813.	NONE	6,624.
ANTHONY BRANCH		12	$\vdash$	1				337013.	1,01,12	5,021
DIRECTOR	3.	X		1			1	NONE	NONE	NON
DONALD CATHER JR		<u> </u>					<u> </u>			
DIRECTOR	3.	l _x						NONE	NONE	NON
CINDY DALY		1			-					
DIRECTOR	3.	X						128,111.	NONE	NONE
LINDA DUDDERAR		1								
CHAIRWOMAN	3.	X		X	ŀ			NONE	NONE	иои
MARY LEIGH HARLESS										
DIRECTOR	3.	X	Ì					NONE	NONE	иои
HAROLD LEE										
DIRECTOR	3.	X					İ	5,000.	NONE	NON
ROBERTA_LOKER		7	$\top$				1			
SECRETARY	3.	X		X				NONE	NONE	NON
JOHN MCALLISTER										
DIRECTOR	3.	X		İ				NONE	NONE	NON
DONALD_SIRK										
DIRECTOR	40.	Х						151,505.	NONE	6,882
R_TIMOTHY_STORCH										
TREASURER	3.	X		X				NONE	NONE	NON
BARBARA_THOMPSON										
DIRECTOR	3.	X					1	NONE	NONE	NON
PATTY VERNON RUSHER										
DIRECTOR	3.	X						NONE	NONE	NON
CHRISTINE WRAY										
PRESIDENT CEO	40.	X		X				439,260.	NONE	36,157
DONALD_FRENCH										
DIRECTOR		X		<u> </u>	1_			NONE	NONI	NON
KIRAN MEHTA							1			
DIRECTOR	3.	X	_	1	1_	_	_	NONE	NON	NON
JANE_SYPHER			1							
DIRECTOR	3.	X	_	_	_		_	NONE	NONI	NON
KAREN_OWENS										
DIRECTOR	3.	X_	$\perp$	_	1_	_	$\bot$	NONE	NON	NON NON
JOAN_GELRUD										
VP	40.		_	_	X	-	$\bot$	163,059.	NON	49,625
MARY_LOU_WATSON										
VP_NURSING	40. uction Act Notice, see				X			189,373.	NON	12,439

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

Schedule J-2 (Form 990) 2008

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# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service ► 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

ST MARYS HOSPITAL OF ST MARYS

Employer Identification number

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

(A)	(B)	1		10	C)			(D)	(E)	(F)
Name and Title	Average hours	Posit	ion (			that app	oly)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT KONKOL										
PSYCHIATRIST	40.					Х		289,321.	NONE	30,017.
YAHIA TAGOOURI										
PATHOLOGIST	40.					Х		250,328.	NONE	25,819.
MEHRDAD AKHLAGHI						ļ				
ADULT HOSPITALIST DIRECTOR	40.					Х		243,495.	NONE	18,717.
DAVID_ALLEN_										
HOSPITALIST PHYSICIAN	40.					Х		223,116.	NONE	7,470.
TAMMARA DAVIS										
PSYCHIATRIST	40.					Х		189,666.	NONE	13,104.
PAUL BARBER			-			-25		103,000.	NONE	15,104,
FORMER VP FINANCE CFO	40.						x	368,301.	NONE	24,966.
TOTALIZATI VI TIMINOLI CIO	40.	1	-			<del> </del>	Α.	300,301.	NONE	24,900.
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\mbox{\scriptsize JSA}}$ 

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990) Department of the Treasury Name of the organization internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2008 Open to Public

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

ST MARYS

QF.

MARYS HOSPITAL

SI

Employer identification number Inspection

52-0619006

(h) On behalf of issuer Schedule K (Form 990) 2008 Yes No ŝ ô (g) Defeased ш ŝ Yes Yes Yes CONSTRUCTION HOSP ANNEX AND HOSP R ٥ ŝ (f) Description of purpose ۵ Yes Yes å ŝ Ç O 16,000,000. Yes Yes (e) Issue price ŝ å Δ ω (d) Date issued 02/01/2009 Yes Yes 574216LR6 (c) CUSIP # ŝ ŝ  $\times$ × × × ⋖ ⋖ Yes Yes (b) Issuer EIN 52-0936091 1 Total proceeds of issue.......... For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Year of substantial completion..... Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? 11 Has the final allocation of proceeds been made? . . . . 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Private Business Use (Optional for 2008) Are there any lease arrangements with respect to the Does the organization maintain adequate books and records to support the final allocation of proceeds? A MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Bond Issues (Required for 2008) Proceeds (Optional for 2008) (a) Issuer name tax-exempt bonds? refunding issue? Part III Part II Partl 9 œ 6 10 7 8 Ω C ۵

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Schedule K (Form 990) 2008

Part II Private Business Use (Continued)

	4		133	Ф		ပ		۵	-	E
3a Are there any management or service contracts with	Yes	8	Yes	No	Yes	οN	Yes	No	Yes	o _N
respect to the financed property which may result in private histories use?		×								
b Are there any research agreements with respect to the financed property which may result in private business use?		×								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		×								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
dopted management practices ure the post-issuance exempt bond liabilities?		×			:					
								-		
	4			В		S		۵		ш
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No.
and Penalty in Lieu of Arbitrage Rebate, been lited with respect to the bond issue?		×								
2 Is the bond issue a variable rate issue?		×								
ra co		×								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×								
b Name of provider										
c Term of GiC	-									
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an		>								
available temporary period:		4								
6 Did the bond issue qualify for an exception to rebate?		×								
								Sc	hedule K (Fo	Schedule K (Form 990) 2008

# SCHEDULE O (Form 990)

# **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

Department of the Treasury
Internal Revenue Service
Name of the organization

ST MARYS HOSPITAL OF ST MARYS

Employer identification number

COUNTY, INC.	52-0619006
DESCRIPTION OF 990 REVIEW PROCESS	
PART_VI, LINE 10	
THE PROCESS FOR REVIEWING THE 990 WILL BE PERFORMED BY ST. MARY'S	
HOSPITAL FINANCE DEPARTMENT, INCLUDING REVIEW BY: A STAFF ACCOUNTA	NT, THE
DIRECTOR OF FINANCE AND THE VICE PRESIDENT, FINANCE, THEN THE BO	ARD OF
DIRECTORS WILL REVIEW THE 990 IN THE FINANCE COMMITTEE MEETING BE	
IS FINALIZED AND SIGNED.	
~	

Schedule O (Form 990) 2008	Page 2
Name of the organization ST MARYS HOSPITAL OF ST MARYS COUNTY, INC.	Employer identification number 52–0619006
CONFLICTS OF INTEREST MONITORING AND ENFORCEMENT	
DADT UT ITME 120	
<u>EACH MANAGER AND ADMINISTRATOR IS REPOSNIBLE FOR COMPLIANCE IN HI</u>	S/HER
AREA OF RESPONSIBILITY. A SIGNED STATEMENT INDICATING RECEIPT AN	<u>D</u>
UNDERSTANDING OF THE POLICY IS REQUIRED OF ALL EMPLOYEES, OFFICER	S_AND
DIRECTORS. THERE IS A CONFLICT OF INTEREST POLICY IN PLACE THAT	<u>IS</u>
SIGNED BY ALL EMPLOYEES, EVERY YEAR AND REVIEWED. EMPLOYEES AND	OTHERS
COVERED BY THIS POLICY SHOULD AVOID ANY SITUATION THAT INVOLVES O	R_MAY
INVOLVE A CONFLICT BETWEEN THEIR PERSONAL INTEREST AND THE INTERE	ST_OF
ST. MARY'S HOSPITAL (SMH) AS WELL AS ITS PATIENTS AND THEIR FAMIL	JIES. AS
IN ALL OTHER FACETS OF THEIR DUTIES, THOSE COVERED BY THIS POLICY	WHO
DEAL WITH PATIENTS, FAMILIES, SUPPLIERS, CONTRACTORS, COMPETITORS	<u>OR</u>
ANY PERSON DOING OR WHO SEEKS TO DO BUSINESS WITH THE HOSPITAL A	BE_TO
ACT IN THE BEST INTEREST OF THE HOSPITAL AND ITS PATIENTS. EACH	PERSON
COVERED BY THIS POLICY SHALL MAKE PROMPT AND FULL DISCLOSURE IN W	RITING
TO THE HIS/HER SUPERVISOR OF ANY POTENTIAL SITUATION THAT MAY INV	OLVE A
CONFLICT. THERE ARE NUMEROUS EXAMPLES OF CONFLICTS GIVEN WITHIN	THE
POLICY. ANY VIOLATION OF THE HOSPITAL'S POLICY MAY LEAD TO DISCI	PLINARY
ACTION UP TO AND INCLUDING TERMINATION. MOREOVER, THE HOSPITAL W	VILL
COOPERATE WITH APPLICABLE LAW ENFORCEMENT AGENCIES AND LICENSING	
AUTHORITIES, AS APPROPRIATE, TO ENSURE THAT VIOLATIONS OF THIS PO	
FULLY ENFORCED.	
AT ALL BOARD MEETINGS INVOLVING DIRECTORS, THE MEETINGS ARE START	
A REVIEW OF THE AGENDA BEFORE REVIEWING ANY DETAILS TO DETERMINE	
ANYONE HAS ANY POTENTIAL CONFLICTS RELATING TO THE AGENDA. IF SO	
ARE EXCUSED FROM THAT PART OF THE MEETING.	

Schedule O (Form 990) 2008					Page <b>2</b>
Name of the organization	ST MARYS	HOSPITAL	OF ST	MARYS	Employer identification number
COUNTY, INC.					52-0619006
•					
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COUNTY, INC. PROCESS FOR DETERMINING COMPENSATION	
PROCESS FOR DETERMINING COMPENSATION	
PART_VI, LINES_15_A-B	
THE ORGANIZATION HIRES AN OUTSIDE INDEPENDENT CONSULTANT TO DE	TERMINE THE
COMPENSATION FOR THE HOSPITAL'S EXECUTIVES (VICE PRESIDENTS, C	FO AND
CEO/PRESIDENT.). COMPENSATION IS DETERMINED BY THE USE OF SUR	VEYS AND
STUDIES, CONDUCTED BY THE INDEPENDENT CONSULTANTS. THE COMPEN	SATION
COMMITTEE, CONSISTING OF THE BOARD OF DIRECTORS SELECTS THE IN	DEPENDENT
CONSULTANTS. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION	AND
WRITTEN COMPENSATION CONTRACTS ARE DONE AFTER THE APPROVALS.	

Schedule O (Form 990) 2008		Page 2
Name of the organization	ST MARYS HOSPITAL OF ST MARYS	Employer identification number
COUNTY, INC.		52-0619006
DOCUMENT AVAIL	ABILITY	
PART VI LINE 1	9	
THE ORGANIZATI	ON MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	EST
POLICY AND FIN	ANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
	*	
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Schedule O (Form 990) 2008

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Schedule O (Form 990) 2008		Page 2
Name of the organization	ST MARYS HOSPITAL OF ST MARYS	Employer identification number
COUNTY, INC.		52-0619006
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Schedule O (Form 990) 2008	8	Page 2
Name of the organization	ST MARYS HOSPITAL OF ST MARYS	Employer identification number
COUNTY, INC.		52-0619006
NOTE		
AC OF CEDMENDE	TR 20 0000 OF MERVIO HOODER'S PROTECT A VINCENT	
AS OF SEPTEMBE	ER 30, 2009, ST. MARY'S HOSPITAL BECAME A MEMBER	OF MEDSTAR
מעיר ייב איי.ובאו	AT TIME, DOCUMENT RETENTION AND JOINT VENTURE POL	TOTES WEDE
	11 TIME, DOCUMENT RETENTION AND DOTAL VENTURE POL	TOTES WERE
PUT IN PLACE.		
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Schedule O (Form 990) 2008

JSA 8E1301 1,000

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. ▶ See separate instructions.

ST MARYS HOSPITAL OF ST MARYS

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number

2008 Open to Public Inspection

(F)
Direct controlling
entity 52-0619006 (E) End-of-year assets (D) Total income (C) Legal domicile (state or foreign country) (B) Primary activity Identification of Related Tax-Exempt Organizations (A)
Name, address, and EIN of disregarded entity Identification of Disregarded Entities COUNTY, INC. Part II Partl

(4)	(8)	(2)	(a)	<u>(F)</u>	<u>(F)</u>
Name, address, and ElN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile (state or foreign country) Exempt Code section (if section 501(c)(3))	Public charity status (if section 501(c)(3))	Direct controlling entity
HOSPICE OF ST MARYS INC					
LEONARDTOWN,	SUPPORT ORG	MD	501(C)(3)		ST MARY HOSP
SPITAL FOUNDATION INC					
	SUPPORT ORG	MD	501(C)(3)		ST MARY HOSP
For Privacy Act and Panerwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Ves No			
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(H) Dispreporterate allocations?	Yes			
(G) Share of end-of-year assets				
(F) Share of total income				
(E) Predominant income (related, investment, unrelated)				
(D) Direct controlling entity				
(C) Legal domicile (state or foreign				
(B) Primary activity				
(A) Name, address, and EIN of related organization				

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141	Œ	9	(0)	- 1	(£)	(9)	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
ST MARYS HEALTH ALLIANCE INC. 52-1930331 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	MEDICAL SERVICES	ΩМ	N/A	C CORP	33,489.	215,530.	100.0000

m 990) 2009	Transactions With Related Organizations
Schedule R (Form 990) 2009	Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
<ul> <li>During the tax year did the organization engage in any of the following transactions with one of inder related organizations listed in Praits II—IV.</li> <li>Receipt of (i) interest (ii) annutities (iii) royalties (iv) rent from a controlled entity</li></ul>	alls II-1V?	××
	0 7	×
d Loans or loan guarantees to of for other organization(s)	2 C	
f Sale of assets to other organization(s)	11	i.
g Purchase of assets from other organization(s)	110	
h Exchange of assets	:	××
Lease of facilities, equipment, of other assets to other organization(s)		1000
		× >
K Performance of services of membership of furturalising solicitations by other organization(s)	=	×
m Sharing of facilities, equipment, mailing lists, or other assets	E 7	×
n Sharing of paid employees	- L	×
o Reimbursement paid to other organization for expenses	10	×
p Reimbursement paid by other organization for expenses	1 D	X
<ul> <li>d Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>	14	××
	ationships and transaction thresholds	
(A) Name of other organization(s)	(b) (C) Transaction Amount involved type (a-r)	hev
(1) HOSPICE OF ST MARYS INC	925,	827.
(2)		
(3)		
(4)		
(5)		
(9)		
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# 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.

or gloss reveiled that was not a related organization. Occ mentioned the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Actualist Toll Octuania	To a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	india.	(1)	ij	100	17
Name, address, and EIN of entity	Primary activity	nicile reign	Are all partners section 501(c)(3)	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
			organizations?		Yes No	(Form 1065)	Yes No
					İ		
					`		
					-		
						Schedule R (Form 990) 2008	390) 2008

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

REVENUE

GRANTS	EXPENSES
	98,558,257.
1	
236,355.	124,475.
	GRANTS 236,355.

98,558,257. 114,490,165.

	114,490,165.	
	98,682,732.	
. , , , , , , , , , , , , , , , , , , ,	236,355.	

TOTALS

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	S COMPENSATION
TWIN CONTRACTING CORPORATION 5700 H GENERAL WASHINGTON DR ALEXANDRIA, VA 22312	CONSTRUCTION	1,022,992.
COMPHEALTH PO BOX 972651 DALLAS, TX 75397	STAFFING	395,887.
W M DAVIS INC PO BOX 1210 LEONARDTOWN, MD 20650	CONSTRUCTION	2,002,452.
MEDICAL EMERGENCY PROFESSIONALS LLC PO BOX 742528 DALLAS, TX 75374	PHYSICIAN STAFFING	323,168.
GOODMAN ASSOCIATES 912 COMMERCE RD ANNAPOLIS, MD 21401	ARCHITECTURAL	315,266.
TOTAL COMPENS	ATION	4,059,765.

(D) EXCLUDED REVENUE	377,341. 346,112.	723,453.	
(C) UNRELATED BUSINESS REV.			
(B) RELATED OR EXEMPT REVENUE			
(A) TOTAL REVENUE	377,341. 346,112.	723,453.	
DESCRIPTION	INTEREST INCOME K-1 CHESAPEAKE POTOMAC HEALTHCARE ALLIANCE	TOTALS	

8E7000 1.000	REN	IT AN	D RO	AYC	ALTY INCO	OME			
Taxpayer's Name								-	ng Number
ST MARYS HOSPITA	AL OF ST MA	RYS					52	<u>2-061</u>	.9006
DESCRIPTION OF PROPERTY									
374 AND 375 NORT									
Yes   No   Did you a REAL RENTAL INCO	actively participate in t						7 000	1	
OTHER INCOME	JME		<u> </u>		• • • • • • • •	· · ·	7,283.	-	
OTTER INCOME									
	· · · · · · · · · · · · · · · · · · ·	****						┪	
TOTAL GROSS INCOME								-	117,283.
OTHER EXPENSES:								+	111,200.
SUPPLIES							102.	_	
UTILITIES						88	3,623		
OTHER EXPENSES							7,042.		
7/11							·		
								_	
<del></del>								4	
								4	
								4	
DEDDECIATION (SHOWN DELC	340				T			-	
DEPRECIATION (SHOWN BELO					•	48.		_	
LESS: Beneficiary's Portion	• • • • • • • • •	• • • • • •						-	
AMORTIZATION	• • • • • • • • • • • • • • • • • • • •		• • • •	• • •				-	
DEPLETION		• • • • • •	• • • •		•			-	
LESS: Beneficiary's Portion	• • • • • • • • • • •				•			-	
TOTAL EXPENSES					· L				136,515.
TOTAL RENT OR ROYALTY INC	OME (LOSS)							. —	-19,232
Less Amount to	<u> </u>						<del></del>		+ - 7
Rent or Royalty									
Depreciation					· · · · · · · · · · · ·			_	
Depletion								_	
Investment Interest Expense	; 				. <b></b>			_	
Other Expenses								_	
Net Income (Loss) to Others					<i></i>		<b>.</b> .		
Net Rent or Royalty Income (Los	ss)							·	-19,232
Deductible Rental Loss (if Appli SCHEDULE FOR DEPREC	CADIE)	· · · · · ·	• • • •	• • •		* * * * * * * * * * * * * * * * * * * *			
GO.IEDGEET GIV DEL NEG	IATION CLAIMED	<u>'</u>	T .			1	1	1	
			(d)	(e)		(g) Depreciation		(i) Life	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	ACRS	Bus.	(f) Basis for depreciation	in	(h) Method	or	(j) Depreciation
	anaujaotoa babio	aoquiiou	des.	%	depreciation	prior years	Method	rate	for this year
SEE STATEMENT									
				ļ			ļ		
				-					
			<del> </del>	-					
			<del> </del>	-					
	<del> </del>		<u> </u>						
	<del>                                     </del>		<del> </del> -				<del> </del>		Andrewshire and
		<del> </del>	<del> </del>			<del> </del>	+		
			<del> </del>			<del> </del>	+		<del> </del>
JSA Totals		<b> </b>					1 1		748
				1					

## SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

PURCHASED SERVICES PM UNDER CONTRACT PM NO CONTRACT

7,105. 27,449. 12,488. 47,042. ========

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
374 AND 375 NORTH CO	117,283.	748.	135,767.	-19,232.
TOTALS	117,283.	748.	135,767.	-19,232.

FORM	990,	PART	VIII	_	EXCLUDED	CONTRIBUTIONS
=====	=====	=====			·	

DESCRIPTION	TNUOMA

GOLF TOURNAMENT	18,456.
	10,100.

TOTAL 18,456. ========

ω

FORM 990, PART VIII - FUNDRAISING EVENTS

	מטטמט
	20015
DESCRIPTION	INCOME
	1 1 1 1 1
GOLF TOURNAMENT	4,
1	
TOTALS	4, 1

NET INCOME 	-2,883.	-2,883
DIRECT EXPENSES	7,412.	7,412
GROSS INCOME	4,529.	4,529

ACTIVITIES
GAMING
1
VIII
PART
990,
FORM

NET INCOME	123,855.
DIRECT EXPENSES	
GROSS INCOME	123,855.
DESCRIPTION	BINGO TOTALS

Q

FORM	990,	PART	Х -	- NOTES	AND	LOANS	RECEIVABLE	
=====	=====	=====	====	======	====			

BORROWER:	SO MD WOMENS	
BORROWER:	ST MARYS MED	
	• • • • • • • • • • • • • • • • • • • •	
BORROWER:	JAYARAMAN MED	
BEGINNING BALANCE DUE ENDING BALANCE DUE	• • • • • • • • • • • • • • • • • • • •	177,956. 106,814.
BORROWER:	THE BENNER MED	
BORROWER:	DR MOON DR MERATEE	
	•••••••••••	
BORROWER:	DR FANOUS	
	••••••••••••	
TOTAL BEGINNING NOTES A	ND LOANS RECEIVABLE	521,928.

890,759.

TOTAL ENDING NOTES AND LOANS RECEIVABLES

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

DESCRIPTION ENDING BOOK VALUE

PREPAID EXPENSES 802,046.

TOTALS 802,046.

1ALS 002,040.

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

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
BANK OF AMERICA MONEY MKT FUND	18,551,309.	FMV
CHEVY CHASE TRUST US GOVT BOND	2,053,456.	FMV
TOTALS	20,604,765.	
	=======================================	

FORM	990,	PART	Χ	-	SECURED	MORTGAGES	AND	NOTES	PAYABLE
=====	=====	=====	===	===		========			

LENDER: ROBERT MATTINGLY

ORIGINAL AMOUNT: 195,000.

INTEREST RATE: DATE OF NOTE:

6.000000

DATE OF NOTE: 05/09/2001 MATURITY DATE: 05/09/2016

BEGINNING BALANCE DUE .....

124,197. 111,559.

LENDER: ALFRED AND JOAN MATTINGLY

ORIGINAL AMOUNT: 532,115.

ENDING BALANCE DUE .....

INTEREST RATE: 6.000000
DATE OF NOTE: 05/10/2001
MATURITY DATE: 05/10/2016

BEGINNING BALANCE DUE ..... 

LENDER: HELEN MATTINGLY

ORIGINAL AMOUNT: 532,115.

INTEREST RATE: 6.000000
DATE OF NOTE: 05/10/2001
MATURITY DATE: 05/10/2016

LENDER: MHHEFA NATIONAL CITY LOAN

INTEREST RATE: 4.370000
DATE OF NOTE: 12/12/200

12/12/2006

SECURITY PROVIDED: LEASED EQUIPMENT

 BEGINNING BALANCE DUE
 5,678,396.

 ENDING BALANCE DUE
 4,647,465.

LENDER: MHHEFA NATIONAL CITY LOAN

INTEREST RATE: 4.430000 DATE OF NOTE: 12/12/200

SECURITY PROVIDED:

12/12/2006 LEASED EQUIPMENT

BEGINNING BALANCE DUE .....

931,355.

ENDING BALANCE DUE .....

829,980.

LENDER: MHHEFA

ORIGINAL AMOUNT: 5,000,000
DATE OF NOTE: 01/01/2001
MATURITY DATE: 07/01/2008

5,000,000.

SECURITY PROVIDED: MORTGAGE ON REAL PROP AND LEASEHOLD INTERESTS

BEGINNING BALANCE DUE .....

410,000.

ENDING BALANCE DUE .....

NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

7,821,764. =============

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

6,197,846. ______

# Form 4797

Sales of Business Property

## (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No. 1545-0184 Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service Name(s) shown on return Identifying number ST MARYS HOSPITAL OF ST MARYS COUNTY, INC. 52-0619006 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (d) Gross (b) Date acquired (c) Date sold allowed or basis, plus Subtract (f) from the sum of (d) and (e) of property allowable since improvements and (mo., day, yr.) (mo., day, yr.) sales price expense of sale acquisition 3 Gain, if any, from Form 4684, line 45 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): SEE STATEMENT -33,058Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 37 and 44a 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 17 -33,05818 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

Part III Gain From Disposition of Prope (see instructions)	rty Ur	nder Sections 12	5 4 <b>5, 1250, 125</b>	2-0 <b>2, 1</b> :	0619006 <b>254, and 1255</b>	Page 2
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acquired	(c) Date sold (mo., day, yr.)
Α		- tb			(mo., day, yr.)	(mo., day, yr.)
В		<u></u>	FFIT 13	$\dashv$		· · · · · · · · · · · · · · · · · · ·
C						
D						
These columns relate to the properties on lines 19A through 1	19D. ►	Property A	Property B	i	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.	) 20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	. 22					•
23 Adjusted basis. Subtract line 22 from line 21	. 23					
24 Total gain. Subtract line 23 from line 20 ,	. 24					·
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22						
b Enter the smaller of line 24 or 25a	. 25b					
a Additional depreciation after 1975 (see instructions)	. 26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a (see instructions)	. 26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 is not more than line 26a, skip lines 26d and 26e		=11				<u> </u>
d Additional depreciation after 1969 and before 1976	-				-	
e Enter the smaller of line 26c or 26d	. 26e	· · · · · · · · · · · · · · · · · · ·				
f Section 291 amount (corporations only)		V74:10				
g Add lines 26b, 26e, and 26f	. 26g					
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	. 27a					
b Line 27a multiplied by applicable percentage (see instructions)	. 27b					· · · · · · · · · · · · · · · · · · ·
c Enter the smaller of line 24 or 27b	. 27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a					
b Enter the smaller of line 24 or 28a					· · · · · · · · · · · · · · · · · · ·	
29 If section 1255 property:						***************************************
a Applicable percentage of payments excluded from						
income under section 126 (see instructions)	. 29a					
b Enter the smaller of line 24 or 29a (see instructions)						
Summary of Part III Gains. Complete prope	rty col	umns A through	D through line	29b	before going to lir	ne 30.
<ul> <li>Total gains for all properties. Add property columns</li> <li>Add property columns A through D, lines 25b, 26g,</li> <li>Subtract line 31 from line 30. Enter the portion fror other than casualty or theft on Form 4797, line 6</li> </ul>	27c, 2a n casua	3b, and 29b. Enter he	re and on line 13. 684, line 39. Enter	···	oortion from	
Recapture Amounts Under Sect (see instructions)	ions 1	79 and 280F(b)(	2) When Busi	ness	Use Drops to 50°	% or Less
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable i	n prior years		33		
34 Recomputed depreciation (see instructions)				34		
35 Recapture amount. Subtract line 34 from line 33. S	See the	nstructions for where	to report	35		
						Form 4797 (2008

ST MARYS HOSPITAL OF ST MARYS Supplement to Form 4797 Part II Detail

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable		for entire year
SALE OF FIXED ASSET			19,870.		52,928.	-33,058.
			:			-
			2			
Totals						-33,058.

JSA 8XA259 1.000

## **ESTIMATED TAX WORKSHEET FOR FORM 990-W**

A.	2009 Estimated Tax	Α	
B.	Enter 100 % of Line A		
	Enter 100 % of tax on 2008 FORM 990-T		
D.	Required Annual Payment (Smaller of lines B or C)	D	31,163.
E.	Income tax withheld (if applicable)	Е	
F.	Balance (As rounded to the nearest multiple of	F	31,164.

Payment number	(a) Date	(b) Amount	(c) 2008 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/16/2009	7,791.		7,791
2	12/15/2009	7,791.		7,791
3	03/15/2010	7,791.		7,791
4	06/15/2010	7,791.		7,791
Total		31,164.		31,164

ESTIMATED PAYMENTS MUST BE MADE USING EITHER THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS) OF IF ALLOWABLE, FEDERAL TAX DEPOSIT COUPONS (FORM 8109). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA ONE OF THE ABOVE METHODS.