Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public Inspection

OMB No. 1545-0047

		ue Service	Information at	out Form 990 and its i	nstructions	is at www.irs.	gov/fo	m 990.		Inspecti	оп	
A F	or the	a 2013 cal	endar year, or tax year begin			, and ending			06/:	30,2014		
			ime of organization				1	D Employer id	entificat	ion number		
B Ch	eck if app	Real Provide States	ONTGOMERY GENERAL HOS	PITAL, INC.			- 1					
	Addres		ing Business As MEDSTAR MONT		CENTER			52-0646	5893			
	change		umber and street (or P.O. box if mail is r			Room/suite		E Telephone n	umber			
	1		8101 PRINCE PHILIP DR		-,			(301) 77	4 - 86	40		
	Initiel r		ty or town, state or province, country, a		<u> </u>	1		(
\vdash	Termin Amend			The Zir of foreign poster code	2			G Gross receip	•n \$	148,729,	217	
	return		LNEY, MD 20832					H(a) is this a gro			X No	
	Applica pendin	9	ame and address of principal officer:	PETER MONGE				subordinates	?			
		1	8101 PRINCE PHILIP DR	IVE OLNEY, MD 2	20832	<u> </u>		H(b) Are all subord			No No	
		empt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	,	If "No," atta	ch a list. (:	see instructions)		
J 1	Websit	ie: 🕨 WWW	.MONTGOMERYGENERAL.OR	.G				H(c) Group exem				
ĸ	Form o	of organization	n: X Corporation Trust	Association Other 🕨	•	L Year of	formati	on 2000 M	State of	legal domicile:	MD	
Pa	artl	Summa	ry									
	1	Briefly des	cribe the organization's mission or	most significant activities	s: MEDST.	AR MONTGO	DMERY	MEDICAL	CENT	ER IS		
8		DEDICA	TED TO ENHANCING OUR	COMMUNITY'S HEA	LTH BY	OFFERING						
anc			UALITY, COMPASSIONATE									
Ľ.			box 🕨 🛄 if the organization di				n 25%	of its net asset	5.	uee		
& Governance									3		18.	
0			voting members of the governing						4		16.	
sa (independent voting members of t								,156.	
Activities			per of individuals employed in cale						5			
ctiv	6	Total numb	per of volunteers (estimate if necess	sary)					6		245.	
Ā	7a	Total unrel	ated business revenue from Part V	III, column (C), line 12 🕌					7a		1,171.	
	b	Net unrela	ted business taxable income from I	Form 990-T, line 34					76	-42	2,385.	
~								Prior Year		Current Y	ear	
	8	Contributio	ons and grants (Part VIII, line 1h)						0		0	
	9	Program E	ervice revenue (Part VIII, line 2g)		' coi	PY FOR	1	50,253,00	52.	145,827	7,727.	
	10	Frogram a	t income (Part VIII, column (A), line		PUBLIC I	NSPECTION	<u> </u>	182,9	44.		3,122.	
							\vdash	5,462,8			8,368.	
			nue (Part VIII, column (A), lines 5,					.55,898,8		148,729		
			nue - add lines 8 through 11 (must				-		22.1	140,12	- <u></u> r	
			d similar amounts paid (Part IX, colu				<u> </u>		- 0		;	
	14	Benefits p	aid to or for members (Part IX, colu	mn (A), line 4)								
8	15	Salaries, c	other compensation, employee beni	efits (Part IX, column (A),	, lines 5-10)			69,796,6		67,246	3,301.	
Expenses	16a	Profession	al fundraising fees (Part IX, column	n (A), line 11e)					0		0	
- dy	ь	Total fund	raising expenses (Part IX, column (D), line 25) 🕨		0		124.010.012				
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						78,834,9	48. _	74,409,333		
	18						148,631,595.			141,65	5,634.	
	19		ess expenses. Subtract line 18 from					7,267,2	94.	7,07	3,583.	
12	1	IVEAGING 1	use expenses, outracting to non			<u>.</u>	Beain	ining of Current	<u> </u>	End of Ye		
a structure	20	Total	- (Ded V. Kee 16)					L36,893,8		145,739		
Sala Jala	20		ts (Part X, line 16)				<u> </u>	39,108,3			9,033.	
Not Assets or Fund Balances	21		ities (Part X, line 26)		• • • • •			97,785,5		106,69		
	1		s or fund balances. Subtract line 21	1 from line 20		<u></u>		27,703,3	.0.1	100,09	<u>,</u>	
	art II		ture Block								-11-11 11	
Un	der per	nalties of per	rjury, I declare that I have examined th plete Declaration of preparer (other that	is return, including accomp n officer) is based on all info	panying sche smation of wi	dules and staten blob preparer ha	nents, a Is any k	and to the best : nowledge.	of my kr	towledge and b	reliet, it is	
- 1101	0, GUITE					inter property res		1-1		~		
			(bout 18mm	·				5/	<u>יו / נ</u>)		
Sig	jn 👘	Sign	ature of officer 0	_				Date	•			
He	re		Joel Bryan _VF	Treasurer								
		Type	or print name and the	1 1 2 2 2 2 2 2								
			preparer's name	Preparer's signature		Date		Check	II P	TIN		
Pai	d			Magnot a. Bad	blau			self-emplo		P00501222	2	
	parer	MARGAR				5/6/15		1 .		5565207		
	a Only	Firm's nan	ne KPMG LLP					Firm's EIN 🕨				
		Firm's add	ress 🕨 1676 INTERNATION			2102		Phone no.	703-	-286-8000		
-	•		s this return with the preparer show		ns) <u></u>					X Yes	No	
For	Раре	rwork Red	luction Act Notice, see the separa	te Instructions.						Form 99	0 (2013)	

Form **990**

(Rev. January 2014) Department of the Treasury	Application for Extension of Time To File an Exempt Organization Return File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.	OMB No. 1545-1709
Department of the Treasury Internal Revenue Service File a separate application for each return. Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868.		
• If you are filing for an	ent of the Treasury levenue Service File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868. u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

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

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's Identifying number, see instructions

Туре ог	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	18101 PRINCE PHILIP DRIVE	
return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see Instructions.	
Instructions.	OLNEY, MD 20832	

01 Enter the Return code for the return that this application is for (file a separate application for each return)

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

The books are in the care of

 JOEL BRYAN, 5565 STERRETT PLACE, 5TH FLOOR, COLUMBIA, MD 21044

•	Telephone No. ▶ 410 772-6721 FAX No. ▶			
	f the organization does not have an office or place of business in the United States, check this box			▶□
•	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If th	is is
for	the whole group, check this box		and atta	ach
	st with the names and EINs of all members the extension is for.			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until02/16_, 20 15 _, to file the exempt organization return for the organization named al	oove	e. The e	xtension is
	for the organization's return for:			
	calendar year 20 or			
	▶ X tax year beginning 07/01 , 2013 , and ending 06/30 ,	20	14	
2	If the tax year entered in line 1 is for less than 12 months, check reason: 🛄 Initial return 🔛 Final return	n		
	Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0
k	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
C	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS			
	(Electronic Federal Tax Payment System). See instructions.	3c	s	0
Cau	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	n 88	79-EO fo	or payment
inst	ructions.			
For	Privacy Act and Paperwork Reduction Act Notice, see Instructions.	For	m 8868	(Rev. 1-2014)
JSA				

Form 8868 (Rev. 1-2014)

Page 2

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	_
Enter filer's Identifying number, see instruction)ns

	Name of exempt organization or other filer, see in	structions.		Employer identification	i numb	er (EIN) or
Type or						
print	MONTGOMERY GENERAL HOSPITAL,	INC.		52-06468	393	
etter burster	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number	(SSN))
File by the due date for	18101 PRINCE PHILIP DRIVE					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instructions.	OLNEY, MD 20832					10. Martin - 10. 10. 10. 10. 10.
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ch return)		01
Applicati		Return	Application			Return
Is For		Code	Is For			Code
Form 990	0 or Form 990-EZ	01				
Form 990	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than in	dividual)		09
Form 990)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previously	/ filed	Form 8868.
• The bo	oks are in the care of JOEL BRYAN, 5565	STERRE	TT PLACE, 5TH FLOOD	R COLUMBIA, MD	210	44
	one No. ► 410 772-6721		Fax No. 🕨	¥		
• If the o	rganization does not have an office or place of	business ir	the United States, check th	is box		►
• If this is	s for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEI	۷)		If this is
for the wh	iole group, check this box	f it is for pa	art of the group, check this t	x►	an	d attach a
list with th	e names and EINs of all members the extension	n is for.				
4 I req	uest an additional 3-month extension of time u	ntil	0	5/15,2015.		
5 For	calendar year, or other tax year beginn	ing			06/3	0,2014.
6 If the	e tax year entered in line 5 is for less than 12 m	nonths, chee	ck reason: 📃 Initial rei	turn 🔄 Final retu	rn	
	Change in accounting period					
7 State	e in detail why you need the extension _INFOR	MATION	NECESSARY TO PREPAI	RE A COMPLETE		
AND	ACCURATE RETURN IS NOT YET AVAI	LABLE.				
8a If th	is application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the tent	ative tax, less any		
nonr	efundable credits. See instructions.				8a \$	0
b If th	is application is for Forms 990-PF, 990-T,	, 4720, o	r 6069, enter any refun	dable credits and		
estir	nated tax payments made. Include any pr	ior year o	overpayment allowed as	a credit and any		
amo	unt paid previously with Form 8868.				8b \$	0
c Bala	nce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requir	ed, by using EFTPS		
(Ele	ctronic Federal Tax Payment System). See instru	ictions.			8c \$	0
	Signature and Verific	ation mu	st be completed for P	art II only.		
	alties of perjury, I declare that I have examined t			ules and statements,	and to	the best of my
knowledge	and belief, it is true, correct, and complete, and that I	am authoriz	ed to prepare this form.			

Signature 🕨	Sign	ature	►
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Magnet a. Bladdaw

Date > 2/09/15

Form 8868 (Rev. 1-2014)

Title > PAID PREPARER

1	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X N If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
•	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$including grants of \$) (Revenue \$) ATTACHMENT 2
h	(Code:) (Expenses \$4,299,359. including grants of \$) (Revenue \$)
	MEDSTAR MONTGOMERY MEDICAL CENTER PROVIDED \$4.3M IN CHARITY CARE
	SERVICES IN FISCAL YEAR 2014. CHARITY CARE IS PROVIDED PURSUANT
	TO MEDSTAR HEALTH'S FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE
	COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH
	THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND'S UNIQUE PAYER
	SYSTEM, THE AMOUNT REPORTED REPRESENTS MEDSTAR MONTGOMERY'S
	CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT PAYMENTS FROM
	THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE EXPENSES ARE
	INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.
	(Code:) (Expenses \$, including grants of \$) (Revenue \$)
c	MEDSTAR MONTGOMERY MEDICAL CENTER PROVIDED \$4.3M IN SUBSIDIZED
c	(MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2014. THESE
c	
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES,
	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES,
c	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES,
	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES.
	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES. Other program services (Describe in Schedule O.)
d	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES.
d	CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE EXPANDED EMERGENCY ROOM SUBSIDIES, BEHAVIORAL SERVICES, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES. Including grants of \$ (Revenue \$) Including grants of \$ (Revenue \$) Intel program service expenses ▶ 141,655,634.

Part	IV Checklist of Required Schedules			byc e
1 arc	Checkinst of Required Schedules	1	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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	and the second	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	D.		1000
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a	<u> </u>	
Ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		<u> </u>
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>			<u> </u>
12 a	complete Schedule D, Parts XI and XII	122		x
F	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1 200		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12Ь	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	[X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>	İ –	1
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2013)

Form 990 (2013)

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

X

Х

20a

20b

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

Form 990 (2013)

Form 990 (2013)

Page 5

Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	• • • •	•••	
	Enter the number reported in Box 3 of Form 1096. Enter $\Delta_{\rm if}$ is not applicable 1a 96	elle dia	Yes	No
	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		x	<i>li.</i>
-	reportable gaming (gambling) winnings to prize winners?	10	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 1,156		100	
		-	x	a second
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	A	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	x	-
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	- 50		_
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
ь	If "Yes," enter the name of the foreign country: ▶	Yu	1	(integration
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	370	200	
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).		6	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1.2	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		123	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1.
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3253		
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:	1851		
	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:		1	
	Gross income from members or shareholders	-	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	120	E 3	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	Que a
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	-	
	Note. See the instructions for additional information the organization must report on Schedule O.	28		
b	Enter the amount of reserves the organization is required to maintain by the states in which	2		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
040 1.0		Forn	1 990	-
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form 99	00 (2013) MONTGOMERY GENERAL HOSPITAL, INC. 52-0646	893	F	age (
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and See in:	for a struci	"No ions
	Check if Schedule O contains a response or note to any line in this Part VI		• •	X
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		e Street	x
	any other officer, director, trustee, or key employee?	2		A
3	Did the organization delegate control over management duties customarily performed by or under the direct			х
	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 governing documents since the prior Form 990 was filed?	<u>4</u> 5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	**
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	x	
	one or more members of the governing body?	<u></u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х	
	stockholders, or persons other than the governing body?			1001
8	•			145
_	the year by the following: The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х.
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		<u>12a</u>	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		x	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	x	—
14	Did the organization have a written document retention and destruction policy?	14		-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	x	
a	The organization's CEO, Executive Director, or top management official	15a 15b	x	\vdash
b	Other officers or key employees of the organization	150		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	x	
b	with a taxable entity during the year?	IVa		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100		
	organization's exempt status with respect to such arrangements?	16b	x	
Sect	ion C. Disclosure	1		,
17	List the states with which a copy of this Form 990 is required to be filed MD,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			s on
	available for public inspection. Indicate how you made these available. Check all that apply.		-/(-/	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	lerest	polic	у, а
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	the		
	Organization: ► JOEL BRYAN 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 410-772-6721			
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42 1.00	0			
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Form 990 (2013)	MONTG	OMERY GEN	NERAL HOS	PITA	L, INC.		52-06	46893	Page 7
Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors,	Trustees, K	ey Employe	es, and High	est Co	mpensated Em	ployees			

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

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

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

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

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

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

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

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	more rson	than c is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)JOSEPH BELL DIRECTOR	1.00	x	193					o	0		
(2)DEE HAWKINS DIRECTOR	1.00	x						c	0		
(3)MICHAEL K KERR MD DIRECTOR	1.00	x						60,000.	0		
(4)KENNETH A SAMET DIRECTOR	1.00	x						c	3,334,799.	61,007	
(5)AMY AMPEY, MD DIRECTOR	1.00	x						c			
(6)CHARLES F MESS, SR. MD DIRECTOR	1.00	x						C	0	·	
(7)BENNETT MORRISON, MD DIRECTOR	40.00	x						129,948.		2,530	
(8)RICHARD WEINSTEIN, MD DIRECTOR	1.00	x						16,350.	0		
(9)KEVIN FLANNERY DIRECTOR	1.00	x						c	0		
10)SHEILA WOODARD DIRECTOR	1.00	x						c	0		
11)IVONNE GIULIANA CENTTY, DDS DIRECTOR	1.00	x						c	0	· · · · · · · · · · · · · · · · · · ·	
12)JOHN FERGUSON DIRECTOR	1.00	x							0		
13)FADIA KINKEL DIRECTOR	1.00	x						c	0		
14)WENDY WALKER, DVM DIRECTOR	1.00	x							0		

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	Form 990 (2013) Part VII Section A. Officers, Directors, Tru	unteen Ko					and L	liai	hast Companyat	od Employee	t (contin	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	(C Posi neck is pe	2) ition more rson trect	than o is both or/trust employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fr related organizations (W-2/1099-MIS	rom ;; ci ;; C)	(F) Estimated amount of other ompensation from the organization and related rganizations
(15) JAMES A. BONIFANT DIRECTOR	1.00	x					—			0	0
(16) KATHERINE W. FARQUHAR, PH.D. DIRECTOR	1.00	x					-	c		0	0
(17) RICHARD KURNOT, MD DIRECTOR	1.00	x					_			0	0
(18) CYNTHIA CHROSNIAK, M.D. DIRECTOR	1.00							41,400.		0	
(19) PETER MONGE	39.00										
(PRESIDENT 20) DAVID HAVRILLA	1.00	X		X	\vdash			789,812.			19,285.
	CFO/TREASURER	0			x				325,449.		0	30,996.
(21) DENISE SCHMIDT SECRETARY	40.00			x						o	0
(22) ROGER LEONARD VP, MEDICAL AFFAIRS	40.00				x			361,497.			871.
(23) CONNIE STONE	40.00			-							
(VP, PATIENT CARE SERVICES 24) KEVIN MELL	40.00	1	-		X			240,634.			19,495.
`	VP, OPERATIONS	40.00				x			226,109.		0	19,158.
(25) FREDERICK FINELLI VP, MEDICAL AFFAIRS	40.00	-			x			576,139.		0	21,776.
	1b Sub-total					• •						63,537.
	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			• •	• •	•••	•••		3,333,172.	1	0	136,889.
	 Total number of individuals (including but not reportable compensation from the organizatio Did the organization list any former official 	limited to t n ►	hose 6	liste 6	ed a	bov	e) who				d [Yes No
	 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr individual	ule J for su sum of rep eater than	ch ind portat \$1	fivid ble (50,0	ual com 007	 iper ? /i	nsatio "Yes	••• n a s,"	nd other compen complete Schedu	sation from th ile J for suc	• • •	3 X 4 X
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
	Section B. Independent Contractors 1 Complete this table for your five highest com compensation from the organization. Report of year.											ax
	(A) Name and business ad	dress							(B) Description of s	ervices		(C) ensation
	ATTACHMENT 3	*						\ddagger				
								+				
						_						
	2 Total number of independent contractors (i more than \$100,000 in compensation from the	ncluding b ne organiza	ut no tion ()t lir ►	nite		o tho: LO	se	listed above) who	received		
	JSA 3E1055 1.000 07353X 2502			13	-7	.15			2377084		E.	orm 990 (2013) PAGE 9

	990 (2013)						and L	11-1		od Employees	Page
Pa	rt VII Section A. Officers, Directors, Tru (A)	(B)	y ⊑n	ipic	_	es, C)		<u>11</u> <u>g</u> i	(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box, office	unie: er and	heck ss pe d <u>a</u> d	rson lireci	a than c is both ior/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26)	VIVIAN HSIA VP, HUMAN RESOURCES	40.00 0					x		161,166.		0 961
27)	OWEN HORNE	40.00									
	NETWORK MANAGER	0					x		148,190.		0 1,028
28)	RANDALL BURSAW SUPERVISOR, NUCLEAR MEDICINE	40.00	-				x		145,938.		0 5,118
29)	JEANNE O'TOOLE DIR. FIN. SERVICES/CONTROLLER	40.00					x		143,899.		0 1,619
30)	MELISSA YEAGER VP, MKTNG, PLANNING, BUS DEV	40.00				\vdash		1			
	VP, MKTNG, PLANNING, BUS DEV	0					x		172,939.		0 16,582
								\vdash			
_					-	-	<u> </u>	$\left \right $			
			1								
			-				ļ	-			
			-								
C	Sub-total	ection A			• •	• •					
2	Total number of individuals (including but not reportable compensation from the organizatio		hose 6		ed a	lbov	e) wh	0 16	eceived more than	\$100,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or	r tri	uste	e,	key (emp	bloyee, or highes	t compensated	Yes No 3 X
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of rej eater thar	portal 1 \$1	ole (50,0	com	1pei ? <i>1</i>	nsatio f "Ye:	na s,"	nd other compen complete Schedu	sation from the	
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	isati	ion	fror	n any	/ แก	irelated organizati		4 X 5 X
Se	ction B. Independent Contractors	es, compre	10 30	1601	10	010	5001	per	3011		131]
1	Complete this table for your five highest com compensation from the organization. Report of year.										
_	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
_								+			
_								-			
_											
2	Total number of independent contractors (i	ncludina b	и по	t lir	nite	ed t	o tho	se	listed above) who	received	THE ME SHE

a rotal number of independent contractors (including but not limited to those listed above) who rece more than \$100,000 in compensation from the organization

10.2	Check if Schedule O contains a respon		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
		and the		function	revenue	under sections 512-514
1a	Federated campaigns 1a					
b	Membership dues 1b		and some states in	(PARA L		The second
С	Fundraising events 1c		Sole with h	all the state of the		1237 1237
d	Related organizations 1d		- And the state of the	Contracted in		1/25 - 55.0
е	Government grants (contributions) 1e		Sall Strates			52.30
f	All other contributions, gifts, grants,	1				100 100 100
	and similar amounts not included above . 1f		A Carton Consul II			NEWS TREES
9	Noncash contributions included in lines 1a-11: \$		the second second	the second second		
h	Total. Add lines 1a-1f		0	U		
		Business Code				
2a	PATIENT SERVICE REVENUE	621300	137,198,802.	137,198,802.		
b	PHYSICIAN BILLING REVENUE	621110	8,437,689.	8,437,689.		-
С	LAB REVENUE	900099	91,543.	50,916.	40,627.	
d	OTHER PROGRAM SERVICE REVENUE	900099	99,693.	99,693.		
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f		145,827,727.			CELLEN DO EL
3	Investment income (Including dividends, intere					
Ť.,	other similar amounts).		12,897.			12,89
4	Income from investment of tax-exempt bond p		0			-
5	Royalties · · · · · · · · · · · · · · · · · · ·		0			
	(i) Real	(ii) Personal			ALC: NOT	
6a	Gross renis		Cetter automate			
	Less: rental expenses					
5	Rental income or (loss)		A state and a state of the	and a state of the		CARD STREET
c d	Net rental income or (loss)		371,511.			371,51
	(i) Securities	(ii) Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
7a		225.	9. The State of State			State and
	assets other than inventory	442.		1999		1 2 2 2 2 2
b	Less: cost or other basis		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	STREES 8		S STORES
	and sales expenses	225.				
C	Gain or (loss)		225.			22
d	Net gain or (loss)		463.	CONTRACTOR DE LA S		
8a	Gross income from fundralsing		ALL STORES	125 344		
	events (not including \$		a Cast of least	and the street		
	of contributions reported on line 1c).		A	13 A 3 2 3 4		1.000
	See Part IV, line 18					
þ	Less: direct expenses b					
C	Net income or (loss) from fundraising events .		0		CONTRACTOR OF THE	and the second second
9a	Gross income from gaming activities. See Part IV, line 19		in well-rely			
b	Less: direct expenses b		11. 11. 21. 11	ane seat of the second		
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less		and the second			
108	returns and allowances					
ь	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory.		o			
	Miscellaneous Revenue	Business Code				
11a	REBATE INCOME	900099	367,630.			367,63
ы	TELEPHONE REVENUE	900099	153,317.		100,544.	
+	EQUITY INTEREST IN AFFILIATES	900099	135,549.			135,54
С с		900099	1,860,361.			1,860,36
d	All other revenue	the second se	2,516,857.			21000130
е	10731 A00 1085 113-110	e a la la la la la 🚩 🗠	A, J10, 007.	1 1 1 1 man 1 m		-

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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).

Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,002,875.	2,002,875.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	o			
7 Other salaries and wages	54,907,894.	54,907,894.		
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	820,521.	820,521.		
9 Other employee benefits	5,431,992.	5,431,992.		
0 Payroll taxes	4,083,019.	4,083,019.		
1 Fees for services (non-employees):				
a Management	0			
b Legal	10,621.	10,621.		
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17,	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.) ATCH 4.	28,393,883.	28,393,883.		
2 Advertising and promotion	355,473.	355,473.		
3 Office expenses				
4 Information technology	0			
5 Royalties	741,405.	741,405.		
6 Occupancy	23,739.	23,739.		
7 Travel	23,139.	23,133.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	54,301.	54,301.		
Conferences, conventions, and meetings	2,190,100.	2,190,100.		
20 Interest	0	_,,		
22 Depreciation, depletion, and amortization	9,633,425.	9,633,425.		
23 Insurance	1,025,777.	1,025,777.		
24 Other expenses, Itemize expenses not covered			1	37.000 00000
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
aSUPPLIES	26,195,157.	26,195,157.		
bUTILITIES (INCL TELEPHONE)	2,775,475.	2,775,475.		
cEQUIP. RENTAL & MAINTENANCE	787,282.	787,282.		
dRECRUITMENT	149,009.	149,009.		
e All other expenses	2,073,686.	2,073,686.		
25 Total functional expenses. Add lines 1 through 24e	141,655,634.	141,655,634.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)	0			– 000 (co

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Page 11

art)	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	q	1	C
2	Savings and temporary cash investments	30,065,044.	2	35,140,183.
3	Pledges and grants receivable, net	q	3	
4	Accounts receivable, net	15,512,512.	4	17,573,967.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
6	Complete Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under section		5	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	
ຍ 5 7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net		7	
	Inventories for sale or use	2,404,441.	8	2,325,518.
۲ ۲	Prepaid expenses and deferred charges	1,040,319.	9	1,478,172.
1	a Land, buildings, and equipment: cost or	1,010,515.		2,110,212
1.0	other basis. Complete Part VI of Schedule D 10a 188, 142, 582.		-	
1	b Less: accumulated depreciation	87,671,498.	10c	89,077,809.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	117,313.		144,048.
13	Investments - program-related. See Part IV, line 11		13	(1
14	Intangible assets		14	j)
15		82,759.	15	2
16		136,893,886.	16	145,739,697.
17	Accounts payable and accrued expenses	14,841,024.	17	16,370,413.
18	Grants payable	C	18	
19	Deferred revenue	72,433.	19	280,984
20	Tax-exempt bond liabilities	c	20	1
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D	d	21	
22	Loans and other payables to current and former officers, directors,	21 M P 3 4 1 3	1	
21 22 21 22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	2
24	Unsecured notes and loans payable to unrelated third parties	0	24	9
25			1	
	parties, and other liabilities not included on lines 17-24). Complete Part X			~~ ~~ ~~ ~~ ~
	of Schedule D	24,194,853.		22,397,636.
26		39,108,310.	26	39,049,033.
φ	Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.		0.08	
5 27		97,785,576.	27	106,690,664.
	Unrestricted net assets Temporarily restricted net assets	0,,,00,,0,0	28	200,000,001
2 29	Permanently restricted net assets		29	
27 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	·····
32			32	
2 33		97,785,576.	33	106,690,664.
- 34	Total liabilities and net assets/fund balances.	136,893,886.	34	145,739,697.

Form 990 (2013)

Form 99	00 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part X1					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.48,7	29,2	17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	41,6	55,6	34.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,0	73,5	;83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		97,7	85,5	576.
5	Net unrealized gains (losses) on investments	5			2,2	248.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,8	29,2	257.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	33, column (B))	10]]	.06,6	90,6	64.
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		• • • •		┶┷┙
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explai	n in			
•	Schedule O.					
za	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	приес	1 Or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				x	1000
ь	Were the organization's financial statements audited by an independent accountant?			2b	•	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ited c	on a			
					-	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		2c	x	- 10
	of the audit, review, or compilation of its financial statements and selection of an independent account of the approximation of a statement of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of an independent account of the statements and selection of a statement of the statements account of the statements and selection of an independent account of the statements account of t			26		-
	If the organization changed either its oversight process or selection process during the tax year, a	explai	חוח			
n -	Schedule O.		ha ta-	1000		1000
38	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	n iori	n In	3a		x
h.	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	· · ·	 the	58		<u> </u>
U U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		(IIE	3b		
	require the state of the state			1 44	·	<u> </u>

OMB No. 1545-0047 SCHEDULE A Public Charity Status and Public Support (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 Х A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross Q receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type L b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons <u>a</u>1 other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(l) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (I) Name of supported (III) Type of organization (ii) EIN (iv) is the (v) Did you notify (vi) Is the (vii) Amount of monetary inization in organization (described on lines 1-9 oros the organization organization in support col. (i) listed in above or IRC section in col. (i) of your col. (I) organized your governing (see instructions)) support? in the U.S.? document? Yes No No No Yes Yes (A) (B) (C) (D) (E) Total

	<u>U</u>	61			
Ē	or	Pa	De	rw	or

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

		at Atoms De	a sufficient to De		(4)(A)(0.)	1 470/1-1/41/41	1.41
Par							
	(Complete only if you checke						iny under
	Part III. If the organization fai	is to quality u		listed below, p	ease comple	te Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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				1		
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
	Total. Add lines T through 5	151 53	and south	THE STRUCTURE	1.2.18	STORE (195")	
5	The portion of total contributions by		A 107-57 124		- 8 70783	1 S 2 1 3 1	
	each person (other than a governmental unit or publicly	1.24 M. V.	123 ((A. 2007)		
	supported organization) included on		1. 2018-11	and the second	137-197210		
	line 1 that exceeds 2% of the amount			에 집안 물건 끝을		8. TO 10. St. 1	
	shown on line 11, column (f)				Harris & Barr		
6	Public support. Subtract line 5 from line 4.			Topper and the start of			
Sec	tion B. Total Support	2					
Caler	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			_			
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
	sources						
° 9	Net income from unrelated business				57 - C		
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	1					
IV.	loss from the sale of capital assets						
	(Explain in Part IV.)					<u> </u>	
11	Total support. Add lines 7 through 10				Providence - 1	1	
12	Gross receipts from related activities, etc. (see instructions).				12	
13	First five years. If the Form 990 is f						501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
	Public support percentage for 2013 (I			+ 11, column (f))		14	%
15	Public support percentage from 2012						%
	331/3% support test - 2013. If the c	vencianic A, 11	not check the	hor on line 13	and line 1/ i	5 331/2% or mo	
IVa	this box and stop here. The organizati						
		•		—			
D	331/3% support test - 2012. If the	-					
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -		-				
	10% or more, and if the organization						•
	Part IV how the organization meets	the "facts-and-	circumstances"	test. The organ	ization qualifies	s as a publicly s	supported
	organization						▶∟
b	10%-facts-and-circumstances test -	2012. If the or	ganization did	not check a box	k on line 13, 10	6a, 16b, or 17a	, and line
	15 is 10% or more, and if the org		-				
	Explain in Part IV how the organizat						
	supported organization				-		
19	Private foundation. If the organization						
18	-						
	instructions						🚩 📖

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				3		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					ļ	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
b.	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		ļ				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					100	
	line 6.)		1 AB 6 3				
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6,		· · · · · -				
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on · · · · · · · · · · · · · · · · ·			ļ			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				ļ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				1	<u> </u>	
14	First five years. If the Form 990 is for	the organizatio	in's first, second,	, third, fourth, or	r fifth tax year a	as a section	501(c)(3)
	organization, check this box and stop here .						<u></u> ▶ <u> </u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8)					15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2013 (lin					17	%
18	Investment income percentage from 2012					16	%
19 a	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifie	es as a publicly	supported or	ganization 🕨 🔛
Ь	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19			
JSA 3E 122	21 1.000		** ** ** **			schedule A (Fo	rm 990 or 990-EZ) 2013
	07353X 2502		V 13-7.15		2377084		PAGE 1

Schedule A (Form 990 or 990-EZ) 2013

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

Schedule A (Form 990 or 990-EZ) 2013

	EDULE D m 990)		ental Financial S		5	OMB No. 1545-0047
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d	, 11e, 11f, 12a, or 1	125.	
Depar	tment of the Treasury		Attach to Form 990.			Open to Public
Intern	al Revenue Service	Information about Schedule	D (Form 990) and its instru	ctions is at www.irs	7	Inspection
	of the organization				Employer identifica	
		AL HOSPITAL, INC.			52-064689)3
Par	Organizati Complete i	ons Maintaining Donor Advis if the organization answered "	ed Funds or Other Sim Yes" to Form 990, Part	ilar Funds or A IV, line 6.	ccounts.	
			(a) Donor advised	funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3	Aggregate grants	from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor	advisors in writing that th	e assets held in o	donor advised	
		inization's property, subject to the				Yes No
6		on inform all grantees, donors, ai				
		purposes and not for the benefi				
_		nissible private benefit?				Yes No
		on Easements. Complete if t			n 990, Part IV, li	<u>ne 7.</u>
1		servation easements held by the	- · ·			
		of land for public use (e.g., recr	eation or education)		f an historically im f a certified histor	•
		f natural habitat		Preservation of	a certified histor	ic structure
~		n of open space			the form of a ser	
2		a through 2d if the organization h last day of the tax year.	eio a qualifieo conservatio	on contribution in	the torm of a con	Servation
	casement on the	ast day of the tax year.		Г	Held at the	End of the Tax Year
а	Total number of c	onservation easements		ľ	2a	
b		tricted by conservation easement			2b	· · · · · · · · · · · · · · · · · · ·
c	-	rvation easements on a certified		2.0-2.5	2c	······································
d		rvation easements included in (c		n		
u		listed in the National Register.			2d	
3		rvation easements modified, trar				ation during the
•			ioroniou, ronoucou, oning	,		
4	•	where property subject to conse	ervation easement is locate	d 🕨		
5		ation have a written policy regard				
		forcement of the conservation ea				
6		er hours devoted to monitoring, in				
	>		1 0, 0		5	•
7	Amount of expense	ses incurred in monitoring, inspec	cting, and enforcing conse	ervation easemen	its during the year	
	►s				-	
8		rvation easement reported on lin	e 2(d) above satisfy the r	equirements of sec	ction 170(h)(4)(B)	
	(i) and section 17	0(h)(4)(B)(ii)?				L Yes L No
9		ibe how the organization reports				
		id include, if applicable, the text (inization's financia	al statements that	describes the
		counting for conservation easeme			<u></u>	
Par	t III Organiza	tions Maintaining Collections e if the organization answered	s of Art, Historical Trea	sures, or Other	Similar Assets	
	•					
1a	If the organizatio works of art, his public service, pro	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f	FAS 116 (ASC 958), not ar assets held for public ootnote to its financial sta	to report in its r exhibition, educ tements that desc	evenue statemer cation, or resear cribes these items	it and balance sheet ch in furtherance of
b	If the organization works of art, his public service, pro-	n elected, as permitted under torical treasures, or other simil ovide the following amounts relat	SFAS 116 (ASC 958), to ar assets held for public ing to these items:	o report in its re exhibition, educ	evenue statement cation, or researd	t and balance sheet ch in furtherance of
		luded in Form 990, Part VIII, line				
		ed in Form 990, Part X				
2	-	on received or held works of a				al gain, provide the
		s required to be reported under S				
a		ed in Form 990, Part VIII, line 1 .				
Eor F		n Form 990, Part X				nedule D (Form 990) 2013
JSA		n Aet House, are the manucuuns to	a Faillead		301	22310 D from \$301 2013
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Scher	dule D (Form 990) 2013	a Colle	ctions of	Art. Hist	orical T	reasur	95.4	or Oth	er Simila	r Asse		Page 2
3	Using the organization's acquisitio	on, acces										<u> </u>
а	collection items (check all that app Public exhibition	ly):		d 🗌] Loan d	or excha	ange	prograr	ns			
b	Scholarly research			e [Other							
С	Preservation for future gene											
4	Provide a description of the organ XIII.	nization's	collections	s and expla	in how t	hey fur	ther	the org	anization's	exempt	i purpose in	1 Part
5	During the year, did the organization											-
Bar	assets to be sold to raise funds rath t IV Escrow and Custodial Ar											No
r ai	t IV Escrow and Custodial Ar or reported an amount or				eorgan	Zauon	d1151	wereu	Tes lor		J, Partiv, I	ane 9,
1a	Is the organization an agent, truste included on Form 990, Part X?										Yes [
b	If "Yes," explain the arrangement in	Part XIII	and compl	lete the follo	wing tab	le:						
									Ar	nount		
C	Beginning balance						1c					
d	Additions during the year						1d					
	Distributions during the year											
	Ending balance											
2a	Did the organization include an am	ount on F	Form 990,	Part X, line:	21?					L	_ Yes _	No
1	If "Yes," explain the arrangement in											
Par	t V Endowment Funds. Com											
4	Paginging of upper balance	(a) Cu	rrent year	(b) Prio	r year	(C) Tw	o year	s back	(d) Three ye	ars back	(e) Four year	s back
	Beginning of year balance										<u> </u>	
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance			<u> </u>					·			
2	Provide the estimated percentage		root voor e	l ad balance	/line 1e	column	(-))	hold as				
a	Board designated or quasi-endown		rent year e	%	(inte 19,	Colomn	· (a))		•			
b	Permanent endowment			-								
С	Temporarily restricted endowment	••••	%									
	The percentages in lines 2a, 2b, ar	-	uld equal 1	00%.								
3a	Are there endowment funds not in	the poss	ession of t	he organiza	tion that	are hel	d and	t admir	istered for	the		
	organization by:										Yes	No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(ii), are the related org	anization	s listed as	required on	Schedule	R? .					3b	
4	Describe in Part XIII the intended L	ises of the	e organizat	lion's endov	ment fur	nds.						· · · · · ·
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	worod "Ve	oo st to Eoro		art IVZ - I	line 1	110 8	o Earm 0	00 Dor	V line 10	,
	Description of property	uon ans		r other basis	(b) Cost o				umulated		I) Book value	
				stment)	(o	ther)			eciation		·	
1a	Land					.46,58					-	581.
b	Buildings					87,50			54,896.		65,232,	
C	Leasehold improvements					73,28			09,660.			624.
d	Equipment					92,64		-	33,137.		17,259,	
8	Other		. –		-	42,57			67,080.		5,575,	
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	m 990, Part .	X, columr	1 (B), lin	ie 10	(c).)	<u> ►</u>		89,077,	B09.

Schedule D (Form 990) 2013

Page 3

Part VII	Investments - Other Securities.		Deut IV Reis 445 Or	- Form 000 Bort V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) M Cost or e	lethod of valuation: nd-of-year market value
1) Financia	al derivatives		1	
2) Closely	-held equity interests			
3) Other				
<u>(A)</u>				<u> </u>
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				· · · · · · · · · · · · · · · · · · ·
(F)			. <u> </u>	···
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part Vill	Investments - Program Related. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11c. Se	e Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value		fethod of valuation: end-of-year market value
(1)				
(2)				
(3)	11			
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)			-	
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
	Complete if the organization answered (a)	Page 1 Pa), Part IV, line 11d. Se	e Form 990, Part X, line 15. (b) Book value
(1)				
(2)				
(3)	·····			
(4)				
(5)			лīт.	
(6)		. <u></u>		
(7)				
(8)				
(9) Fetal (Col	lumn (b) must equal Form 990, Part X, col. (B)	line 15)		
Part X	Other Liabilities.			
Fall A	Complete if the organization answered line 25.	d "Yes" to Form 990), Part IV, line 11e or	11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book val	Je	
	eral income taxes			
	TO RELATED ORGANIZATION	8,510,	889.	
	LIABILITY	7,877,		
	ANCE HEALTH INSURANCE	4,255,	The second second second second	
	IENT CREDIT BALANCES		399.	
	IMUM CHOICE IBNR		960.	
	ER LIABILITIES	1,347,	804.	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	► 22,397,	636.	
2. Liability f	for uncertain tax positions. In Part XIII, provide the n's liability for uncertain tax positions under FIN 44	text of the footnote to t	he organization's financial s re if the text of the footno	statements that reports the ote has been provided in Part XIII
JSA 3E1270 1.000				Schedule D (Form 990) 201
3E1270 1.000	353X 2502	V 13-7.15	2377084	PAGE 2

Schedul	e D (Form 990) 2013	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	Records.
b	Donated services and use of facilities 2b	
с	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	20
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1.28
b	Other (Describe in Part XIII.)	Britis
	And discontinue and all	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
с	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	-
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	PAGE 5	
JSA		Schedule D (Form 990) 2013
3E1271	1.000	

FIN 48 FOOTNOTE

SCHEDULE D, PART X

INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE. THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE FASE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES. THERE WAS NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014.

SCH	EDULE H	1		Hospitals								
(For	m 990)							20	13			
			Comple		janization answered "Yes ch to Form 990. ► See s			Doen to				
	tment of the Treasury al Revenue Service		Information	-	adule H (Form 990) and its			nspect		JIIC		
	of the organization						Employer Identification n					
MON	IGOMERY GENER	AL H	OSPITAL,	INC.			52-0646893					
Par					ther Community Ben	efits at Cost						
									Yes	No		
	-				ce policy during the taxy			. <u>1a</u> 1b	X X			
2					lities, indicate which of					Trans.		
-	-		,		spital facilities during the	-	actions application o					
	X Applied unif					d uniformly to most ho	spital facilities	8.	150			
	Generally ta					·		100				
3	Answer the follow	wina b	ased on th	ne financial	assistance eligibility cr	iteria that applied to t	he largest number o	r 📃				
the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing												
d					lowing was the FPG far				x			
	100%	1 150		200%	Other	%			1.00	23		
b	Did the organiza	ution u	se FPG as	a factor	in determining eligibili	ty for providing <i>disco</i>	unted care? If "Yes	-				
-					income limit for eligibili				х			
	200%	250)%	300%	350% X 400%	6 🔲 Other	%	0.75		1000		
C					PG in determining eligite or discounted care.							
				-	eshold, regardless of ir		•					
	for free or discour					· · · · · · · · · · · · · · · · · · ·	J	1 1 2 3	7411	1.53		
4	Did the organiza	tion's	financial as	sistance p	olicy that applied to th	e largest number of it	s patients during th	e 📔		152		
tax year provide for free or discounted care to the "medically indigent"?												
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?												
b					ance expenses exceed th				X	<u> </u>		
C	If "Yes" to line	5b, as	s a result	of budget	considerations, was t	he organization unabl	e to provide free o	or				
					for free or discounted ca					x		
					nefit report during the ta			1				
b		-			to the public?				X	10000		
	*		-	-	rksheets provided in th	ne Schedule H instruc	tions. Do not subm	it		12		
7	these worksheets				nunity Benefits at Cost			1	1000	1		
	Inancial Assistance	and	(a) Number of	(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net community) Perci			
Me	ans-Tested Governi Programs	ment	programs (optional)	served (optional)	benefit expense	revenue	benefit expense		of tota expens			
a	Financial Assistance a				4,299,359.		4,299,35	ə.		3.04		
L	(from Worksheet 1) .											
D	Medicald (from Works											
c	column a) Costs of other means-t government programs Worksheet 3, column I	ested (from										
d	Total Financial Assista	nce and										
	Means-Tested Governme Programs				4,299,359.		4,299,35	9.	3	3.04		
	Other Benefits											
6	Community health improv	ement										
	services and community b operations (from Workshe				1,612,295.	18,830.	1,593,46	5.	1	L.12		
f	Health professions edu											
	(from Worksheet 5)				65,718.		65,71	8.		.05		
q	Subsidized health services											
9	Worksheet 6)				2,271,347.		2,271,34		-	L.60		
h	Research (from Works				206,970.		206,97	0.		.15		
i	Cash and in-kind contribu	tions					- C					
	for community benefit (fre Worksheet 8)				105,803.		105,80			.07		
j	Total. Other Benefits .				4,262,133.	18,830.	4,243,30	_		2.99		
	Total. Add lines 7d an aperwork Reduction A		a seathair-	tructions for 1	8,561,492.	18,830.	8,542,66	2 . ule H (Fo		5.03		
	3E1264 1.000 07353X 2502		, a, ave tild illä		V 13-7.15	237708				GE 24		
	07333A 2302				A T3-1.T3	257706	3		£2	101 24		

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Schedule H (Form 990) 2013	1401		GENERAL HOSPITAL	,	52-06468	وں می م	r	Page 2	
Part II Community E	ng the tax	year, and	omplete this table if the describe in Part VI he s.				ding	<u>oyc</u> 4	
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(a) Net community building expense		Percer al expe		
1 Physical improvements and housing			· · · · · · · · · · · · · · · · · · ·			<u> </u>			
2 Economic development									
3 Community support	1		81,008.		81,008.			.06	
4 Environmental improvements									
5 Leadership development and									
6 Coalition building			2,487.		2,487.	+			
7 Community health improvement									
advocacy			26,385.		26,385.			.02	
8 Workforce development			502.		502.				
9 Other									
10 Total			110,382.		110,382.			.08	
Part III Bad Debt, Me	dicare, &	Collection	Practices						
Section A. Bad Debt Expens					-		Yes	No	
1 Did the organization rep									
Statement No. 15?						1	X		
2 Enter the amount of the								1	
methodology used by th					4,630,844.			192	
3 Enter the estimated an			•			120			
patients eligible under t	-			·					
the methodology used I									
if any, for including this						1000			
4 Provide in Part VI the			_						
expense or the page nur	nber on wh	ich this foo	tnote is contained in the	attached financial stat	tements.	1000			
Section B. Medicare									
		m Medicare (including DSH and IME) 5 of care relating to payments on line 5 6							
7 Subtract line 6 from line									
8 Describe in Part VI the benefit. Also describe i									
on line 6. Check the box					ine amount reported				
Cost accounting sy	Г			ther					
Section C. Collection Practic									
9a Did the organization hav		debt collec	tion policy during the tax	vear?		9a	x		
b If "Yes," did the organization's			+	-					
collection practices to be follow		• • •	+			9b	x		
			nt Ventures (owned 10% or				ruction:	5)	
(a) Name of entity	i	(b) (Description of primary	(c) Organization	s (d) Officers, directors,	(e) i	Physic	ians'	
			activity of entity	profit % or stock ownership %	c trustees, or key employees' profit %		it % or nershi		
				annorainp /a	or stock ownership %		1101011	P 70	
1									
2									
3						_			
4						_			
5						_			
6						_			
7						-			
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9					1				
10						+			
11						+			
12 13						+			
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Schedule H (Form 990) 2013	_									Page 3
Part V Facility Information				1						
Section A. Hospital Facilities	Licen	Gene	Child	Tead	Critic	Rese	ER-24	ER-other		
(list in order of size, from largest to smallest - see instructions)	Licensed hospital	General medical & surgical	en's ho	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	her		
How many hospital facilities did the organization operate	pital		spita) ži	is ho	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
during the tax year? 1		Sur Sur	-		spita				F	acility
Name, address, primary website address, and state license		- Gica			-				re	porting
1 MONTGOMERY GENERAL HOSPITAL	-		-	┢	-	-	-	-	Other (describe) gr	oup
18101 PRINCE PHILIP DRIVE										
OLNEY MD 20832										
	1								N	
	X	x					X			
2										
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

Schedule H (Form 990) 2013

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group MONTGOMERY GENERAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

			Yes	No
Comn	unity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 9.	1	Х	-
	If "Yes," indicate what the CHNA report describes (check all that apply):		31 6	1.1
а	X A definition of the community served by the hospital facility		2.5	
b	X Demographics of the community	12.3	12	1000
C	X Existing health care facilities and resources within the community that are available to respond to the	1		15
	health needs of the community	12.2	1.3	
d	X How data was obtained	130		1996
8	X The health needs of the community	Sec.		
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,	18.		
	and minority groups	199		
9	X The process for identifying and prioritizing community health needs and services to meet the			
	community health needs	1220	- 11	
h	X The process for consulting with persons representing the community's interests	100		1
I.	X Information gaps that limit the hospital facility's ability to assess the community's health needs	1		
J	Other (describe in Section C)		15-1	199
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>1</u>	in the second	and a	
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who			
	represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility		1	
	consulted	_3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Section C	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):	120		1
а	X Hospital facility's website (list url): HTTP://WWW.MEDSTARMONTGOMERY.ORG/			
b	Other website (list url):	100	236	
C	X Available upon request from the hospital facility		-	
d	Other (describe in Section C)	1000	1	
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check		27	
	all that apply as of the end of the tax year):	1229		
а	X Adoption of an implementation strategy that addresses each of the community health needs identified	121		
	through the CHNA	122		
ь	X Execution of the implementation strategy	1022		
С	X Participation in the development of a community-wide plan	31		
d	X Participation in the execution of a community-wide plan			
8	X Inclusion of a community benefit section in operational plans			
f	X Adoption of a budget for provision of services that address the needs identified in the CHNA			
9	X Prioritization of health needs in its community			14
ĥ	X Prioritization of services that the hospital facility will undertake to meet health needs in its community			
ī	Other (describe in Section C)		-	1
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No,"			
	explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8 a			1	
	CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
_		C-ROOM		1
C	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form			1

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Contraction of the local division of the loc	le H (Form 990) 2013		P	C age'
Part		_		-
Finan	ICIAI Assistance Policy MONTGOMERY GENERAL HOSPITAL		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted	2		
	care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	X	-
	If "Yes," indicate the FPG family income limit for eligibility for free care: $\frac{2}{2} \frac{0}{2} \frac{0}{2}$ %		(and)	(COT)
	If "No," explain in Section C the criteria the hospital facility used.			0.000
11	Used FPG to determine eligibility for providing discounted care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 4_ 0 0 %	Salar		
	If "No," explain in Section C the criteria the hospital facility used.			1
12	Explained the basis for calculating amounts charged to patients?	12	x	2,00
а	X Income level		631	184
b	X Asset level		1.02	
C	X Medical indigency		10 3	
d	X Insurance status			1211
6	X Uninsured discount		a de la compañía de	10-1
f	X Medicaid/Medicare	113		1 25
9	State regulation			100
h	Residency			
i	Other (describe in Section C)		v	ALC: NOTE: N
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	14	~	
а	The policy was posted on the hospital facility's website			1999
b	The policy was attached to billing invoices			
С	X The policy was posted in the hospital facility's emergency rooms or waiting rooms			28.
d	X The policy was posted in the hospital facility's admissions offices			
8	X The policy was provided, in writing, to patients on admission to the hospital facility	Dir.		200
f	X The policy was available on request		231	
9	Other (describe in Section C)			- 25
Billin	ng and Collections	-		
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	x	
16	Check all of the following actions against an individual that were permitted under the hospital facility's		17	1000
	policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
а	Reporting to credit agency			
b	Lawsuits	1325		1000
C	Liens on residences	1200	100	
d	Body attachments	1		1260
6	Other similar actions (describe in Section C)		200	
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		x
	If "Yes," check all actions in which the hospital facility or a third party engaged:			133
а	Reporting to credit agency			12
b		5 8	Rach	233
C	Liens on residences	3.24		1.1.3
d		-	1	hired.
ę	Other similar actions (describe in Section C)	man	Sec. 10	14400

Schedul	e H (Fo	rm 990) 2013		Pa	e 6				
Part '	V	Facility Information (continued) MONTGOMERY GENERAL HOSPITAL							
18	Indica	te which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that ap	ply):						
а		Notified individuals of the financial assistance policy on admission							
b		Notified individuals of the financial assistance policy prior to discharge							
с		Notified individuals of the financial assistance policy in communications with the individuals regarding the in	ndivid	uals'	bills				
d		Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's							
		financial assistance policy	-		•				
е		Other (describe in Section C)							
Polic	y Rela	ating to Emergency Medical Care	_						
			_	Yes	No				
19	Did ti	ne hospital facility have in place during the tax year a written policy relating to emergency medical care		11					
	that r	equires the hospital facility to provide, without discrimination, care for emergency medical conditions to							
	indivi	duals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X					
	I <u>f "N</u> o	," indicate why:	103		12				
а		The hospital facility did not provide care for any emergency medical conditions							
ь		The hospital facility's policy was not in writing	1		20				
с		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe	1						
	_	in Section C)	1	-	in the second				
d		Other (describe in Section C)	-						
Chan	ges t	o Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)							
20	Indica	ate how the hospital facility determined, during the tax year, the maximum amounts that can be charged	33	1					
	to FA	P-eligible individuals for emergency or other medically necessary care.		1	+				
а		The hospital facility used its lowest negotiated commercial insurance rate when calculating the			1				
	_	maximum amounts that can be charged	-3		814				

During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to Х 21

	If "Yes," explain in Section C.	1000	
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross		
	charge for any service provided to that individual?		
	If "Yes," explain in Section C.		

The hospital facility used the average of its three lowest negotiated commercial insurance rates when

The hospital facility used the Medicare rates when calculating the maximum amounts that can be

calculating the maximum amounts that can be charged

Schedule H (Form 990) 2013

х

b

С

d

21

X

charged

Other (describe in Section C)

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 Part V
 Facility Information (continued)

 Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V Facility information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AT COST

PART I, LINE 7A

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED

CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO

BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

UNREIMBURSED MEDICAID

PART I, LINE 7B

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

JSA

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Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED

HEALTH PROFESSIONS EDUCATION

PART I, LINE 7F

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO

JSA

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Part VI Supplemental Information

Provide the following information.

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BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

BAD DEBT

PART III, LINE 4

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE

V 13-7.15

2377084

Part VI Supplemental Information

Provide the following information.

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MEDICARE

PART III, LINE 8

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED

CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO

BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. AS SUCH,

THE NET EFFECT FOR MEDICARE EXPENSES AND REVENUES IN MARYLAND IS ZERO.
Part VI Supplemental Information

Provide the following information.

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CHNA INPUT

PART V, SECTION B, LINE 3

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNITY HEALTH ASSESSMENT PROCESS. HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FROM THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.

NAME OF HOSPITAL LEAD: DAIRY MARROQUIN & GINA COOK

EXECUTIVE SPONSOR

ROLE DESCRIPTION

JSA.

Part VI Supplemental Information

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THE EXECUTIVE SPONSOR SERVES AS THE CONDUIT BETWEEN THE ADVISORY TASK

FORCE AND THE SENIOR MANAGEMENT TEAM. THE SPONSOR IS AN ACTIVE

PARTICIPANT OF THE ADVISORY TASK FORCE AND HE/SHE COMMUNICATES THE

HOSPITAL'S CLINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE

AUDIENCES.

NAME OF EXECUTIVE SPONSOR: NIKKI YEAGER

ADVISORY TASK FORCE

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/SECONDARY DATA AND LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY.

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

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Part VI Supplemental Information

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NOTE:

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

COMMUNITY REPRESENTATIVES SHOULD MAKEUP AT LEAST 50% OF TOTAL

PARTICIPANTS.

NAME :	TITLE:	AFFLIATION	HOSPITAL	
		WITH HOSPITAL	EMPLOYEE	
		(I.E., BOARD	(YES/NO)	
		MEMBER, VOLUN-		
		TEER, COMMUNI	TY	
		ADVOCATE, STAF	F)	
DAIRY MARROQUIN	COMMUNITY OUTREACH	STAFF	YES	
	COORDINATOR			
GINA COOK	MANAGER, PLANNING	STAFF	YES	
	AND COMMUNITY HEALTH			
JSA				Schedule H (Form 990) 2013

Schedule H (Form 990) 2013

Part Vi Supplemental Information

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NIKKI YEAGER	VP, BUSINESS, MARKETING	STAFF	YES	
	AND COMMUNITY BENEFIT			
DEBRA OTANI	CANCER CENTER NAVIGATOR	STAFF	YES	
KATE DAVIS	DIRECTOR, OPERATIONS	STAFF	YES	
	INNOVATION			
ANNA LAUGHREN	PERFORMACE IMPROVEMENT	STAFF	YES	
	COORDINATOR			
DR. ROBERT LARKIN	PHYSICIAN	STAFF	YES	
	EMERGENCY DEPT.			
DR. MORTON ALBERT	PHYSICIAN	STAFF	YES	
	PSYCHIATRY DEPT.			
ANA ALVAREZ	MEMBER REPRESENTATIVE,	VOLUNTEER	NO	
	LEISURE WORLD MEDICAL			
	CENTER			
MARY JANE JOSEPH	PROGRAM MANAGER	COMMUNITY	NO	
		ADVOCATE		
JON HULSIZER	MEMBER REPRESENTATIVE,	COMMUNITY	NO	
	OLNEY CHAMBER OF	ADVOCATE		
			<u> </u>	Schedule H (Form 990) 2013
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Schedule H (Form 990) 2013

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	COMMERCE		
MARSHA BATISTA	RESIDENT SERVICES	COMMUNITY	NO
	COUNSELOR, PUBLIC	ADVOCATE	
	HOUSING PROGRAM		
MATT QUINN	MEMBER REPRESENTATIVE,	COMMUNITY	NO
	GREATER OLNEY CIVIC	ADVOCATE	
	ASSOCIATION		
KEITH GIBB	PRESIDENT , BROOKE GROVE	COMMUNITY	NO
	RETIREMENT HOME	ADVOCATE	
THOMAS BRUNETTO	MEMBER REPRESENTATIVE,	COMMUNITY	NO
	OLNEY HOME FOR LIFE	ADVOCATE	
MARY RADLES	SCHOOL PRINCIPAL,	COMMUNITY	NO
	ST. PETER'S SCHOOL	ADVOCATE	
	OLNEY		
MARGARET SIMONS	COMMUNITY MEMBER	VOLUNTEER	NO

COMMERCE

V 13-7.15

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NEEDS ASSESSMENT

PART V, SECTION B, LINE 7

THE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY

BENEFIT RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS

WILL BE ABLE TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF

UNDERSERVED AND VULNERABLE POPULATIONS IN THE REGIONS WE SERVE.

THREE-YEAR IMPLEMENTATION STRATEGIES WITH MEASURABLE OBJECTIVES WERE

DEVELOPED FOR EACH HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC

COMMUNITY OR TARGET POPULATION OF FOCUS. PRIORITIES WERE BASED ON

COMMUNITY NEED AS DETERMINED BY QUANTITATIVE DATA AND COMMUNITY INPUT, AS

WELL AS ON HOSPITAL EXPERTISE, RESOURCES, STRENGTHS OF EXISTING

PROGRAMMING AND PARTNERSHIPS, AND ALIGNMENT WITH NATIONAL, STATE, AND

LOCAL HEALTH GOALS. THE MEDSTAR HEALTH CORPORATE COMMUNITY HEALTH

DEPARTMENT WILL PROVIDE SYSTEM-WIDE COORDINATION AND OVERSIGHT OF

COMMUNITY BENEFIT PROGRAMMING.

PART VI, LINE 2

IN FY12, MEDSTAR MONTGOMERY MEDICAL CENTER (MEDSTAR MONTGOMERY) CONDUCTED

JSA

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A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE

GUIDELINES ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

AND THE INTERNAL REVENUE SERVICE.

THE HOSPITAL'S CHNA WAS LED BY NINE ADVISORY TASK FORCE (ATF) MEMBERS, WHICH WAS COMPRISED OF A DIVERSE GROUP OF INDIVIDUALS, INCLUDING GRASSROOTS ACTIVISTS, COMMUNITY RESIDENTS, HOSPITAL REPRESENTATIVES, PUBLIC HEALTH LEADERS, AND OTHER STAKEHOLDER ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE ATF REVIEWED QUANTITATIVE AND QUALITATIVE COMMUNITY HEALTH DATA, AS WELL AS LOCAL, REGIONAL AND NATIONAL HEALTH GOALS.

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

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Part VI Supplemental Information

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BASED ON THE ATF'S RECOMMENDATION, THE HOSPITAL IDENTIFIED ASPEN HILL AND BEL PRE AS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) - A GEOGRAPHY WITH A HIGH DENSITY OF LOW-INCOME OR VULNERABLE RESIDENTS WITHIN CLOSE PROXIMITY OF THE HOSPITAL. HEART DISEASE WAS CHOSEN AS THE HEALTH PRIORITY FOR THE CBSA.

THE HOSPITAL'S FY12 CHNA AND 3-YEAR IMPLEMENTATION STRATEGIES WERE ENDORSED BY MEDSTAR MONGOMERY'S BOARD OF DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE DOCUMENT WAS PUBLISHED ON THE HOSPITAL'S WEBSITE ON JUNE 30, 2012.

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

JSA

Schedule H (Form 990) 2013

Part VI Supplemental Information

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PRACTICES.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS, MEDSTAR

HEALTH IS COMMITTED TO ENSURING THAT UNINSURED PATIENTS WITHIN THE

COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO

NECESSARY HOSPITAL SERVICES. MEDSTAR HEALTH AND ITS HEALTHCARE FACILITIES

WILL:

" TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, WITH RESPECT AND WITH

COMPASSION.

" SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS AT OUR FACILITIES REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.

" ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSIONS PROCESS FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR PART OF ALL OF THE CARE THEY RECEIVE.

" BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER

JSA

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FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR

ALL WHO MAY NEED CARE IN THE COMMUNITY.

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

ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED ENTITLEMENT PROGRAMS

(E.G., MEDICAID).

ASSIST WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE ORGANIZATIONS.

" PROVIDE CHARITY CARE AND FINANCIAL ASSISTANCE ACCORDING TO APPLICABLE GUIDELINES.

PROVIDE FINANCIAL ASSISTANCE FOR PAYMENT OF FACILITY CHARGES USING

JSA

V 13-7.15

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A SLIDING SCALE BASED ON PATIENT FAMILY INCOME AND FINANCIAL RESOURCES.

" OFFER PERIODIC PAYMENT PLANS TO ASSIST PATIENTS WITH FINANCING

THEIR HEALTHCARE SERVICES.

EACH FACILITY WILL POST THE POLICY, INCLUDING A DESCRIPTION OF THE APPLICABLE COMMUNITIES IT SERVES, IN EACH MAJOR PATIENT REGISTRATION AREA AND IN ANY OTHER AREAS REQUIRED BY APPLICABLE REGULATIONS, WILL COMMUNICATE THE INFORMATION TO PATIENTS AS REQUIRED BY THIS POLICY AND APPLICABLE REGULATIONS AND WILL MAKE A COPY OF THE POLICY AVAILABLE TO ALL PATIENTS. ADDITIONALLY, THE MARYLAND PATIENT INFORMATION SHEET/MEDSTAR'S PATIENT INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS ON ADMISSION AND AT TIME OF FINAL ACCOUNT BILLING.

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

JSA

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RESPONSIBILITIES INCLUDE:

COMPLETING FINANCIAL DISCLOSURE FORMS NECESSARY TO EVALUATE THEIR

ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS, CHARITY CARE

PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE DISCLOSURE FORMS

MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY TO ALLOW MEDSTAR

HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS CONCERNING THE

AVAILABILITY OF FINANCIAL ASSISTANCE.

WORKING WITH THE FACILITY'S FINANCIAL COUNSELORS AND OTHER

FINANCIAL SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF

THE PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.

* COMPLETING APPROPRIATE APPLICATIONS FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS. THIS RESPONSIBILITY INCLUDES RESPONDING IN A TIMELY FASHION TO REQUESTS FOR DOCUMENTATION TO SUPPORT ELIGIBILITY.

" MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION,

INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT SCHEDULES.

PROVIDING UPDATED FINANCIAL INFORMATION TO THE FACILITY'S FINANCIAL

JSA

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Part VI Supplemental Information

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

" IT IS THE RESPONSIBILITY OF THE PATIENT TO INFORM THE MEDSTAR

HOSPITAL OF THEIR EXISTING ELIGIBILITY UNDER A MEDICAL HARDSHIP DURING

THE 12 MONTH PERIOD.

UNINSURED PATIENTS OF MEDSTAR HEALTH'S FACILITIES MAY BE ELIGIBLE FOR CHARITY CARE OR SLIDING-SCALE FINANCIAL ASSISTANCE UNDER THIS POLICY. THE FINANCIAL COUNSELORS AND FINANCIAL SERVICES STAFF WILL DETERMINE ELIGIBILITY FOR CHARITY CARE AND SLIDING-SCALE FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO BE INCURRED BY THE PATIENT.

COMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC

MEDSTAR MONTGOMERY IS LOCATED IN OLNEY, MARYLAND, IN THE NORTH-EASTERN CORNER OF MONTGOMERY COUNTY. THE HOSPITAL HAS BEEN A CORNERSTONE OF THE

JSA

V 13-7.15

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COMMUNITY, WITH A LONG AND RICH HISTORY DEDICATED TO SERVING MONTGOMERY

COUNTY RESIDENTS AND THE SURROUNDING COUNTIES. AS PART OF THIS

COMMITMENT, THE HOSPITAL IS DEVELOPING PROGRAMS AND EVALUATING

INITIATIVES AIMED TO ADDRESS AND MINIMIZE DISPARITIES IN HEALTH STATUS.

THE COMMUNITY BENEFIT SERVICE AREA (CBSA), ZIP CODE 20906, SITS ON ROUTE 97, WHICH IS A MAIN THOROUGHFARE THAT ALLOWS TRAFFIC TO FLOW FROM WASHINGTON, DC THROUGH MONTGOMERY COUNTY TO HOWARD COUNTY. IT IS COMPOSED OF SEVERAL NEIGHBORHOODS INCLUDING ASPEN HILL, BEL PRE, LEISURE WORLD, LAYHILL, AND PARTS OF GLENMONT. THIS AREA IS A PRIMARY COMMUTER ROUTE WITH HEAVY VOLUMES OF TRAFFIC FROM OUTSIDE OF ASPEN HILL MOVING SOUTHBOUND AND WESTBOUND INTO DC AND MARYLAND. GLENMONT IS THE LAST STOP FOR THE WASHINGTON METRO AND HAS HIGH VOLUMES OF PEDESTRIAN AND VEHICULAR TRAFFIC.

THIS CBSA WAS SELECTED DUE TO ITS PROXIMITY TO THE HOSPITAL, COUPLED WITH A HIGH DENSITY OF LOW-INCOME RESIDENTS, UNDERSERVED SENIORS AND AN ETHNICALLY DIVERSE POPULATION. A SPECIAL FOCUS IS ON PERSONS AGED 50 AND

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OLDER HAVING RISK FACTORS THAT ARE LINKED TO HEART DISEASE. ASPEN HILL IS

LARGELY RESIDENTIAL BUT PLAGUED BY DEMOGRAPHICALLY ISOLATED

NEIGHBORHOODS: SENIOR HOUSING, MULTI-DWELLING/APARTMENTS, AND PRIVATE

HOMES. EACH NEIGHBORHOOD TENDS TO HOUSE PERSONS OF DIFFERENT

SOCIO-ECONOMIC STATUS WHICH IS DIRECTLY LINKED TO KEY DETERMINANTS OF

POPULATION HEALTH.

ASPEN HILL IS AN AGING COMMERCIAL AREA THAT HAS SEEN A DECLINE IN ITS ECONOMIC VITALITY. IN THE 1980'S, ASPEN HILL WAS HOME TO THE LARGEST EMPLOYER IN THE COUNTY WITH 5,000 EMPLOYEES. UPON THEIR DEPARTURE, COMMERCIAL BUSINESSES LOST THEIR MAIN CUSTOMER BASE AND A 250,000 SQUARE FOOT VACANT SITE REMAINS. THE DETERIORATING BUILDING AND UNUSED PARKING LOT HAS CREATED A NEGATIVE RIPPLE EFFECT AMONG COMMERCIAL PROPERTIES AND THE RESIDENTIAL CHARACTER OF THE AREA. RESIDENTS AND LOCAL BUSINESS OWNERS ARE ADVOCATING FOR CHANGE THAT WILL INCREASE COMMERCE AND REVITALIZE THE LOCAL RETAIL MARKET.

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DEMOGRAPHIC

MEDSTAR MONTGOMERY'S CBSA HAS 66,091 RESIDENTS, OVER 40% OF WHOM ARE AGE 54 OR OLDER. IT IS ALSO HOME TO LEISURE WORLD, A SELF-CONTAINED COMMUNITY FOR RETIRED OR SEMI-RETIRED PERSONS OVER THE AGE OF 52. ACCORDING TO MARYLAND'S DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE LEADING CAUSE OF DEATH FOR BOTH MALES AND FEMALES IN MONTGOMERY COUNTY IS CARDIOVASCULAR DISEASE (2010).

MEDSTAR MONTGOMERY SELECTED THIS AREA AS THE CBSA FOR SEVERAL REASONS. FIRST, AFRICAN AMERICAN AND ASIAN MALE POPULATIONS IN THE AREA HAVE THE HIGHEST PREVALENCE OF HEART DISEASE, CHOLESTEROL AND HIGH BLOOD PRESSURE IN MONTGOMERY COUNTY (MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE; MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM). SINCE NEARLY 38% OF THE ASPEN HILL/BEL PRE POPULATION CONSISTS OF THESE TWO GROUPS, IT IS A HIGH RISK AREA WHERE CARDIOVASCULAR HEALTH EDUCATION CAN HAVE THE GREATEST IMPACT.

SECOND, THE HOSPITAL USED THE CATHOLIC HEALTHCARE WEST'S COMMUNITY NEEDS

JSA

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INDEX (CNI), WHICH MEASURES THE SEVERITY OF HEALTH DISPARITIES BASED ON FIVE HEALTHCARE ACCESS BARRIERS: INCOME, CULTURE/LANGUAGE, EDUCATION, INSURANCE, AND HOUSING. ACCORDING TO THE CNI SCORING METHODOLOGY, A SCORE OF 1.0 INDICATES A ZIP CODE WITH THE LOWEST SOCIO-ECONOMIC BARRIERS, WHILE A SCORE OF 5.0 REPRESENTS A ZIP CODE WITH THE MOST SOCIO-ECONOMIC BARRIERS. ZIP CODE 20906 SCORED 3.4 OUT OF 5 INDICATING PERVASIVE SOCIOECONOMIC DISPARITIES IN ACCESS TO HEALTHCARE SERVICES. THE MEDIAN SCORE FOR MONTGOMERY COUNTY WAS 2.1.

PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

AS A COMMUNITY PARTNER, MEDSTAR MONTGOMERY ENGAGES IN A NUMBER OF ACTIVITIES TO PROMOTE AND IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY. EDUCATING THE COMMUNITY ABOUT CANCER PREVENTION AND ENCOURAGING HEALTHY BEHAVIORS IS A PRIORITY AT MEDSTAR MONTGOMERY. A COMMUNITY OUTREACH SPECIALIST WITH A PUBLIC HEALTH BACKGROUND PLAYS AN IMPORTANT ROLE BY PROVIDING EDUCATION AND SUPPORT SERVICES TO UNDERSERVED/LOW-INCOME INDIVIDUALS.

V 13-7.15

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MEDSTAR MONTGOMERY IS COMMITTED TO MEETING THE NEEDS OF VULNERABLE POPULATIONS BY ESTABLISHING STRATEGIC PARTNERSHIPS AND ALLIANCES. THE HOSPITAL PROVIDES FINANCIAL SUPPORT TO PROYECTO SALUD AND HOLY CROSS HEALTH CENTER: ASPEN HILL, WHICH ENABLES THESE CLINICS TO TREAT LOW-INCOME, UNINSURED, ETHNICALLY DIVERSE RESIDENTS AT FREE OR LOW COST.

THE HOSPITAL ALSO PROVIDES IN-KIND SPACE FOR DAY-TO-DAY OPERATION OF PROYECTO SALUD'S CLINICAL SPACE.

WITH A FOCUS ON PERSONS WHO SPEAK SPANISH AS A PRIMARY LANGUAGE, SERVICES INCLUDE PHYSICAL EXAMINATIONS, HEALTH COUNSELING, EDUCATION, AND LABORATORY SERVICES. IN ADDITION, PROYECTO SALUD OFFERS A SEASONAL FLU CLINIC. PRESCRIPTION MEDICATIONS ARE MADE AVAILABLE THROUGH THE MONTGOMERY CARES PROGRAM. THE CLINIC ALSO PROVIDES REFERRALS FOR COUNTY SPECIALTY SERVICES, SEXUALLY TRANSMITTED INFECTIONS AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) PROGRAMS, WOMEN'S CANCER CONTROL PROGRAM, FAMILY PLANNING, AND ALCOHOL TREATMENT AND REHABILITATION.

JSA

V 13-7.15

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AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR MONTGOMERY IS ABLE TO EXPAND

ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER

MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES

ASSIST THE HOSPITAL IN COMMUNITY HEALTH PLANNING TO MEET THE NEEDS OF THE

UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH

FUNCTION, MEDSTAR HEALTH PROVIDES MEDSTAR MONTGOMERY WITH TECHNICAL

SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S

CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND PRIVATE

FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH QUALITY HEALTH

SERVICES, REGARDLESS OF ABILITY TO PAY.

ONLY FILED IN THE STATE OF MARYLAND.

STATE FILING OF COMMUNITY BENEFIT REPORT PART VI, LINE 7 THE COMMUNITY BENEFIT REPORT FOR MEDSTAR MONTGOMERY MEDICAL CENTER IS

JSA

(Forn	DULE J n 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 2: Attach to Form 990. See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/	3. 0	18 No. 1 20 pen to	13 Pub	lic
	Revenue Service		Employer Identification	Inspe		1
	f the organization	ERAL HOSPITAL, INC.	52-064689		I	
Part		s Regarding Compensation		-		
Γαιι	Question				Yes	No
	990, Part VII, First-clas Travel fo Tax inde	bropriate box(es) if the organization provided any of the following to or for a personal section A, line 1a. Complete Part III to provide any relevant information regardin Housing allowance or residence for companions Payments for business use of personal minification and gross-up payments on any spending account Payment section and gross-up payments on any spending account Payment section and gross-up payment section	g these items. personal use onal residence on fees			
b	or reimburse	boxes on line 1a are checked, did the organization follow a written policy rement or provision of all of the expenses described above? If "No," con	nplete Part III to	1b		13
2	Did the orga directors, trus	anization require substantiation prior to reimbursing or allowing expenses stees, and officers, including the CEO/Executive Director, regarding the item	s incurred by all	2		
3	Indicate which organization's related organi X Compen X Independ	 a, if any, of the following the filing organization used to establish the compensation certain to establish compensation of the CEO/Executive Director, but explain in Fasation committee Written employment contract Compensation survey or study Approval by the board or compensation 	ods used by a Part III.			
4 a b c	organization or Receive a sev Participate in, Participate in,	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to or a related organization: verance payment or change-of-control payment? , or receive payment from, a supplemental nonqualified retirement plan? , or receive payment from, an equity-based compensation arrangement? , of lines 4a-c, list the persons and provide the applicable amounts for each	i = ≈	4a 4b 4c		x x
	Only section For persons li compensation The organizati Any related on	501(c)(3) and 501(c)(4) organizations must complete lines 5-9. isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue in contingent on the revenues of: ion?	апу	5a 5b		x x
6	For persons li compensatior	isted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue n contingent on the net earnings of:				T
a b	Any related of	ion?		6a 6b		X X
7	For persons payments not	listed in Form 990, Part VII, Section A, line 1a, did the organization pro- t described in lines 5 and 6? If "Yes," describe in Part III		7		x
8	to the initial in Part III	nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract 1 contract exception described in Regulations section 53.4958-4(a)(3)? 	If "Yes," describe	8		x
9 For Pa	Regulations s	ection Act Notice, see the Instructions for Form 990.	<u></u>	9 Iule J (F	orm 99	0) 2013

MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

Page 2

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	alher deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
KENNETH A SAMET			0		0			0
1 DIRECTOR	: 8	1,447,427	1,873,804.	13, 568	41,896.	19,111.	3, 395, 806.	0
VIVIAN HSIA	8	161,166.			961.	0	162,127.	0
Z VP, HUMAN RESOURCES	9		0		0	0		0
RANDALL BURSAW	e	145,938.	0	0	5, 118.	0	151,056.	0
3 SUPERVISOR, NUCLEAR MEDICINE	9		0		0	0		0
MELISSA YEAGER	 \in	143,034.	29,905.	0	5,182.	11,400.	189,521.	0
👍 VP, MKTNG, PLANNING, BUS DEV	Ę	1 				0		0
ROGER LEONARD	ε	11,847.	33,908.	315,742.	655.	216.	362,368.	0
5 VP, MEDICAL AFFAIRS	E	 		D	D	0	0	0
CONNIE STONE	ε	226,338.		D	7,375.	12,120.	260,129.	0
6 VP, PATIENT CARE SERVICES	8				0	0	0	0
PETER MONGE	e	434,255.	353,237.	2,320.	3, 950.	15, 335.	809,097.	0
7 PRESIDENT	8		0	0	d		0	0
DAVID HAVRILLA	Ξ		37,327.		13,646.	17,350.	356,445.	0
B CFO/TREASURER				0	0	0		0
KEVIN MELL	e	212,308.	13,801.		9,512.	9,646.	245,267.	
9 VP, OPERATIONS	8		0	0				
FREDERICK FINELLI	ε	46	11/		7,500.	14,276.	597,915.	0
10 VP, MEDICAL AFFAIRS	(0	D	0		0
	Ξ							
11	9							
	ε							
12	9							
	ε							
13	9							
	ε							
14	8							
	ε							
15	<u></u>							
	ε							
16	8							

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And a constrained And a constrai	MONTGOMERY GENERAL HOSPITAL, INC. 52-0646893	
Mill Supplemental Information. explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 5a, 6b, 7, a complete this part for any additional information. Evenance EAVMENTS ELENANCE EAVMENTS CHEDULE J, PART I, LINE 4A EVENANCE EAVMENTS ELENANCE EAVMENTS ELENANCE EAVMENTS ELENAND GER LEONAND'S OTHER REDORENDIA IN FART II, COLUMN (B) (III) INCLUDES \$265,056 REPRESENTING SEVENANCE EAVMENTS RECEIVED BY DR. EDUAND'S OTHER REDORENDIA SEVENANCE EAVMENTS RECEIVED BY DR. EDUAND.		ge 3
EVERANCE PAYMENTS CHEDULE J, PART I, JINE 4A EVERANCE PAYMENTS OGER LEONARD OGER LEONARD'S OTHER REPORTABLE COMENSATION IN PART II, COLUMN (B) OGER LEONARD'S OTHER REPORTABLE COMENSATION IN PART II, COLUMN (B) III) INCLUDES \$265,056 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY DR. EONARD.		E t
GIEDULE J, FART I, LINE 4A EVERANCE PAYMENTS GGER LEONAND'S OTHER REPORTABLE COMFENSATION IN PART II, COLUNN (B) GGER LEONAND'S OTHER REPORTABLE COMFENSATION IN PART II, COLUNN (B) IIII) INCLUDES \$265,056 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY DR. EONARD.	SEVERANCE PAYMENTS	
WERANCE FAYMENTS GER LEONARD'S OTHER REPORTAALE COMPENSATION IN PART II, COLUNN (B) 00111) INCLUDES \$265,056 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY DR. EDNARD.	J, PART I, LINE	
OGER LEONARD'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) 1111) INCLUDES \$265,056 REPRESENTING SEVERANCE PAYNENTS RECEIVED BY DR. EONARD.	SEVERANCE PAYMENTS	
OGER LEONARD'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) III) INCLUDES \$265,056 REPRESENTING SEVENANCE PAYMENTS RECELVED BY DR. EONARD.	ROGER LEONARD	
III) INCLODES \$265,056 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY DR. EOMARD.	ROGER LEONARD'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)	
	(III) INCLUDES \$265,056 REPRESENTING SEVERANCE PAYMENTS RECEIVED BY DR.	
	LEONARD.	
		201:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MONTGOMERY GENERAL HOSPITAL, INC.

Employer identification number

52-0646893

ORGANIZATION MEMBERS

PART VI, LINE 6

THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION. MEDSTAR HEALTH, INC., OR ONE OF ITS AFFILIATES AND SUBSIDIARIES, IS THE SOLE MEMBER OF THE ORGANIZATION.

DESCRIPTION OF MEMBERS

PART VI, LINES 7A

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

DECISIONS OF GOVERNING BODY

PART VI, LINES 7B

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION, THE BYLAWS OF THE ORGANIZATION ARE SUBJECT TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING BUT NOT

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LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

FORM 990 REVIEW PROCESS

PART VI, LINE 11A

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

CONFLICT OF INTEREST POLICY PART VI, LINE 12C APPOINTMENT OF BOARDS OF DIRECTORS

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

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DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS

ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) RELATED TO DIRECTORS ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. SUCH DISCLOSURES (IF ANY) RELATED TO OFFICERS AND SENIOR MANAGERS ARE REVIEWED BY AN APPROPRIATE EXECUTIVE WHO DETERMINES HOW THE MATTER SHOULD BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

EXECUTIVE COMPENSATION PROCESS

PART VI, LINE 15

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

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INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM.

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE ("TAX-EXEMPT HEALTHCARE ORGANIZATIONS"). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

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

FINANCIAL STATEMENT AVAILABILITY PART VI, LINE 19

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MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893

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

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

MRI JV PARTNERSHIP DISTRIBUTION\$	788,635
TRNA RELEASED FROM RESTRICTION(CAPITAL)\$	130,631
INTERCO TRANSACTIONS\$	909,991

TOTAL

ATTACHMENT 1

\$1,829,257

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR MONTGOMERY MEDICAL CENTER'S (MEDSTAR MONTGOMERY) MISSION IS TO ENHANCE OUR COMMUNITY'S

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

HEALTH AND WELL-BEING BY OFFERING HIGH QUALITY, COMPASSIONATE AND PERSONALIZED CARE. MEDSTAR MONTGOMERY IS LOCATED IN OLNEY, IN NORTHEASTERN MONTGOMERY COUNTY, MARYLAND, A SUBURB OF WASHINGTON, D.C. AFTER OVER 90 YEARS, THE HOSPITAL REMAINS TRUE TO ITS ROOTS, OFFERING A WIDE RANGE OF WELLNESS PROGRAMS AND OUTPATIENT SERVICES IN ADDITION TO INPATIENT TREATMENT. IN FISCAL YEAR 2014, MEDSTAR MONTGOMERY HAD 9,040 INPATIENT ADMISSIONS, 40,186 OUTPATIENT VISITS,

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

AND 37,798 EMERGENCY VISITS.

ATTACHMENT 2

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

MEDSTAR MONTGOMERY MEDICAL CENTER'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF NORTHEASTERN MONTGOMERY COUNTY, MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR MONTGOMERY INCURRED \$17.1M OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. THE ACUTE CARE HOSPITAL OFFERS A CARDIAC AND VASCULAR PROGRAM, GENERAL SURGERY, ORTHOPEDICS, CANCER CARE, AND OBSTETRICS, WITH THE ADDITION OF SPECIALISTS FROM MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL AND MEDSTAR WASHINGTON HOSPITAL CENTER, MEDSTAR MONTGOMERY BRINGS SPECIALTY CARE CLOSER TO ITS PATIENTS. MEDSTAR MONTGOMERY ALSO OFFERS OUTPATIENT MENTAL HEALTH SERVICES. HOME HEALTH AND PRIVATE DUTY NURSING SERVICES. MEDSTAR MONTGOMERY INCLUDES AN EMERGENCY DEPARTMENT WITH A DEDICATED PEDIATRIC CENTER, A FAST-TRACK UNIT AND A SEPARATE UNIT FOR CRISIS EVALUATION. IT IS A CERTIFIED CHEST PAIN CENTER BY THE SOCIETY OF CHEST PAIN CENTERS, AND RECOGNIZED BY THE JOINT COMMISSION AS A PRIMARY STROKE CENTER. MEDSTAR MONTGOMERY OFFERS AN ADA-CERTIFIED DIABETES AND NUTRITION CENTER, A MENTAL HEALTH CENTER AND PRIVATE DUTY NURSING SERVICES. FOR THE FIFTH CONSECUTIVE YEAR, MEDSTAR MONTGOMERY WAS THE RECIPIENT OF THE 2014 DELMARVA FOUNDATION FOR MEDICAL CARE'S

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Schedule O (Form 990 or 990-EZ) 2013		
Name of the organization	Employer identification number	
MONTGOMERY GENERAL HOSPITAL, INC.	52-0646893	

ATTACHMENT 2 (CONT'D)

EXCELLENCE AWARD FOR QUALITY IMPROVEMENT IN HOSPITALS.

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MERIDIAN ANESTHESIA PRACTICE L PO BOX 400 OLNEY, MD 20830-0400	MEDICAL SERVICES	5,316,543.
DELPHI OF TEAM HEALTH PO BOX 634850 CINCINNATI, OH 45263-4850	MEDICAL SERVICES	1,201,037.
COMMUNITY RADIOLOGY ASSOC 10373-A REISTERSTOWN RD OWINGS MILLS, MD 21117	MEDICAL SERVICES	890,394.
INPATIENT SPECIALISTS PA 1201 SEVEN LOCKS RD STE 200 ROCKVILLE, MD 20854	MEDICAL SERVICES	690,647.
EMERGENCY MEDICINE ASSOCIATES 20010 CENTURY BLVD STE 200 GERMANTOWN, MD 20874	MEDICAL SERVICES	549,863.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PURCHASED SERVICES	8,107,297.	8,107,297.		
POOLED COSTS CO 05, 901, & 902	1,134,401.	1,134,401.		
SERVICE CONTRACT - BIOMED	798,810.	798,810.		
SERVICE CONTRACTS	741,160.	741,160.		
SERVICE CONTRACTS SOFTWARE	1,847,902.	1,847,902.		

JSA			Schedule O (Form 990 or 990-EZ) 2013
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Schedule O (Form 990 or 990-EZ) 2013				Page 2
Name of the organization			Employer identific	ation number
MONTGOMERY GENERAL HOSPITAL, INC.			52-06468	393
			ATTACHMENT 4	(CONT'D)
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
SHARED SERVICES	3,143,962.	3,143,962.		
SIEMENS CONTRACT	1,185,609.	1,185,609.		
OTHER PROFESSIONAL FEES	3,960,584.	3,960,584.		
PHYSICIAN FEES	4,416,652.	4,416,652.		
PHYSICIAN FEES ON CALL	439,613.	439,613.		
PURCHASED SERVICES GUH	444,024.	444,024.		
REFERENCE LAB	479,364.	479,364.		
OTHER FEES FOR SERVICES	1,694,505.	1,694,505.		
TOTALS	_28,393,883.	28,393,883.		

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at <i>www.irs.gov/form990</i>. 	I Organizations a organization answered "Yee Attach to Form 990. about Schedule R (Form 990	Related Organizations and Unrelated Partnerships nplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, or Attach to Form 990. See separate instructions. mformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	I Partnersh V, line 33, 34, 35b, instructions. at www.irs.gov/foi	lips 36, or 37. ^{m990.}		OMB No. 1545-0047 2013 Open to Public Instruction	0047
Internal Revenue Service Name of the organization MONTGOMERY GENERAL HOSPITAL,	INC.					Employer Identifica 52-0646893	Employer Identification number 52-0646893	ber
ntification		organization and	if the organization answered "Yes" on Form 990, Part IV, line 33.	orm 990, Part IV	/, line 33.			
Name, address, and EIN	(a) (a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	lling
(1) MEDSTAR HEALTH ANESTHESIA SERVICES 18101 PRINCE PHILIP DRIVE OLNEY	E LLC 2 , MD 20832	6-2918268 HI	HEALTH SVCS	MD	8,437,689.	323,022.	N/A	
(2)								
(4)								
[5]								
(6)								
Part II Identification of Related Tax-Exempt Organizatio one or more related tax-exempt organizations duri	ng t	Complete if the complete if the complete if the complete it th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	ered "Yes" on F	orm 990, Part IV	, line 34 because	it had	
(a) Name, address, and EIN of related organization	elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controling entity	(g) Section 512(b)(13) controlled entity? Yes No	ed ed No
(1) CHURCH HOME CORPORATION 5565 STERRETT PLACE, 5TH FLOOR		MEDICAL FUND	DM	501(C)(3)	ЪЕ	N/A	×	
(2) FRANKLIN SQUARE HOSPITAL CENTER, INC 9000 FRANKLIN SQUARE DRIVE				501 (C) (3)	m	N/A	×	
(3) HARBOR HOSFITAL, INC. 3001 SOUTH HANOVER STREET	52-0491660 BALTTIMORE, WD 21225	HOSPITAL	QW	501(C)(3)	m	N/A	X	
(4) MEDSTAR HEALTH, INC. 5565 STERRETT PLACE, 5TH FLOOR		MEDICAL SVCS	QW	501 (C) (3)	11B II	N/A	~	×
(5) THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 5601 LOCH RAVEN BLVDB	TAND, 52-0591607 - BALTIHORE, MD 21239	HOSPITAL	MD	501 (C) (3)	3	N/A	×	
(6) THE UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKMAY	52-0591685	HOSPITAL	MD	501(C)(3)	3	N/A	×	
(7) NEDSTAR HEALTH RESEARCH INSTITUTE 108 IRVING STREET NW	52-6056274 WASHINGTON, DC 20010	HOSPITAL	DC	501(C) (3)	3	N/A	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2013) 2013

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MONTGOMERY GENERAL HOSPITAL, INC.

52-0646893

(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 31, 34, 35b, 35, or 37.	tion answered "Yes" o	on Form 990, Part I	V, line 33, 34, 35b,	36, or 37.		2013
Department of the Treasury Internal Revenue Service	Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. about Schedule R (Form 990) ar	See separate instructions. In its instructions is at www.frs.g.	instructions. at www.irs.gov/for	тп990.		Open to Public Inspection
Name of the organization MONTGOMERY GENERAL	L HOSPITAL, INC.					Employer identificat 52-0646893	Employer identification number 52-0646893
Part Identificatio	Identification of Disregarded Entities Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on F	orm 990, Part N	/, line 33.		
Name,	(a) Name, address, and EIN (if applicable) of disregarded entity	<u> </u>	(b) Primary activity	 (c) Legal domicile (state or foreign country) 	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(5)							
(6)							
Part II Identification	Identification of Kelated Tax-Exempt Organizations Complete I one or more related tax-exempt organizations during the tax year.	complete it the organization answered "Yes" on Form 990, Part IV, line 34 because it nad he tax year.	anization answe	red 'Yes' on F	orm 990, Part IV,	line 34 pecause	it nad
Name, ad	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exampl Code section	(e) Public charky status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
(1) THE MEDSTAR-GEORGETOWN MEDICAL CENTER, HOPSITAL ADMIN, 1 MAIN BLDG	NU MEDICAL CENTER, 1 52-2218584 N BLDG WASHINGTON, DC 20007	HOSPITAL	DC	501(C) (3)	m	N/A	
(2) WASHINGTON HOSPITAL CENTER CORPORATION 110 IRVING STREET NW	TENTER CORPORATION 52-1272129	HOSPITAL	DC	501 (C) (3)	m	N/A	×
(3) HH MEDSTAR HEALTH, INC. 5565 STERRETT PLACE, 5TH FLOOR	с. 52-1542230 5тн егоок социмата, мр 21044	MEDICAL SVCS	MD	501(C)(3)	11B II	N/A	×
(4) HEDSTAR AMBULATORY SERVICES, INC. 5565 STERRETT PLACE, 5TH FLOOR	RVICES, INC. 52-1132992 5TH FLOOR COLUMBIA, HD 21044	FOUNDATION	MD	501 (C) (3)	11A I	N/A	×
-(5) BAY LIFE SERVICES, INC. 5565 SFERRETT PLACE, 5TH FLOOR	с. 52-1496539 5тн егоок социмата, мр 21044	MENTAL HEALTH	DM	501 (C) (3)	6	N/A	×
(6) MEDSTAR SURGERY CENTER, INC. 4061 POMDERMILL ROAD, SUITE 21	R. INC. 52-1061679 SUITE 21 CALVERTON, HD 20705	MEDICAL SVCS	MD	501 (C) (3)	6	N/A	×
-(1) CHURCH HOME AND HOSPITAL OF THE 5565 STERRETT PLACE, 5TH FLOOR	TAL OF THE CITY OF 52-0591600 5TH FLOOR COLUMBIA, MD 21044	MEDICAL FUND	MD	501(C)(3)	11B II	N/A	×
For Paperwork Reduction A	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2013
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MONTGOMERY GENERAL HOSPITAL, INC.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	Related Organizations and Unrelated Partnerships	I Unrelated n Form 990, Part IV	Partnersh /, line 33, 34, 35b,	iips 36, or 37.		OMB No. 1545-0047 20 13
Department of the Treasury Internal Revenue Service	 Attach to Form 990, See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. 	Attach to Form 990. about Schedule R (Form 990) an	> See separate instructions. d its instructions is at www.lrs.g	instructions. at <i>www.irs.gov/for</i>	m990.		Open to Public Inspection
Name of the organization MONTGOMERY GENE	dion GENERAL HOSPITAL, INC.					Employer Identificat 52-0646893	Employer Identification number 52-0646893
Part I Identifica	Identification of Disregarded Entities Complete if the	if the organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on Fc	rrm 990, Part N	/, line 33.		
2	(a) Name, address, and EIN (if applicable) of disregarded entity	ā	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(n) Direct controlling entity
(1)				5			
(2)							
(3)							
(9)							i
Part II Identifica	Identification of Related Tax-Exempt Organizations Complete i one or more related tax-exempt organizations during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	anization answe	red "Yes" on Fi	orm 990, Part IV	line 34 because	it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct confrolling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) FRANKLIN SQUARE HOSPITAL CI 9000 FRANKLIN SQUARE DRIVE	(1) FRANKLIN SQUARE HOSPITAL CENTER FOUNDATI 52-2329546 9000 FRANKLIN SQUARE DRIVE BALTIHORE, HD 21237	FOUNDATION	DW	501 (C) (3)	6	N/A	
(2) GOOD SAMARITAN HOSPIT	GOOD SAMARITAN HOSPITAL FOUNDATION, INC. 52-2307122 5601 LOCH RAVEN BLVD BADD BALTIMORE, HD 21239	FOUNDATION	QM	501 (C) (3)	11A I	N/A	×
(3) GOOD SAMARITAN NURSIN	GOOD SAMARITAN NURSING CENTER, INC. 52-1672866 5601 LOCH RAVEN BLVD BALTINORE, MD 21239	MEDICAL SVCS	MD	501 (C) (3)	6	N/A	×
(4) GS HOUSING, INC. 5601 LOCH RAVEN BLVD	52-1481656	ELDER HOUSING	Ш	501(C)(3)	6	N/A	×
(5) GS PROPERTIES, INC. 5601 LOCH RAVEN BLVD		ADMIN SVCS	Ш	501 (C) (3)	11A I	N/A	×
(6) HARBOR HOSPITAL FOUNDATION, INC. 3001 SOUTH HANOVER STREET	OUNDATION, INC. 52-1284532 R STREET BALTIHORE, HD 21225	FOUNDATION	ДМ	501 (C) (3)	11A I	N/A	X
-(7) HEDSTAR HEALTH INFUSION, INC. 4061 POWDERHILL ROAD, SUITE 21		MEDICAL SVCS	DM	501 (C) (3)	6	N/A	X
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2013
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MONTGOMERY GENERAL HOSPITAL, INC.

DSPITAL, INC. Disregarded Entities Complete if the Disregarded Entities Complete if the ess, and ElN (if applicable) of disregarded entity ess, and ElN (if applicable) of disregarded entity ess and ElN (if applicable) of disregarded entity ass and ElN (if applicable) of disregarded entity (a) ess and ElN (if applicable) of disregarded entity (a) and ElN (if applicable) of disregarded entity felated Tax-Exempt Organizations during the text of a the 20705 and ElN of related organization felated Tax-Exempt Organizations felated Tax-Exempt Organiza	ut Schedule R (Form 990) and its Instructions is at www.irs.gov/form990. Imployer Identification is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, line 33. Employer Identification is assets Direct If the organization answered "Yes" on Form 990, Part IV, line 33. Endot-year assets Direct If the organization answered "Yes" on Form 990, Part IV, line 33. Endot-year assets Direct If the organization answered "Yes" on Form 990, Part IV, line 34 because it had ing the tax year. Direct Imployer Identified is the organization answered "Yes" on Form 990, Part IV, line 34 because it had ing the tax year.	nd its instructions is at www.irs.g	s at www.irs.gov/fon Form 990, Part IV Legal domicile (state or foreign country)	gowform990. Part IV, line 33. e (state Total income buntry)	Employer Identification 52-0646893 End-of-year assets Dire	Open to Public Inspection 52-0646893 52-0646893 ear assets Direct controlling earthy because it had
I of the organization TGOMERY GENERAL HOSPITAL, INC. TGOMERY GENERAL HOSPITAL, INC. I dentification of Disregarded Entities Complete if the Name, address, and ElN (if applicable) of disregarded entity I dentification of Disregarded Entities Complete if the organization of Disregarded entity I dentification of Related Tax-Exempt Organizations during to one or more related tax-exempt organizations during to one or more related tax-exempt organizations during to feather organization I dentification of Related Tax-Exempt organizations during to one or more related tax-exempt organizations during to the ormone of the text or tex	organization answell organizat	red "Yes" on Foi (b) mary activity Le	rm 990, Part IV		End-of-year assets	(8 9 3 Direct controlling entity it had
Identification of Disregarded Entities Complete if th Name, address, and ElN (if applicable) of disregarded entity Name, address, and ElN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organizations one or more related Tax-Exempt Organizations one or more related Tax-Exempt Organizations one or more related Tax-Exempt Organizations Memory of Constructions Sofors Memory of Related Tax-Exempt Organizations Memory of Related Tax-Exem	organization answe	red "Yes" on Foi	r foreign country)		End-of-year asserts	Direct controlling entity it had
Anme, address, and ElN (if applicable) of disregarded entity Image: Im	Pri	(b) mary activity Le	agal domicile (state r foreign counity) r ed "Yes" on F,		End-of-year asserts	Direct controlling entity it had
Image: Second		anization answer	red "Yes" on F.			it had
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Exempt Organizations pt organizations during t organizations during t uvverron, HD 20705 1052-1372467 MVERTON, HD 20705 1052-1372467 MVERTON, HD 20705 1052-1372467 MVERTON, HD 20832 MEY, HD 20832 ME		anization answer	red "Yes" on F.			it had
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Exempt Organizations during t organization organization organization organization organization during t 53-0196597 ALVERTON, HD 20705 52-1372467 ALVERTON, HD 20705 ALVERTON, HD 20705 S2-1372467 ALVERTON, HD 20705 S2-1372467 ALVERTON, HD 20832 ALVERTON, HD 20832 ALVERTON ALVE	complete if the orga	anization answer	red "Yes" on F.			it had
Exempt Organizations pt organizations during t organization л.veятон, нь 20705 л.veятон, нь 20705 л.veятон, нь 20705 л.кет, нь 20832 лагт, нь 20832	complete if the orga	anization answer	red "Yes" on F(it had
Exempt Organizations pt organizations during t organization organization organization 53-0196597 ILVERTON, HD 20705 ILVERTON, HD 20832	complete if the orga e tax year.	anization answer	red "Yes" on Fr			it had
оrganization 53-0196597 л. VЕКТОЙ, НD 20705 14768701, НD 20705 14768701, НD 20705 14768701, НD 20705 22-11372467 1687, НD 20832 26832 26832 26832 26812 26812	(q)			orm 990, Part IV	/, line 34 because	
53-0196597 ALVERTON, HD 20705 ALVERTON, HD 20832 ALVERTON, HD 20832 ALVERTON, HD 20832 ALVERTON, HD 20832	Primary activity	 (c) Legal domicile (state or foreign country) 	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	birect controlling entity	(g) Section 512(b)(13) controlled entity7
53-0196597 ILVERTON, HD 20705 52-1458516 ILVERTON, HD 20705 ILVET, HD 20832						Yes No
HEDSTAR VNA HEALTHCARE 52-1458516 4061 FOMDERNHILL ROAD, SUITE 21 CALVERTON, HD 20705 MGH COMMUNITY HEALTH, INC. 52-1372467 10101 FRINCE FHILIP DRIVE 0LNEY, HD 20832 MGH HEALTH FOUNDATION, INC. 52-1129959 MGH HEALTH FOUNDATION, INC. 0LNEY, HD 20832 10101 FRINCE FHILIP DRIVE 0LNEY, HD 20832 10101 PRINCE FHILIP DRIVE 0LNEY, HD 20832	MEDICAL SVCS	МD	501(C)(3)	6	N/A	×
MGH CONMUNITY HEALTH, INC. 52-1372467 19101 FRINCE FHILIP DRIVE OLNEY, MD 20832 HGH HEALTH FOUNDATION, INC. 52-1129959 19101 FRINCE FHILIP DRIVE OLNEY, MD 20832 18101 FRINCE FHILIP DRIVE 52-1366812	MEDICAL SVCS	Ш	501(C)(3)	6	N/A	X
MGH HEALTH FOUNDATION, INC. 52-1129959 18101 FRINCE PHILIP DRIVE 0LNEY, MD 20832 MGH HEALTH SERVICES, INC. 52-1366812	MEDICAL SVCS	MD	501(C)(3)	6	N/A	×
MGH HEALTH SERVICES, INC. 52-1366812	FOUNDATION	ДМ	501 (C) (3)	7	N/A	×
10101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11B II	N/A	×
(6) MGH WOMEN'S BOARD 52-6039600 10101 FRINCE FHILIP DRIVE OLNEY, ND 20832 FO	FOUNDATION	ДМ	501 (C) (3)	11A I	N/A	×
(7) NATIONAL REHABILITATION HOSPITAL 52-1369749 102 IRVING STREET NW WASHINGTON, DC 20010 HO	HOSPITAL	DC	501 (C) (3)	m	N/A	X

MONTGOMERY GENERAL HOSPITAL, INC.

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	MONTGOMERY GENERAL HOSPITAL,	AL, INC.		52-0646893			
SCHEDULE R (Form 990)	ö	Related Organizations and Unrelated Partnerships mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or Attach to Form 990.	I Unrelated Partne n Form 990, Part IV, line 33, 34 See separate instructions.	Partnersh , line 33, 34, 35b, 3 instructions.	ips 16, or 37.	<u></u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	edule R (Form 990) and	d its instructions is a	at www.irs.gov/forn	n990.		Inspection
Name of the organization				Ĩ		Employer identificat	Employer identification number 5.20.6.4.6.8.9.3
MONTGOMERY GENE					00 000) 	-
Part I Identifica	Identification of Disregarded Entities Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on Fo	rm 990, Рап IV	, line 33.	1 1	g
Z	(a) Name, address, and EIN (if applicable) of disregarded entity	ē	(b) Primary activity Lo	(c) Legal domicile (state or foreign country)	(d) Total income	(a) End-of-year assets	Direct controlling entity
(2)							
(6)							
Part II Identifica	Identification of Related Tax-Exempt Organizations Complete i	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	anization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
Nam	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) atroll
							Yes
(1) REGIONAL REHAB AT OLNEY, INC. 18101 PRINCE PHILIP DRIVE		MEDICAL SVCS	Ш	501 (C) (3)	£	N/A	×
(2) SUBURBAN / NRH MEDICA	NL REHABILITATIC	MEDICAL SVCS	DC	201(C)(3)	e	N/A	×
(3) THE THOMAS O'NELL CAT 5601 LOCH RAVEN BLVD	HOLIC HEALTH CARE	FOUNDATION	GM	501 (C) (3)	111 DII	N/A	×
(4) UNION HEMORIAL HO	AL FOUNDATION, IN	FOUNDATION	MD	501(C)(<u>3</u>)	11A I	N/A	×
(5) VNA, INC. 4061 POWDERHILL ROAD, SUITE 21	52-1332411 ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	CΜ	501 (C) (3)	11A I	N/A	×
(6) WHC FOUNDATION, INC. 110 IRVING STREET NM	INC. 52-1791670 T NN	FOUNDATION	DC	501 (C) (3)	11A I	N/A	×
(7) WOODBOURNE WOODS, INC. 5601 LOCH RAVEN BLVD	, INC. 52-2299070 BLVD BALTTHORE, MD 21239	ELDER HOUSING	dM	501 (C) (3)	6	N/A	×
For Paperwork Reducti	For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA	2	_			Schedule	Schedule R (Form 990) 2013

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Biology Biology CENERAL HOSPITYL, INC. ESHERAL HOSPITYL, INC. CENERAL HOSPITYL, INC. ESHERAL HOSPITYL, INC. Almae, address, and EN (#pipleable) of direspected ently Primary activity Lengt derives, inclusion Endedy Almae, address, and EN (#pipleable) of direspected ently Primary activity Lengt derives, inclusion Endedy Almae, address, and EN (#pipleable) of direspected ently Primary activity Lengt derives, inclusion Endedy Almae, address, and EN (#pipleable) of direspected ently Primary activity Lengt derives, inclusion Endedy Almae, address, and EN (#pipleable) of direspected ently Primary activity Primary activity Endedy Almae, address, and EN (#pipleable) Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Endedy Almae, address, and EN of addred organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Mine 34 Almae, address, and EN of addred organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Mine 34 Almae, address, and EN of addred organizations Primary address, add	(Form 990) Canton (Form 990) Canton (Form 990) Canton (Formal Revenue Santice	 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 	organization answered "Yes" Attach to Form 990. about Schedule R (Form 990) a	Igalii zatiolic all officience ratificioni points anization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or sch to Form 990. ► See separate instructions. A comparent comparent of the comparent is instructions is at www.irs.gov/form990.	III CIGLOCUL 1 GLICUS rm 990, Part IV, line 33, 34, 35b, See separate instructions. Instructions is at <i>www.irs.gov/fo</i>	16, ог 37. 76, ог 37. 71990.	2013 Open to Public Inspection	2013 Open to Public Inspection
Identification of Disregarded Entities Complete if the hane, address, and ElN (if applicable) of disregarded entity Name, address, and ElN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organizations during to one or more related fax-exempt organizations during to a farme, address, and ElN of related organizations during to a farme, address, and ElN of related organizations for the second to a farme to a farm	NERAL HOSPITAL,			-			Employer Identificat 52-0646893	Employer identification number 52-0646893
Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN (if applicable) of disregarded entity Identification of Related Tax-Exempt Organizations one or more related Tax-Exempt Organizations one or more related Tax-Exempt Organizations of each state far. Mary's, INC. far. Mary's, INC. far. Mary's, INC. far. Mary's, INC. far. Mary's HOSFITAL OF ST. MARY'S, INC. far. Mary's HOSFITAL OF ST. MARY'S, COUNTY far. Mary's HOSFITAL OF ST. MARY'S COUNTY far. Mary's HOSFITAL CENTER			e organization answ	vered "Yes" on F	orm 990, Part IV	/, line 33.	*	
Image: Second	(a) (a) Name, address, and EIN (if applicable)	of disregarded entity			(c) Legat domicile (state or foreign country)		(e) End-of-year assets	(I) Direct controlling entity
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Image: construction of the second	[2]							
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Identification of Related Tax-Exempt Organizations during to no or more related tax-exempt organizations during to normalize to normalite to no no no no normalize to normalize to normalize t	(4)							
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Identification of Related Tax-Exempt Organizations during t one or more related tax-exempt organizations during t (a) (a) Name, address, and ElN of related organization HOSFICE OF ST. MARY'S, INC. 52-2153926 PO BOX 527 LEONIARDFOWN, HD 20650 ST. MARY'S, INC. LEONIARDFOWN, HD 20650 PO BOX 527 LEONIARDFOWN, HD 20650 ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-1051368 PO BOX 527 LEONIARDFOWN, MD 20650 PD BOX 527 LEONIARDFOWN, MD 20503 T503 SURANTYS ROAD CLINTON, HD 20735								
(a) (b) (c) (d) (d) (e) Mame, address, and EIN of related organization Primary activity Legal domicle (state Public cherry status MoSPICE of ST. MARY'S, INC. 52-2153926 SUPPORT ORG MD 501 (C) (3) 11A I N/ F00 EGX 527 LEGUMENTOWN, MD 20650 SUPPORT ORG MD 501 (C) (3) 3 N/ ST. MARY'S INSETTAL OF NUMENTOWN, MD 20650 BOX 527 MD 501 (C) (3) 3 N/ ST. MARY'S INSETTAL FOUNDATION, INC. 52-0619006 MD 501 (C) (3) 3 N/ FOR EXARY SOUTHERN ND INSETTAL FOUNDATION, INC. 52-0151368 SUPPORT ORG MD 501 (C) (3) 3 N/ FOR EXARY SOUTHERN ND INSETTAL CENTERN 46-0726303 MD 501 (C) (3) 3 N/ 7503 SUBRATTS ROAD CLAINTON, INC. 100000 501 (C) (3) 3 N/		Ipt Organizations anizations during the	Complete if the or he tax year.	ganization answ	ered "Yes" on F	orm 990, Part IV,	line 34 because	it had
HOSPICE OF ST. WARY'S, INC. 52-2153926 SUPPORT ORG MD 501 (C) (3) 11A I FO BOX 527 LEONNARTOWN, HD 20650 SUPPORT ORG MD 501 (C) (3) 11A I ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 HOSPITAL MD 501 (C) (3) 3 Z55500 FOINT LOOKOUT ROAD LEONNARTION, INC. 52-061306 HOSPITAL MD 501 (C) (3) 3 ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368 HOSPITAL MD 501 (C) (3) 3 FO BOX 527 LEONNARTION, INC. 52-1051368 MD 501 (C) (3) 3 FO BOX 527 NDPORT ORG MD 501 (C) (3) 3 3 T503 SURANTS ROAD CLINTON, HD 20735 HOSPITAL MD 501 (C) (3) 3	(a) Name, address, and EIN of related organiz	ition	(b) Primary activity	(c) Legal domicile (stati or foreign country)	<u> </u>		Direct	(6) 1512
HOSFICE OF ST. MAN'S, INC. 52-2153926 SUPPORT ORG MD 501 (C) (3) 11A I ST. MARY'S HOSFITAL OF ST. MARY'S COUNTY 52-0619006 HOSPITAL OF ST. MARY'S COUNTY 52-0619006 HOSPITAL 501 (C) (3) 11A I ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 HOSPITAL MD 501 (C) (3) 3 Z55500 FOINT LOOKOUT ROAD LEGNARDTOWN, MD 20650 HOSPITAL MD 501 (C) (3) 3 ST. MARY'S HOSPITAL FOUNDATION, INC. 522-1051368 HOSPITAL MD 501 (C) (3) 3 F0 BOX 527 MD 501 (C) (3) 11A I MD 501 (C) (3) 3 F0 BOX 527 MD S01 (C) (3) 501 (C) (3) 3 3 F0 BOX 527 MD S01 (C) (3) 3 3 7503 SURRATTS ROAD CLINTON, HD 20735 HOSPITAL MD 501 (C) (3) 3								Yes No
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 HOSPITAL BD 501(C)(3) 3 25500 FDINT LOOKOUT RAD LEGNARDTOWN, MD 20650 HOSPITAL MD 501(C)(3) 3 ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368 HOSPITAL MD 501(C)(3) 11A I F0 BOX 527 MD 501(C)(3) 501(C)(3) 3 T503 SURRATTS ROAD MD 501(C)(3) 3 7503 SURRATTS ROAD MD 501(C)(3) 3 TOUD S01(C)(3) 3 3 TOUD CLINTON, HD 20735 HOSPITAL MD 501(C)(3) 3		52-2153926 rown, hd 20650	SUPPORT ORG	ДМ	501 (C) (3)		N/A	X
ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368 SUPPORT ORG MD 501(C)(3) 11A I PO BOX 527 LEONNARDOWN, MD 20650 SUPPORT ORG MD 501(C)(3) 3 HEDSTAR SOUTHERN HD HOSPITAL CENTER 46-0726303 HOSPITAL MD 501(C)(3) 3 7503 SURRATIS ROAD CLINTON, HD 20735 HOSPITAL MD 501(C)(3) 3	ST. MARY'S HOSPITAL OF ST. MARY'S COUN 25500 FOINT LOOKOUT ROAD	52-0619006 FOWN, MD 20650	HOSPITAL	CIM .	501 (C) (3)	ŝ	N/A	X
HEDSTAR SOUTHERN HD HOSPITAL CENTER 46-0726303 HOSPITAL MD 501(C)(3) 3 7503 SURRATTS ROAD CLINTON, HD 20735 HOSPITAL MD 501(C)(3) 3	ST. MARY'S HOSFITAL FOUNDATION, INC. PO BOX 527	52-1051368 TOWN, MD 20650	SUPPORT ORG	ДМ	501 (C) (3)		N/A	X
	MEDSTAR SOUTHERN MD HOSPITAL CENTER 7503 SURRATIS ROAD	72630	HOSPITAL	ДМ	501(C)(3)	9	N/A	×
(6)	(5)							
	(9)							
	(1)(1)							

MONTGOMERY GENERAL HOSPITAL, INC.

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(a) Name, address, and EIN of related organization			_							
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	al Share of end-of- year assets	(h) Disproprotection alterations 3 Voca	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	()) General or managing partner?	(k) Percentage ownership
11 SURGICENTER AT PASADENA, LLC 5 5.655 STEBRETT PLACE 5.74 BLOOR MED	MEDICAL SERVI	d/M	A							
	LAB SERVICES						×			
				1. A						
(4)										
(2)										
(6)										
(1)										
Part Identification of Related Organizations Taxable line 34 because it had one or more related organ	brganizations	Taxable a: ed organiz	s a Corporatio	n or Trust Col as a corporati	as a Corporation or Trust Complete if the organization ans hizations treated as a corporation or trust during the tax year.	as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, hizations treated as a corporation or trust during the tax year.	'ed "Yes" c	on Form 990, I	Part IV,	
(a) Name, address, and EIN of related organization	ated organization		(b) Primary activity	ivity (c) Legal domicale (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(n) Share of total income	(g) Share of end-of-year assels	Percen- sets tage ownership	
										Yes No
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	BIA, MD 21044	ach0707-70	DRUG SALES	Q	N/A	C CORP				
(2) EXTEMCARE, INC. 5565 STERRETT PLACE. 5TH FLOOR CONNMELA.	BIA. ND 21044	52-1556228		ICES	N/A	c cokP				
(3) HELIX RESOURCES MANAGEMENT, INC.		52-1913070			211					
(4) HELIXCARE MEDICAL GROUP, LLC		52-1955580		2 5 5 2 5	11/7					
(5) HELIXCARE PROPERTIES, LIC	1044	52-1966695	HEDICAL SERVICES		A/N	C CORP				
AY VENTURES. INC.		52-1893569			N/A	c corP				
(7) PHYSICIANS ADMINISTRATIVE SERVICES, INC.		23-7042074		un TCEs	N/A					

MONTGOMERY GENERAL HOSPITAL, INC.

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(a) Name, address, and EIN of Primary activity (1)	(c) Legal domicile (state or foreign country)		(e) Predominant	()	[0]	æ		1	
2)		Direct controlling entity se	income (related, unnetated, excluded from tax under sections 512-514)	Share of total Income	I Share of end-of- year assets	(II) Dispondension Abcohent? Yes NO	-UB1 box 20 ule K-1 1065)	0) General or managing partner? Yes No	(k) Percentage ownership
21									
3									
(4)									
(5)									
(6)									
(<u>1</u>)									
Part IV luctuation of Network Organizations taxable as a corporation of trust compress in the organization of the tax year.	re related organiza	izations treated as a corporation or trust during the tax year.	a corporation	or trust during	the tax year.				
(a) Name, address, and EIN of related organization	ization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- ets tage ownership	n- Section 512(b)(13) ship entity?
									Yes No
(1) MEDSTAR FAMILY CHOICE, INC.	52-1995521								
5565 STERRETT PLACE, 5TH FLOOR COLUMBIA.	MD 21044	MANAGED CARE	đ	N/A	C CORP			_	
(2) MEDSTAR ENTERPRISES, INC 4061 POWDERHILL ROAD, SUITE 210 CALVERTON, ME	MD 20705		QW	N/A	c corp				
(3) SITEL, INC	21044		QM	N/A	c corp				
Contraction Contraction A	52-1850113 m 20705		Ŵ	N/A	C CORP				
NGTON RISK NETWOR	MD 20705		dW		c corp		-		
(6) MASHINGTON HOSPITAL CENTER PHYSICIAN HOS 100 IRVING STREET NW WASHINGTON, DC 20010	52-1931000		QW	N/A	c corp				
(7) MEDSTAR PHYSICIAN PARTNERS, INC.	52-2030809 m 20705	MEDICAL SERVICES	Ĥ	N/A	c corp				

MONTGOMERY GENERAL HOSPITAL, INC.

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(a) Name, address, and EIN of related organization (1)				nearca as a bainter stilb agung nie ray lear.	נווט ומא זישוו					
()	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income (related, unceated, excluded from tax under tax under sections 512-514}	(n) Share of total income	(g) Share of end-of- year assets	-	() Code V-UB1 amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
							N N N N N N N N N N N N N N N N N N N		Yes No	
(2)										
(3)										
(4)					Y					
(5)										
(6)										
<u>(1)</u>										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ans line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Organizations	Taxable as a ed organizat	Corporation (ions treated as	or Trust Com s a corporatior	piete if the org 1 or trust during	as a Corporation or Frust Complete if the organization answered "Yes" on Form 990, Part IV lizations freated as a corporation or frust during the tax year.	ed "Yes" o	n Form 990, F	aπ IV,	
(a) Name, address, and EIN of related organization	lated organization		(b) Primary activity	y Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- sets tage ownership	thip controlled entity?
									_	Yes No
[1] FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA 5565 STERRET PLACE, 5TH FLOOR COLUMBIA, HD 21044	SOCIA	76-0756352	CONDO OWNER ASSOC	SOC	N/A	C CORP				
(2) MGH DIVERSIFIED SERVICES, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 2	20832	52-1943602	HEDICAL SERVICES	QW	N/A	c corp				
(3) ST. MARY'S HEALTH ALLIANCE, INC.		52-1930331		ŝ	111					
(4) GREENSPRING FINANCIAL INSURANCE LIMITED										
(5) 21 LIME THEE HAT AVENUE PO BOX 1051 KIT-1102, (5) 2T MARY'S CONDO ASSOCIATION	MD 20650	LATPA	CONDOMINIUMS	2 9	N/A	c corp				
(ē)										
(1)										

MONTGOMERY GENERAL HOSPITAL, INC.

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INC.
HOSPITAL,
GENERAL
MONTGOMERY

Schedule R (Form 990) 2013

52-0646893

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.	a				Yes	Ŷ
-	During the tax year did the proanization encage in any of the following transactions with one or more related organizations listed in Parts II-N?	transactions with one or more rel	ated organizations list	ed in Parts II-IV?			1
n	Receipt of (I) interest (II) annuities (III) rovalties or (Iv) rent from a controlled entity	lled entity					×
م :	Gift. grant. or capital contribution to related organization(s)				1p		×
C.	Gift arant or canital contribution from related organization(s)				10		×
τ	I cans or loan quarantees to or for related organization(s)				14		×
5 6	Louis of their guarantees by related emerication(s)		• • • • • • • • • •				×
b	LOBIS OF IVER BURNESS OF LEADER OF BURNING,		• • • • • • • •				
-	Dividends from related ornanization(s)				45		×
. 8	:		• • • • • • • • • • • • • • • • • • •		10		×
n _=	•				ŧ		×
:	Exchange of assets with related organization(s)				=		×
• •==	Lease of facilities. equipment. or other assets to related organization(s)				Ŧ		×
•		* * * * * * * * * * * * * * * * * * * *					
*	Lease of facilities. equipment, or other assets from related organization(s)				1k		×
	Performance of services or membership or fundraising solicitations for related organization(s)	related organization(s)			=		×
. 8	Performance of services or membership or fundraising solicitations by related organization(s)	elated organization(s)			E		×
-	Sharing of facilities equipment mailing lists or other assets with related organization(s)	d organization(s)			1n	_	×
: 0	Sharing of paid employees with related organization(s)				10		\times
1							1000
	Reimbursement paid to related organization(s) for expenses				1	×	
. .	Reimbursement paid by related organization(s) for expenses				<u>1</u>	×	
-	Other transfer of cash or property to related organization(s)	• • • • • • • • • • • • • • • • • • •	- - - - - - - - -		+	_	×
u)	Other transfer of cash or property from related organization(s).	* * * * * * * * * * * *	•	•		×	
ы	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	mation on who must complete thi	s line, including cover	ed relationships and transact	ction threshold	ds.	
	(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	{d} Method of delemining amount involved	eterminin volved	<u>o</u>
Ē	MGH HEALTH FOUNDATION		ω	779,765 .	FMV		
5	NRH REGIONAL REHAB AT OLNEY		s	108,813.	CASH		
3							
(4)							
2							
(9)							-
JSA 3E130	JSA 3E1309 1,000				Schedule R (Form 990) 2013	(066 EL	2013
	07353X 2502 V 13-7.15	2377084			PAGE	75	

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Schedule R (Form 990) 2013)							Page 4
Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	s Taxable as a Partn	ership Comple	ete if the organ	nization a	nswered "Yes	on Form 99(), Part	IV, lin	e 37.			
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.	ach entity taxed as a pi organization. See instr	artnership throu uctions regardin	lership through which the organization conducted more tha ons regarding exclusion for certain investment partnerships.	rganizatio certain inv	n conducted mo	re than five perships.	ercent	of its a	ctivities (meas	ured t	oy tota	al assets
(a) Name, address, and EN of entity	(b) Primary activity	(c) Legal domicila (state or forzign country)	(d) Predominant income (retated, unretated, excluded	(e) Are all partners section 501(c)(3)	rs (f) Share of total income	(g) Share of end-of-year assets	(h) Disprapartionate allocations?	ļ	(1) Code V-UB1 emount in box 20 of Schedule K-1	(J) General or managing partner?		(k) Percentage ownership
			from tax under section 512-514)	Yes No			Yes	Ŷ	(Form 1065)	Yes	Ŷ	
(1).												
(2)												
(3)												
(4)						48						
(5)												
(9)												
(1)												
<u>(8)</u>	8											
(6)		-										
(10)												
[11]												
[12]												
[13]												
[14]				na)								
[15]												
(16)		-										
JSA 3E13101,000									Sch	edule F	{Form	Schedule R {Form 990} 2013

MONTGOMERY GENERAL HOSPITAL, INC.

2377084

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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see	Schedule R (Form 990) 2013
instructions).	Part VII	

Form 8879-EO	IRS <i>e-file</i> Signa for an Exem	ture Authorization pt Organization		OMB No. 1545-1878
	For calendar year 2013, or fiscal year beginning $\underline{Q}\underline{7}$,	201_2 2013, and ending $06/3$	30 _ 20 14 _	
Department of the Treesury		IRS. Keep for your records.		2013
Internal Revenue Service Name of exempt organization	Information about Form 8878-EO and	Its Insurctions is at www.ks.gov/re		fication number
	NERAL HOSPITAL, INC.		52-064	
Name and title of officer		······································	52-064	
	ICE PRESIDENT/TREASURER	Ioliars Only)	<u></u>	
	eturn for which you are using this Form 88			AL 111
check the box on line ' leave line 1b, 2b, 3b,	a, 2a, 3a, 4a, or 5a, below, and the amount to, or 5b, whichever is applicable, blank (elow. Do not complete more than 1 line in	nt on that line for the return bei do not enter -0-). But, If you er	ing filed with this fo	m was blank then
1a Form 990 check h	ere 🕨 🔀 b. Total revenue, if any (For	m 990, Part VIII, column (A), line	e 12) 1b	148729217.
2a Form 990-EZ chec	k here 🕨 🔄 b Total revenue, if any	(Form 990-EZ, line 9)	2b	
3a Form 1120-POL ct 4a Form 990-PF chec	eck here Fills b Total tax (Form	1120-POL, line 22) Sent Income (Form 990-PF, Part		
5a Form 8868 check		8, Part I, line 3c or Part II, line 8c	t VI, line 5), 4b c) 5b	
			····· ··· ····	
Part II Declaratio	n and Signature Authorization of Offic	er		····· - · · · ·
are true, correct, and c organization's electron to send the organizatio the transmission, (b) the authorize the U.S. Trea financial institution accorreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	ctronic return and accompanying schedule omplete. I further declare that the amount c return. I consent to allow my intermediate n's return to the IRS and to receive from the a reason for any delay in processing the re sury and its designated Financial Agent to punt indicated in the tax preparation softwa I institution to debit the entry to this account 37 no later than 2 business days prior to the ing of the electronic payment of taxes to re o the payment I have selected a personal applicable, the organization's consent to e	in Part I above is the amount shares service provider, transmitter, it IRS (a) an acknowledgement of turn or refund, and (c) the date of initiate an electronic funds with refor payment of the organizat it. To revoke a payment, I must be payment (settlement) date. I celve confidential information n identification number (PIN) as a	nown on the copy of I or electronic return of freceipt or reason of any refund. If app drawal (direct debit) ion's federal taxes contact the U.S. Tro also authorize the f eccessary to answer	the briginator (ERO) for rejection of licable, 1 entry to the bwed on this basury Financial inancial institutions
Officer's PIN: check o	MG LLP		21237	as my signalure
	ERO firm name		Enter five numbers, bu do not enter all zeros	t
being filed with ERO to enter r	tion's tax year 2013 electronically filed retu a state agency(ies) regulating charities as ny PIN on the return's disclosure consent sc	part of the IRS Fed/State prog reen.	s return that a copy ram, I also authorize	the aforementioned
If I have indica	the organization, I will enter my PIN as my ed within this return that a copy of the retu ate program, I will enter my PIN on the ret	rn is being filed with a state age	s tax year 2013 electrony (les) regulating	ctronically filed return. charities as part of
Officer's signature	Chill Bring	0-1-	. ulalie	
	tion and Authentication	Deta	4120/12	
	your six-digit electronic filing Identification			
	by your five-digit self-selected PIN.	5	4 0 2 8 0 do not enter a	22102
indicated above. I cont	numeric entry is my PIN, which is my signa rm that I am submitting this return in accor red IRS e-file Providers for Business Returns	dance with the requirements of	filed return for the d	manization
ERO's signature	iganet (1. Brudsha	Date ►.	4128/15	
<u> </u>		s Form - See Instructions		
	Do Not Submit This Form To t	he IRS Unless Requested To		
For Paperwork Reduc	tion Act Notice, see back of form.		F	am 8879-EO (2013)
JSA				
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Cumulative e-File History 2013					
	Federal				
Locator:	07353X				
Taxpayer Name:	Montgomery General Hospital, INC.				
Return Type:	990, 990 & 990T (Corp)				
Submitted Date:	05/06/2015 15:32:10				
Acknowledgement Date:	Acknowledgement Date: 05/06/2015 15:57:47				
Status:	Accepted				
Submission ID:	54028020151265000013				