

FY 2008 Maryland Hospital Community Benefit Totals

A Community Health Services

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A1 Community Health Education	304,264	9,680,422	\$16,317,880	\$8,797,648	\$23,510,024	\$14,712,375
Support Groups	15,468	64,395	\$730,404	\$415,372	\$1,137,160	\$721,788
Self-Help	34,031	176,733	\$1,757,575	\$915,814	\$2,163,658	\$1,247,844
A2 Community-Based Clinical Services	93,186	107,449	\$6,750,632	\$3,859,689	\$9,791,550	\$5,931,861
Screenings	27,804	84,051	\$1,791,118	\$951,784	\$2,575,276	\$1,623,492
One-Time/Occasionally Held Clinics	6,905	33,894	\$611,901	\$310,524	\$754,049	\$443,525
Free Clinics	4,176	17,498	\$156,602	\$94,985	\$251,587	\$156,602
Mobile Units	15,309	6,248	\$758,660	\$384,280	\$1,142,940	\$758,660
A3 Health Care Support Services	117,972	189,904	\$12,084,435	\$6,677,538	\$17,148,310	\$10,470,772
A4 Other	46,070	123,582	\$2,772,195	\$1,570,526	\$4,068,977	\$2,498,450
totals	665,184	10,484,175	\$43,731,403	\$23,978,160	\$62,543,531	\$38,565,371

B Health Professions Education

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
B1 Physicians/Medical Students	3,791,388	55,573	\$179,725,386	\$57,712,079	\$237,436,417	\$179,724,338
B2 Scholarships/Funding for Professional Education	10,964	5,500	\$2,531,567	\$99,057	\$2,630,625	\$2,531,567
B3 Nurses/Nursing Students	311,229	115,828	\$11,057,507	\$2,782,044	\$13,803,169	\$11,021,125
B4 Technicians	37,500	10,830	\$1,338,748	\$478,727	\$1,715,253	\$1,236,526
B5 Other Health Professionals	134,507	59,337	\$4,893,515	\$968,911	\$5,807,224	\$4,838,313
B6 Other	47,455	37,042	\$1,400,765	\$449,004	\$1,841,342	\$1,392,338
Totals	4,333,042	284,110	\$200,947,487	\$62,489,823	\$263,234,030	\$200,744,207

C Mission Driven Health Services

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
	1,917,105	1,049,971	\$243,694,435	\$53,060,785	\$191,461,782	\$138,400,998

D Research

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
D1 Clinical	66,877	21,805	\$6,549,029	\$1,638,912	\$5,996,248	\$4,357,336
D2 Community Health Research	1,131	150	\$79,350	\$2,697	\$82,046	\$79,350
D3 Other	10,501	377	\$2,853,912	\$0	\$2,853,912	\$2,853,912
Totals	78,509	22,332	\$9,482,291	\$1,641,609	\$8,932,207	\$7,290,598

E Financial Contributions

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
E1 Cash Donations	1,924	6,738	\$5,740,425	\$1,078,055	\$6,481,178	\$5,403,123
E2 Grants	0	0	\$641,413	\$0	\$353,184	\$353,184
E3 In-Kind Donations	30,516	140,357	\$4,357,602	\$363,422	\$4,612,059	\$4,248,637
E4 Cost of Fund Raising for Community Programs	3,637	2,390	\$449,175	\$64,134	\$513,309	\$449,175
E5 Sales Taxes, Property Taxes, Income Taxes*	0	0	\$5,889,000	\$0	\$5,889,000	\$5,889,000
Totals	36,077	149,485	\$17,077,614	\$1,505,611	\$17,848,729	\$16,343,118

F Community Building Activities

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
F1	1,386	184,339	\$2,028,417	\$404,305	\$2,432,722	\$2,028,417
F2	18,753	5,812	\$1,236,195	\$759,605	\$1,614,400	\$854,795
F3	47,042	21,687	\$2,284,976	\$1,285,085	\$3,294,623	\$2,009,538
F4	9,686	224	\$262,537	\$147,468	\$410,006	\$262,537
F5	12,219	8,054	\$636,937	\$322,796	\$955,858	\$633,062
F6	7,228	8,874	\$687,976	\$370,406	\$1,058,360	\$687,954
F7	9,763	31,005	\$902,274	\$397,314	\$1,195,702	\$798,389
F8	20,975	13,552	\$2,558,916	\$1,344,315	\$3,699,668	\$2,355,353
F9	55,736	21,173	\$1,921,024	\$361,601	\$2,261,579	\$1,899,978
Totals	182,788	294,720	\$12,519,251	\$5,392,896	\$16,922,917	\$11,530,022

G Community Benefit Operations

- G1 Dedicated Staff
- G2 Community Health/Health Assets Assessments
- G3 Other Resources

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
G1	44,371	128,223	\$2,151,385	\$1,164,760	\$3,250,184	\$2,085,423
G2	1,743	254	\$106,557	\$60,916	\$167,473	\$106,557
G3	7,054	61,525	\$2,194,884	\$1,323,549	\$3,518,434	\$2,194,884
Totals	53,168	190,002	\$4,452,827	\$2,549,226	\$6,936,090	\$4,386,865

H Charity Care (report total only)

\$286,323,867

J FOUNDATION COMMUNITY BENEFIT

- J1 Community Services
- J2 Community Building
- J3 Other (Please indicate below):

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
J1	59,797	5,627	\$6,307,840	\$341,651	\$5,759,358	\$5,417,707
J2	6,537	2,540	\$1,606,478	\$18,050	\$1,101,994	\$1,083,944
J3	0	11	\$19,965	\$2,927	\$22,892	\$19,965
Totals	66,334	8,178	\$7,934,283	\$362,628	\$6,884,244	\$6,521,616

K Total Hospital Community Benefit

- A Community Health Services
- B Health Professions Education
- C Mission Driven Health Care Services
- D Research
- E Financial Contributions
- F Community Building Activities
- G Community Benefit Operations
- H Charity Care
- J Foundation Funded Community Benefit

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A	665,184	10,484,175	\$43,731,403	\$23,978,160	\$62,543,531	\$38,565,371
B	4,333,042	284,110	\$200,947,487	\$62,489,823	\$263,234,030	\$200,744,207
C	1,917,105	1,049,971	\$243,694,435	\$53,060,785	\$191,461,782	\$138,400,998
D	78,509	22,332	\$9,482,291	\$1,641,609	\$8,932,207	\$7,290,598
E	36,077	149,485	\$17,077,614	\$1,505,611	\$17,848,729	\$16,343,118
F	182,788	294,720	\$12,519,251	\$5,392,896	\$16,922,917	\$11,530,022
G	53,168	190,002	\$4,452,827	\$2,549,226	\$6,936,090	\$4,386,865
H	0	0	\$0	\$0	\$286,323,867	\$286,323,867
J	66,334	8,178	\$7,934,283	\$362,628	\$6,884,244	\$6,521,616
Total Hospital Community Benefits	7,332,206	12,482,972	539,839,591	150,980,737	861,087,398	710,106,661

TOTAL OPERATING EXPENSE **\$11,920,248,872**

% OF OPERATING EXPENSES W/IC **7.22%**

% OF OPERATING EXPENSES W/O IC **5.96%**

FY 2008

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
A Community Health Services	665,184	10,484,175	\$62,543,531	\$38,565,371
B Health Professions Education	4,333,042	284,110	\$263,234,030	\$200,744,207
C Mission Driven Health Care Services	1,917,105	1,049,971	\$191,461,782	\$138,400,998
D Research	78,509	22,332	\$8,932,207	\$7,290,598
E Financial Contributions	36,077	149,485	\$17,848,729	\$16,343,118
F Community Building Activities	182,788	294,720	\$16,922,917	\$11,530,022
G Community Benefit Operations	53,168	190,002	\$6,936,090	\$4,386,865
H Charity Care			\$286,323,867	\$286,323,867
J Foundation Funded Community Benefit	66,334	8,178	\$6,884,244	\$6,521,616
TOTAL HOSPITAL COMMUNITY BENEFIT	7,332,206	12,482,972	\$861,087,398	\$710,106,661

FY 2007

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
A Community Health Services	529,408	7,502,808	\$59,011,039	\$33,753,722
B Health Professions Education	4,010,171	353,061	\$270,599,434	\$183,033,624
C Mission Driven Health Care Services	1,705,555	1,159,156	\$170,832,866	\$107,071,239
D Research	87,731	27,342	\$13,683,835	\$8,506,624
E Financial Contributions	34,021	140,115	\$11,455,689	\$9,246,968
F Community Building Activities	123,204	95,769	\$15,585,846	\$7,927,448
G Community Benefit Operations	42,253	94,461	\$6,123,941	\$4,010,458
H Charity Care			\$260,010,717	\$260,010,717
J Foundation Funded Community Benefit	14,067	1,023	\$5,184,615	\$3,485,456
TOTAL HOSPITAL COMMUNITY BENEFIT	6,546,409	9,373,734	\$812,487,981	\$617,046,255

	2008 Net Community Benefit W/Indirect Cost	2007 Net Community Benefit W/Indirect Cost	% Increase from 2007 to 2008 W/Indirect costs	2008 Net Community Benefit W/O Indirect Cost	2007 Net Community Benefit W/O Indirect Cost	% Increase from 2007 to 2008 W/O Indirect costs
Community Health A Services	\$62,543,531	\$59,011,039	5.99%	\$38,565,371	\$33,753,722	14.26%
Health Professions B Education	\$263,234,030	\$270,599,434	-2.72%	\$200,744,207	\$183,033,624	9.68%
Mission Driven Health C Care Services	\$191,461,782	\$170,832,866	12.08%	\$138,400,998	\$107,071,239	29.26%
D Research	\$8,932,207	\$13,683,835	-34.72%	\$7,290,589	\$8,506,624	-14.30%
Financial E Contributions	\$17,848,729	\$11,455,689	55.81%	\$16,343,118	\$9,246,968	76.74%
Community Building F Activities	\$16,922,917	\$15,585,846	8.58%	\$11,530,022	\$7,927,448	45.44%
Community Benefit G Operations	\$6,936,090	\$6,123,941	13.26%	\$4,386,865	\$4,010,458	9.39%
H Charity Care	\$286,323,867	\$260,010,717	10.12%	\$286,323,867	\$260,010,717	10.12%
Foundation Funded J Community Benefit	\$6,884,244	\$5,184,615	32.78%	\$6,521,616	\$3,485,456	87.11%
Totals	\$861,087,398	\$812,487,981	5.98%	\$710,106,661	\$617,046,255	15.08%

FY 2007 Maryland Hospital Community Benefit Totals

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
A1 Community Health Education	164,633	6,491,817	\$20,065,883	\$12,448,220
Support Groups	15,494	51,919	\$1,080,284	\$682,395
Self-Help	26,723	151,762	\$1,861,143	\$1,042,945
A2 Community-Based Clinical Services	45,806	60,128	\$6,041,465	\$3,545,107
Screenings	36,600	238,145	\$5,722,446	\$1,282,095
One-Time/Occasionally Held Clinics	11,602	32,633	\$793,074	\$436,405
Free Clinics	4,950	20,381	\$330,463	\$214,052
Mobile Units	19,266	27,583	\$2,576,144	\$1,671,731
A3 Health Care Support Services	103,428	239,649	\$16,174,738	\$9,679,248
A4 Other	100,906	188,791	\$4,365,399	\$2,751,525
TOTAL	529,408	7,502,808	\$59,011,039	\$33,753,722

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
B1 Physicians/Medical Students	3,477,120	155,230	\$238,721,395	\$161,568,884
B2 Scholarships/Funding for Professional Education	18,918	1,208	\$2,253,900	\$1,768,211
B3 Nurses/Nursing Students	290,667	76,108	\$14,371,149	\$9,155,619
B4 Technicians	59,561	29,382	\$3,365,284	\$2,101,170
B5 Other Health Professionals	130,315	69,389	\$10,137,892	\$7,265,756
B6 Other	33,589	21,746	\$1,749,813	\$1,173,983
TOTAL	4,010,171	353,061	\$270,599,434	\$183,033,624

C. MISSION DRIVEN HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
TOTAL	1,705,555	1,159,156	\$170,832,866	\$107,071,239

FY 2007 Maryland Hospital Community Benefit Totals

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	75,717	26,532	\$7,114,935	\$4,070,013
	1,614	510	\$129,323	\$86,074
	10,400	300	\$6,439,577	\$4,350,537
TOTAL	87,731	27,342	\$13,683,835	\$8,506,624

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	1,852	3,957	\$5,674,090	\$4,457,502
	115	461	\$107,351	\$69,213
	27,946	130,063	\$4,599,204	\$4,030,422
	4,108	5,634	\$1,075,043	\$689,831
TOTAL	34,021	140,115	\$11,455,689	\$9,246,968

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	6,504	5,830	\$2,621,413	\$602,984
	18,785	10,748	\$1,293,613	\$493,629
	27,026	23,410	\$4,325,938	\$2,456,260
	6,744	152	\$371,239	\$236,150
	12,210	7,946	\$867,143	\$539,184
	8,121	6,136	\$910,517	\$512,100
	11,238	21,712	\$1,253,157	\$813,322
	24,634	14,082	\$3,405,531	\$2,019,818
	7,942	5,753	\$537,293	\$254,000
TOTAL	123,204	95,769	\$15,585,846	\$7,927,448

FY 2007 Maryland Hospital Community Benefit Totals

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
G. COMMUNITY BENEFIT OPERATIONS				
G1 Dedicated Staff	35,448	51,907	\$3,705,711	\$2,442,834
G2 Community health/health assets assessments	1,486	231	\$182,770	\$136,523
G3 Other Resources	5,320	42,323	\$2,235,460	\$1,431,100
TOTAL	42,253	94,461	\$6,123,941	\$4,010,458
H. CHARITY CARE (report total only)				
TOTAL			\$260,010,717	
J. FOUNDATION COMMUNITY BENEFIT				
J1 Community Services	13,688	0	\$4,993,416	\$3,311,381
J2 Community Building	285	1,000	\$144,265	\$136,996
J3 Other	94	23	\$46,933	\$37,079
TOTAL	14,067	1,023	\$5,184,615	\$3,485,456
K. TOTAL HOSPITAL COMMUNITY BENEFIT				
A Community Health Services	529408	7502808	\$59,011,039	\$33,753,722
B Health Professions Education	4010171	353061	\$270,599,434	\$183,033,624
C Mission Driven Health Care Services	1705555	1159156	\$170,832,866	\$107,071,239
D Research	87731	27342	\$13,683,835	\$8,506,624
E Financial Contributions	34021	140115	\$11,455,689	\$9,246,968
F Community Building Activities	123204	95769	\$15,585,846	\$7,927,448
G Community Benefit Operations	42253	94461	\$6,123,941	\$4,010,458
H Charity Care			\$260,010,717	\$260,010,717
J Foundation Funded Community Benefit	14067	1023	\$5,184,615	\$3,485,456
TOTAL HOSPITAL COMMUNITY BENEFIT	6546409	9373734	\$812,487,981	\$617,046,255
TOTAL OPERATING EXPENSE				\$11,145,288,757
% OF OPERATING EXPENSES W/IC				7.29%
% OF OPERATING EXPENSES W/O IC				5.54%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Anne Arundel Medical Center
HSCRC Hospital ID #:	23
# of Employees:	2,789
Contact Person:	Bill West
Contact Number:	443 481-5360
Contact Email:	bwest1@aahs.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	8,169	3,527,141	\$646,148.00	\$365,202.85		\$1,011,350.85
Support Groups	962	5,580	\$33,060.20	\$18,685.63		\$51,745.83
Self-Help	8,031	6,953	\$319,757.00	\$180,726.66	\$128,223.00	\$372,260.66
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	416	1,795	\$12,480.00	\$7,053.70		\$19,533.70
One-Time/Occasionally Held Clinics	4,454	4,116	\$224,697.59	\$126,999.08		\$351,696.67
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	21,509	59,527	\$623,766.72	\$352,552.95		\$976,319.67
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Pharmacy Assistance Program	312	276	\$25,965.11	\$14,675.48		\$40,640.59
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	43,853	3,605,388	\$1,885,874.62	\$1,065,896.34	\$128,223.00	\$2,823,547.96

Hospital Name:	Anne Arundel Medical Center
HSCRC Hospital ID #:	23
# of Employees:	2,789
Contact Person:	Bill West
Contact Number:	443 481-5360
Contact Email:	bwest1@aaahs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	38,462	317	\$7,800.00	\$1,950.00		\$9,750.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	600	2	\$2,870.00	\$1,622.12		\$4,492.12
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	39062	319	\$10,670.00	\$3,572.12	\$0.00	\$14,242.12

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Annapolis Outreach Center	4,721	4,865	\$594,578.00	\$336,055.48		\$930,633.48
C2 Cholesterol Screening for Blood Donors	1,105	6,500	\$27,625.00	\$15,613.65		\$43,238.65
C3 Employee Blood Donation Program	416		\$17,056.00	\$9,640.05		\$26,696.05
C4 Free Therapeutic Phlebotomy for Hereditary Hemochromatosis	1,058	500	\$15,870.00	\$8,969.72		\$24,839.72
C5 Lifeline Emergency Response	1,525	490	\$43,993.00	\$15,600.00	\$2,874.00	\$56,719.00
C6 Diabetic Foot Screenings	19	18	\$1,380.00	\$779.98		\$2,159.98
C7 Emergency Medical Care Annapolis 10K	82	5,000	\$2,570.00	\$0.00		\$2,570.00
C8 Hospice Care	1,200	118	\$256,154.00	\$144,778.00	\$153,962.00	\$246,970.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	10,126	17,491	\$959,226.00	\$531,436.88	\$156,836.00	\$1,333,826.88

Hospital Name: Anne Arundel Medical Center
HSCRC Hospital ID #: 23
of Employees: 2,789

Contact Person: Bill West
Contact Number: 443 481-5360
Contact Email: bwest1@aaahs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	260		\$38,530.00	\$21,777.16		\$60,307.16
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	780	2,013	\$67,500.00	\$38,151.00		\$105,651.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	1040	2013	\$106,030.00	\$59,928.16	\$0.00	\$165,958.16

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	150		\$80,000.00	\$45,216.00		\$125,216.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building	2,704		\$338,000.00	\$191,037.60		\$529,037.60
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	2,854	0	418,000	236,254	0	654,254

Hospital Name: Anne Arundel Medical Center
HSCRC Hospital ID #: 23
of Employees: 2,789

Contact Person: Bill West
Contact Number: 443 481-5360
Contact Email: bwest1@aahs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	320		\$10,560.00	\$5,968.51		\$16,528.51
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	320	0	\$10,560.00	\$5,968.51	\$0.00	\$16,528.51

H. CHARITY CARE (report total only)

TOTAL \$4,047,700.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

56.52%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$372,962,000.00

Other Revenue

\$12,617,000.00

Total Revenue

\$385,579,000.00

I3 TOTAL OPERATING EXPENSES

\$361,019,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$24,560,000.00

I5 NON-OPERATING GAINS (LOSSES)

-\$11,729,000.00

I6 NET REVENUE (LOSS)

\$12,831,000.00

Hospital Name:	Anne Arundel Medical Center
HSCRC Hospital ID #:	23
# of Employees:	2,789
Contact Person:	Bill West
Contact Number:	443 481-5360
Contact Email:	bwest1@aaahs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	43,853	3,605,388	1,885,875	1,065,896	128,223	2,823,548
B Health Professions Education	39,062	319	10,670	3,572	0	14,242
C Mission Driven Health Care Services	10,126	17,491	959,226	531,437	156,836	1,333,827
D Research	0	0	0	0	0	0
E Financial Contributions	1,040	2,013	106,030	59,928	0	165,958
F Community Building Activities	2,854	0	418,000	236,254	0	654,254
G Community Benefit Operations	320	0	10,560	5,969	0	16,529
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,047,700.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	97,255	3,625,211	3,390,361	1,903,056	285,059	9,056,057
% OF OPERATING EXPENSES	2.51%					
% of NET REVENUE	70.58%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Atlantic General Hospital
HSCRC Hospital ID #:	0061
# of Employees:	700
Contact Person:	Bruce Todd
Contact Number:	(410) 641-9095
Contact Email:	mtodd@atlanticgeneral.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	SAFE Program
A6	Newsletter
A7	Flu Clinics
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	2,717	374,003	\$475,897.00	\$333,032.72		\$808,929.72
Support Groups	20	200	\$1,334.00	\$933.53		\$2,267.53
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	4,074	6,080	\$90,594.00	\$63,397.68		\$153,991.68
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics	646	15,139	\$21,708.00	\$15,191.26		\$36,899.26
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 SAFE Program	3,912	2,874	\$45,670.00	\$31,959.87		\$77,629.87
A6 Newsletter			\$47,548.00	\$33,274.09		\$80,822.09
A7 Flu Clinics	575	5,984	\$125,607.00	\$87,899.78		\$213,506.78
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	11,944	404,280	\$808,358.00	\$565,688.93	\$0.00	\$1,374,046.93

Hospital Name:	Atlantic General Hospital
HSCRC Hospital ID #:	0061
# of Employees:	700
Contact Person:	Bruce Todd
Contact Number:	(410) 641-9095
Contact Email:	mtodd@atlanticgeneral.org

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	6,384	1,522	\$68,275.00	\$47,778.85		\$116,053.85
B4 Technicians	1,714	316	\$39,313.00	\$27,511.24		\$66,824.24
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Career Education	254	450	\$4,795.00	\$3,355.54		\$8,150.54
B8 Clinical Education	2,201	9,276	\$60,589.00	\$42,400.18		\$102,989.18
B9				\$0.00		\$0.00
TOTAL	10553	11564	\$172,972.00	\$121,045.81	\$0.00	\$294,017.81

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C1 Physician Recruitment			\$53,874.00			\$53,874.00
C2 Amortization of Physician Loans	45	39	\$81,680.00			\$81,680.00
C3 Diabetic Clinic	2,080	395	\$102,458.00	\$71,700.11	\$53,150.00	\$121,008.11
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	2,125	434	\$238,012.00	\$71,700.11	\$53,150.00	\$256,562.11

Hospital Name:	Atlantic General Hospital
HSCRC Hospital ID #:	0061
# of Employees:	700
Contact Person:	Bruce Todd
Contact Number:	(410) 641-9095
Contact Email:	mtodd@atlanticgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$17,502.00			\$17,502.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$17,502.00	\$0.00	\$0.00	\$17,502.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	96	149	\$4,970.00	\$3,478.01		\$8,448.01
F4 Environmental Improvements	60	40	\$350.00	\$244.93		\$594.93
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building	537	6,297	\$25,377.00	\$17,758.82		\$43,135.82
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement	37	60	\$2,033.00	\$1,422.69		\$3,455.69
F9 Other (Please indicate below)				\$0.00		\$0.00
Meetings	351	2,313	\$19,721.00	\$13,800.76		\$33,521.76
Community Assistance/Invlovement	814	704	\$23,021.00	\$16,110.10		\$39,131.10
				\$0.00		\$0.00
TOTAL	1,895	9,563	75,472	52,815	0	128,287

Hospital Name: Atlantic General Hospital
HSCRC Hospital ID #: 0061
of Employees: 700

Contact Person: Bruce Todd
Contact Number: (410) 641-9095
Contact Email: mtodd@atlanticgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	6,240		\$272,150.00	\$190,450.57		\$462,600.57
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	6,240	0	\$272,150.00	\$190,450.57	\$0.00	\$462,600.57

H. CHARITY CARE (report total only)	TOTAL	\$1,059,801.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	69.98%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$75,404,131.00
Other Revenue	\$710,321.00
Total Revenue	\$76,114,452.00
I3 TOTAL OPERATING EXPENSES	\$71,694,649.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$4,419,803.00
I5 NON-OPERATING GAINS (LOSSES)	\$1,204,763.00
I6 NET REVENUE (LOSS)	\$5,624,566.00

Hospital Name:	Atlantic General Hospital
HSCRC Hospital ID #:	0061
# of Employees:	700
Contact Person:	Bruce Todd
Contact Number:	(410) 641-9095
Contact Email:	mtodd@atlanticgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	11,944	404,280	808,358	565,689	0	1,374,047
B Health Professions Education	10,553	11,564	172,972	121,046	0	294,018
C Mission Driven Health Care Services	2,125	434	238,012	71,700	53,150	256,562
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	17,502	0	0	17,502
F Community Building Activities	1,895	9,563	75,472	52,815	0	128,287
G Community Benefit Operations	6,240	0	272,150	190,451	0	462,601
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,059,801.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	32,757	425,841	1,584,466	1,001,701	53,150	3,592,818

% OF OPERATING EXPENSES	5.01%
% of NET REVENUE	63.88%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Baltimore Washington Medical Center
HSCRC Hospital ID #:	43
# of Employees:	2441
Contact Person:	Kim Davidson
Contact Number:	410-787-4366
Contact Email:	kdavidson@bwmc.umms.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

A1 Community Health Education

Support Groups

Self-Help

A2 Community-Based Clinical Services

Screenings

One-Time/Occasionally Held Clinics

Free Clinics

Mobile Units

A3 Health Care Support Services

A4 Other (Please indicate below):

A5 Stork's Nest

A6 Health Fairs

A7 Lectures

A8 Associate Mileage Reimbursement

A9 Conference Room Space for Community Outreach Activities

TOTAL

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
	145	665	\$ 2,099	\$ 886	\$ 750	\$ 2,235
	173	850	\$ 403	\$ 170	\$ -	\$ 573
	0	60	\$ 384	\$ 162	\$ -	\$ 546
	0	0	\$ -	\$ -	\$ -	\$ -
	49	546	\$ 214,891	\$ 90,710	\$ -	\$ 305,601
	0	0	\$ -	\$ -	\$ -	\$ -
	36	410	\$ 5,375	\$ 2,269	\$ -	\$ 7,643
	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
	332	57	\$ 9,388	\$ 3,963	\$ -	\$ 13,351
	164	4,116	\$ 3,937	\$ 1,662	\$ -	\$ 5,598
	25	407	\$ 7,137	\$ 3,013	\$ -	\$ 10,149
	0	0	\$ 668	\$ 282	\$ -	\$ 950
	1,017	0	\$ 32,544	\$ 13,738	\$ -	\$ 46,282
TOTAL	1,939	7,111	\$ 276,825	\$ 116,854	\$ 750	\$ 392,929

Hospital Name: Baltimore Washington Medical Center
HSCRC Hospital ID #: 43
of Employees: 2441

Contact Person: Kim Davidson
Contact Number: 410-787-4366
Contact Email: kdavidson@bwmc.umms.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	0	0	\$ 197,265	\$ 83,270	\$ -	\$ 280,535
B2 Scholarships/Funding for Professional Education	0	0	\$ -	\$ -	\$ -	\$ -
B3 Nurses/Nursing Students	2,101	198	\$ -	\$ -	\$ -	\$ -
B4 Technicians	1,595	61	\$ -	\$ -	\$ -	\$ -
B5 Other Health Professionals	0	0	\$ -	\$ -	\$ -	\$ -
B6 Other (Please indicate below):	0	0	\$ -	\$ -	\$ -	\$ -
B7	0	0	\$ -	\$ -	\$ -	\$ -
B8	0	0	\$ -	\$ -	\$ -	\$ -
B9	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	3,696	259	\$ 197,265	\$ 83,270	\$ -	\$ 280,535

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. list)						
C1 Camp Airways	230	27	\$ 2,005	\$ 847	\$ -	\$ 2,852
C2 Spirit of Women Partnership (Day of Dance and Partnership Fee)	56	480	\$ 52,556	\$ 22,185	\$ -	\$ 74,741
C3 Cancer Community Outreach (Relay for Life, Girls' Night Out)	8	238	\$ 3,093	\$ 1,305	\$ -	\$ 4,398
C4 Board Involvement	317	0	\$ 40,895	\$ 17,263	\$ -	\$ 58,158
C5 Employee Involvement	6,941	0	\$ 212,405	\$ 89,661	\$ -	\$ 302,066
C6	0	0	\$ -	\$ -	\$ -	\$ -
C7 Medical Minute - WRNR	0	80,000	\$ 41,400	\$ 17,476	\$ -	\$ 58,876
C8 Community Publications	0	1,800	\$ 13,970	\$ 5,897	\$ -	\$ 19,867
C9 Arundel Mills Storefront Costs	0	1,199	\$ 70,532	\$ 29,773	\$ -	\$ 100,305
C10	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	7,552	83,744	\$ 436,855	\$ 184,407	\$ -	\$ 621,262

Hospital Name: Baltimore Washington Medical Center
HSCRC Hospital ID #: 43
of Employees: 2441

Contact Person: Kim Davidson
Contact Number: 410-787-4366
Contact Email: kdavidson@bwmc.umms.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	627	433	\$ 27,127	\$ 11,451	\$ -	\$ 38,577
D2 Community Health Research	0	0	\$ -	\$ -	\$ -	\$ -
D3 Other (Please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
D4	0	0	\$ -	\$ -	\$ -	\$ -
D5	0	0	\$ -	\$ -	\$ -	\$ -
D6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	627	433	\$ 27,127	\$ 11,451	\$ -	\$ 38,577

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	0	0	\$ 14,750	\$ 6,226	\$ -	\$ 20,976
E2 Grants	0	0	\$ -	\$ -	\$ -	\$ -
E3 In-Kind Donations	0	1,090	\$ 6,155	\$ 2,598	\$ -	\$ 8,753
E4 Cost of Fund Raising for Community Programs	40	0	\$ 1,298	\$ 548	\$ -	\$ 1,846
TOTAL	40	1,090	\$ 22,203	\$ 9,372	\$ -	\$ 31,575

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$ -	\$ -	\$ -	\$ -
F2 Economic Development	0	0	\$ 5,105	\$ 2,155	\$ -	\$ 7,260
F3 Support System Enhancements	0	0	\$ -	\$ -	\$ -	\$ -
F4 Environmental Improvements	0	0	\$ -	\$ -	\$ -	\$ -
F5 Leadership Development/Training for Community Members	32	50	\$ -	\$ -	\$ -	\$ -
F6 Coalition Building	0	0	\$ -	\$ -	\$ -	\$ -
F7 Community Health Improvement Advocacy	0	0	\$ -	\$ -	\$ -	\$ -
F8 Workforce Enhancement	0	0	\$ -	\$ -	\$ -	\$ -
F9 Other (Please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
Yoga and Pilates Classes	0	929	\$ 36,360	\$ 15,348	\$ 2,771	\$ 48,937
	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	32	979	\$ 41,465	\$ 17,503	\$ 2,771	\$ 56,197

Hospital Name: Baltimore Washington Medical Center
HSCRC Hospital ID #: 43
of Employees: 2441

Contact Person: Kim Davidson
Contact Number: 410-787-4366
Contact Email: kdavidson@bwmc.umms.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	51	0	\$ 1,103	\$ 466	\$ -	\$ 1,569
G2 Community health/health assets assessments	0	0	\$ -	\$ -	\$ -	\$ -
G3 Other Resources (please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
G4 Cost of fundraising for hospital-sponsored community benefit activities	40	0	\$1,297.92	\$ 1,014	\$ -	\$ 2,312
G5	0	0	\$ -	\$ -	\$ -	\$ -
G6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	91	0	\$ 2,401	\$ 1,480	\$ -	\$ 3,881

H. CHARITY CARE (report total only)
TOTAL \$ 3,785,438

I. FINANCIAL DATA

I1 INDIRECT COST RATIO 42.21%

I2 OPERATING REVENUE

Net Patient Service Revenue \$ 283,298,080
Other Revenue \$ 6,038,441
Total Revenue \$ 289,336,521

I3 TOTAL OPERATING EXPENSES \$ 279,077,553

I4 NET REVENUE (LOSS) FROM OPERATIONS \$ 10,258,968

I5 NON-OPERATING GAINS (LOSSES) \$ 1,857,733

I6 NET REVENUE (LOSS) \$ 12,116,701

Hospital Name: Baltimore Washington Medical Center
HSCRC Hospital ID #: 43
of Employees: 2441

Contact Person: Kim Davidson
Contact Number: 410-787-4366
Contact Email: kdavidson@bwmc.umms.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$ -	\$ -	\$ -	\$ -
J2 Community Building	0	0	\$ -	\$ -	\$ -	\$ -
J3 Other (Please indicate below):	0	0	\$ -	\$ -	\$ -	\$ -
J4 Foundation Donations	0	0	\$ 6,935	\$ 2,927	\$ -	\$ 9,862
J5	0	0	\$ -	\$ -	\$ -	\$ -
J6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$ 6,935	\$ 2,927	\$ -	\$ 9,862

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	1,939	7,111	\$ 276,825	\$ 116,854	\$ 750	\$ 392,929
B Health Professions Education	3,696	259	\$ 197,265	\$ 83,270	\$ -	\$ 280,535
C Mission Driven Health Care Services	7,552	83,744	\$ 436,855	\$ 184,407	\$ -	\$ 621,262
D Research	627	433	\$ 27,127	\$ 11,451	\$ -	\$ 38,577
E Financial Contributions	40	1,090	\$ 22,203	\$ 9,372	\$ -	\$ 31,575
F Community Building Activities	32	979	\$ 41,465	\$ 17,503	\$ 2,771	\$ 56,197
G Community Benefit Operations	91	0	\$ 2,401	\$ 1,480	\$ -	\$ 3,881
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$ 3,785,438
J Foundation Funded Community Benefit	0	0	\$ 6,935	\$ 2,927	\$ -	\$ 9,862
TOTAL HOSPITAL COMMUNITY BENEFIT	13,977	93,616	\$ 1,011,075	\$ 427,264	\$ 3,521	\$ 5,220,256

% OF OPERATING EXPENSES	1.87%
% of NET REVENUE	43.08%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Bon-Secours Hospital
HSCRC Hospital ID #:	21-0013
# of Employees:	
Contact Person:	Joseph Muth
Contact Number:	410-362-4472
Contact Email:	joseph_muth@bshsi.com

COMMUNITY BENEFIT ACTIVITES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education			\$20,229.00	\$0.00		\$20,229.00
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings		280	\$427.00	\$448.35		\$875.35
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	2,080	6,460	\$484,086.00	\$0.00		\$484,086.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	2,080	6,740	\$504,742.00	\$448.35	\$0.00	\$505,190.35

Hospital Name: Bon-Secours Hospital
HSCRC Hospital ID #: 21-0013
of Employees:

Contact Person: Joseph Muth
Contact Number: 410-362-4472
Contact Email: joseph_muth@bshsi.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Transportation of patients	16,931	18,060	\$937,209.00	\$0.00		\$937,209.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	16,931	18,060	\$937,209.00	\$0.00	\$0.00	\$937,209.00

Hospital Name: Bon-Secours Hospital
HSCRC Hospital ID #: 21-0013
of Employees:

Contact Person: Joseph Muth
Contact Number: 410-362-4472
Contact Email: joseph_muth@bshsi.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$7,500.00	\$0.00		\$7,500.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$7,500.00	\$0.00	\$0.00	\$7,500.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	249		\$8,964.00	\$9,412.20	\$2,700.00	\$15,676.20
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy		12,000	\$108,945.00	\$0.00	\$103,885.00	\$5,060.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	249	12,000	117,909	9,412	106,585	20,736

Hospital Name: Bon-Secours Hospital
HSCRC Hospital ID #: 21-0013
of Employees:

Contact Person: Joseph Muth
Contact Number: 410-362-4472
Contact Email: joseph_muth@bshsi.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$4,740,059.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	\$1.05
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$104,887,386.00
Other Revenue	\$5,694,297.00
Total Revenue	\$110,581,683.00
I3 TOTAL OPERATING EXPENSES	\$130,108,708.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	-\$19,527,024.00
I5 NON-OPERATING GAINS (LOSSES)	-\$2,649,744.00
I6 NET REVENUE (LOSS)	-\$22,176,769.00

Hospital Name: Bon-Secours Hospital
HSCRC Hospital ID #: 21-0013
of Employees:

Contact Person: Joseph Muth
Contact Number: 410-362-4472
Contact Email: joseph_muth@bshsi.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	44,200	5,627	\$2,769,364.00	\$0.00	\$884,220.00	\$1,885,144.00
J2 Community Building	6,240	1,528	\$1,563,393.00	\$0.00	\$522,534.00	\$1,040,859.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	50,440	7,155	\$4,332,757.00	\$0.00	\$1,406,754.00	\$2,926,003.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	2,080	6,740	504,742	448	0	505,190
B Health Professions Education	0	0	0	0	0	0
C Mission Driven Health Care Services	16,931	18,060	937,209	0	0	937,209
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	7,500	0	0	7,500
F Community Building Activities	249	12,000	117,909	9,412	106,585	20,736
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,740,059.00
J Foundation Funded Community Benefit	50,440	7,155	4,332,757	0	1,406,754	2,926,003
TOTAL HOSPITAL COMMUNITY BENEFIT	69,700	43,955	5,900,117	9,861	1,513,339	9,136,698

% OF OPERATING EXPENSES	7.02%
% of NET REVENUE	-41.20%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Braddock Hospital
HSCRC Hospital ID #:	0027
# of Employees:	1150
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	996	3,194	\$57,238.00	\$31,624.00	\$11,754.00	\$77,108.00
Support Groups	56	155	\$2,048.00	\$1,131.52	\$0.00	\$3,179.52
Self-Help	29	1,112	\$1,574.00	\$869.64	\$538.00	\$1,905.64
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	159	821	\$17,297.00	\$9,556.59	\$3,706.00	\$23,147.59
One-Time/Occasionally Held Clinics	44	47	\$1,948.00	\$1,076.27	\$190.00	\$2,834.27
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	1,749	1,020	\$53,498.00	\$29,557.65	\$60.00	\$82,995.65
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	3,033	6,349	\$133,603.00	\$73,815.66	\$16,248.00	\$191,170.66

Hospital Name:	Braddock Hospital
HSCRC Hospital ID #:	0027
# of Employees:	1150
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	5,494	35,711	\$190,222.00	\$105,097.66		\$295,319.66
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	6,274	16,535	\$206,442.00	\$114,059.21	\$12,000.00	\$308,501.21
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Clinical Training Preparation by Human Resources	72	18	\$4,277.00	\$2,363.04		\$6,640.04
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	11840	52264	\$400,941.00	\$221,519.90	\$12,000.00	\$610,460.90

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Organizationally Owned Urgent Care Center-Frostburg	19,842	11,378	\$1,204,276.00	\$665,362.49	\$907,105.00	\$962,533.49
C2 Outpatient Mental Health Services	13,855	1,160	\$436,087.00	\$240,938.07	\$426,917.00	\$250,108.07
C3 Blood Drives	46	63	\$1,213.00	\$670.18	\$0.00	\$1,883.18
C4 Lifeline	266	195	\$38,131.00	\$21,067.38	\$12,480.00	\$46,718.38
C5 Adult Medical Day Care	24,366	11,465	\$775,679.00	\$428,562.65	\$866,314.00	\$337,927.65
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	58,375	24,261	\$2,455,386.00	\$1,356,600.77	\$2,212,816.00	\$1,599,170.77

Hospital Name:	Braddock Hospital
HSCRC Hospital ID #:	0027
# of Employees:	1150
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
	0	0	\$44,151.00	\$0.00	\$0.00	\$44,151.00
				\$0.00		\$0.00
	2,575	8,987	\$101,081.00	\$10,108.10	\$31,949.00	\$79,240.10
				\$0.00		\$0.00
TOTAL	2575	8987	\$145,232.00	\$10,108.10	\$31,949.00	\$123,391.10

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
	0	0	\$625.00	\$345.31		\$970.31
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
	806	0	\$25,539.00	\$14,110.30		\$39,649.30
	878	0	\$156,328.00	\$86,371.22		\$242,699.22
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,684	0	182,492	100,827	0	283,319

Hospital Name:	Braddock Hospital
HSCRC Hospital ID #:	0027
# of Employees:	1150
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$4,267,958.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	55.25%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$143,385,978.00
Other Revenue	\$1,366,271.00
Total Revenue	\$144,752,249.00
I3 TOTAL OPERATING EXPENSES	\$144,142,810.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$609,439.00
I5 NON-OPERATING GAINS (LOSSES)	\$2,057,419.00
I6 NET REVENUE (LOSS)	\$2,666,858.00

Hospital Name:	Braddock Hospital
HSCRC Hospital ID #:	0027
# of Employees:	1150
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	3,033	6,349	133,603	73,816	16,248	191,171
B Health Professions Education	11,840	52,264	400,941	221,520	12,000	610,461
C Mission Driven Health Care Services	58,375	24,261	2,455,386	1,356,601	2,212,816	1,599,171
D Research	0	0	0	0	0	0
E Financial Contributions	2,575	8,987	145,232	10,108	31,949	123,391
F Community Building Activities	1,684	0	182,492	100,827	0	283,319
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,267,958.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	77,507	91,861	3,317,654	1,762,871	2,273,013	7,075,470

% OF OPERATING EXPENSES	4.91%
% of NET REVENUE	265.31%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Calvert Memorial Hospital
HSCRC Hospital ID #:	39
# of Employees:	1,072
Contact Person:	Kirk Blandford
Contact Number:	410-535-8241
Contact Email:	kblandford@cmhlink.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	624	3,236	\$185,111.00	\$144,108.91	\$11,870.00	\$317,349.91
Support Groups	473	458	\$50,870.00	\$39,602.30	\$2,000.00	\$88,472.30
Self-Help	2,741	39	\$122,170.00	\$95,109.35	\$34,000.00	\$183,279.35
A2 Community-Based Clinical Services						\$0.00
Screenings	367	1,185	\$37,335.00	\$29,065.30	\$6,263.00	\$60,137.30
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	850	1,331	\$567,282.00	\$441,629.04	\$7,500.00	\$1,001,411.04
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	5,054	6,249	\$962,768.00	\$749,514.89	\$61,633.00	\$1,650,649.89

Hospital Name:	Calvert Memorial Hospital
HSCRC Hospital ID #:	39
# of Employees:	1,072
Contact Person:	Kirk Blandford
Contact Number:	410-535-8241
Contact Email:	kblandford@cmhlink.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	1,280	1,129	\$35,781.12	\$13,668.39		\$49,449.51
B2 Scholarships/Funding for Professional Education	0	0	\$0.00	\$0.00		\$0.00
B3 Nurses/Nursing Students	224	28	\$7,712.00	\$2,945.98		\$10,657.98
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	4,643	451	\$161,971.00	\$61,872.92		\$223,843.92
B6 Other (Please indicate below):						
B7 Paramedic/EMT training	6,252	110	\$211,309.00	\$80,720.04		\$292,029.04
B8 Hospital orientation of Nursing and other Allied Health Students				\$0.00		\$0.00
B9 Mentorship of PT/OT/Speech students				\$0.00		\$0.00
TOTAL	12399	1718	\$416,773.12	\$159,207.33	\$0.00	\$575,980.45

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Emergency and Trauma Services			\$142,080.00	\$54,274.56		\$196,354.56
C2 Hospital Outpatient Services			\$1,204,520.00	\$460,126.64	\$1,109,075.00	\$555,571.64
C3 Hospitalist Program			\$538,357.00	\$205,652.37		\$744,009.37
C4				\$0.00		\$0.00
C5 Women's and Children's Services		990	\$2,298,957.00	\$878,201.57	\$1,353,151.00	\$1,824,007.57
C6				\$0.00		\$0.00
C7 Subsidized Continuing Care			\$2,380,295.00	\$909,272.69	\$1,568,045.00	\$1,721,522.69
C8 Behavioral Health Services	2,017		\$221,702.00	\$84,690.16	\$77,000.00	\$229,392.16
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	2,017	990	\$6,785,911.00	\$2,592,218.00	\$4,107,271.00	\$5,270,858.00

Hospital Name:	Calvert Memorial Hospital
HSCRC Hospital ID #:	39
# of Employees:	1,072
Contact Person:	Kirk Blandford
Contact Number:	410-535-8241
Contact Email:	kblandford@cmhlink.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$18,465.00	\$7,053.63		\$25,518.63
						\$0.00
			\$9,527.00	\$3,639.31		\$13,166.31
						\$0.00
TOTAL	0	0	\$27,992.00	\$10,692.94	\$0.00	\$38,684.94

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
	32	4	\$1,019.00	\$793.29		\$1,812.29
				\$0.00		\$0.00
	306	30	\$65,065.00	\$50,653.10		\$115,718.10
				\$0.00		\$0.00
	12	20	\$21,159.00	\$16,472.28		\$37,631.28
	299	131	\$27,417.00	\$21,344.13		\$48,761.13
	20		\$2,118.00	\$1,648.86		\$3,766.86
	244	9	\$11,361.00	\$8,844.54		\$20,205.54
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	913	194	128,139	99,756	0	227,895

Hospital Name:	Calvert Memorial Hospital
HSCRC Hospital ID #:	39
# of Employees:	1,072
Contact Person:	Kirk Blandford
Contact Number:	410-535-8241
Contact Email:	kblandford@cmhlink.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff			\$3,005.00	\$2,339.39		\$5,344.39
G2 Community health/health assets assessments	400		\$19,349.00	\$15,063.20		\$34,412.20
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	400	0	\$22,354.00	\$17,402.59	\$0.00	\$39,756.59

H. CHARITY CARE (report total only)

TOTAL \$1,401,047.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

77.85%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$106,134,233.00

Other Revenue

\$3,843,954.00

Total Revenue

\$109,978,187.00

I3 TOTAL OPERATING EXPENSES

\$108,830,251.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$1,147,936.00

I5 NON-OPERATING GAINS (LOSSES)

\$2,146,993.00

I6 NET REVENUE (LOSS)

\$3,294,929.00

Hospital Name:	Calvert Memorial Hospital
HSCRC Hospital ID #:	39
# of Employees:	1,072
Contact Person:	Kirk Blandford
Contact Number:	410-535-8241
Contact Email:	kblandford@cmhlink.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building		30	\$25,000.00	\$9,550.00		\$34,550.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	30	\$25,000.00	\$9,550.00	\$0.00	\$34,550.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	5,054	6,249	962,768	749,515	61,633	1,650,650
B Health Professions Education	12,399	1,718	416,773	159,207	0	575,980
C Mission Driven Health Care Services	2,017	990	6,785,911	2,592,218	4,107,271	5,270,858
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	27,992	10,693	0	38,685
F Community Building Activities	913	194	128,139	99,756	0	227,895
G Community Benefit Operations	400	0	22,354	17,403	0	39,757
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,401,047.00
J Foundation Funded Community Benefit	0	30	25,000	9,550	0	34,550
TOTAL HOSPITAL COMMUNITY BENEFIT	20,783	9,181	8,368,937	3,638,342	4,168,904	9,239,422

% OF OPERATING EXPENSES	8.49%
% of NET REVENUE	280.41%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Carroll Hospital Center
HSCRC Hospital ID #:	21-0033
# of Employees:	1,850
Contact Person:	Teresa Fletcher
Contact Number:	410-871-6979
Contact Email:	teresaf@carrollhospitalcenter.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5 Blood Drives
A6 Interpreter Services
A7 Medicaid Enrollment
A8 SAFE Program
A9

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	559	2,804	\$34,947.63	\$17,473.82	\$27,561.00	\$24,860.45
Support Groups	120	2,757	\$13,450.43	\$6,725.22	\$42.00	\$20,133.65
Self-Help	43	3,398	\$29,993.25	\$14,996.63	\$9,666.75	\$35,323.13
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	21	1,483	\$2,360.35	\$1,180.18	\$0.00	\$3,540.53
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Blood Drives	400	1,251	\$9,800.00	\$4,900.00	\$0.00	\$14,700.00
A6 Interpreter Services		696	\$62,400.94	\$31,200.47	\$0.00	\$93,601.41
A7 Medicaid Enrollment	274	547	\$386,689.50	\$193,344.75	\$0.00	\$580,034.25
A8 SAFE Program	923	84	\$66,837.00	\$33,418.50	\$0.00	\$100,255.50
A9				\$0.00		\$0.00
TOTAL	2,340	13,020	\$606,479.10	\$303,239.55	\$37,269.75	\$872,448.90

Hospital Name:	Carroll Hospital Center
HSCRC Hospital ID #:	21-0033
# of Employees:	1,850
Contact Person:	Teresa Fletcher
Contact Number:	410-871-6979
Contact Email:	teresaf@carrollhospitalcenter.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	120	5	\$8,650.00	\$4,325.00	\$0.00	\$12,975.00
B3 Nurses/Nursing Students	16,662	482	\$354,067.50	\$0.00	\$0.00	\$354,067.50
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	1,632	6	\$32,880.00	\$0.00		\$32,880.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	18414	493	\$395,597.50	\$4,325.00	\$0.00	\$399,922.50

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Hospice	103,792	19,486	\$4,222,439.00	\$0.00	\$4,103,718.00	\$118,721.00
C2 Access Carroll Free Health Clinic (Op)	2,080	5,379	\$108,245.00	\$0.00	\$0.00	\$108,245.00
C3 Medical Library	2,486	1,500	\$185,973.00	\$0.00	\$0.00	\$185,973.00
C4 Physician Support Activities	199,452	130,385	\$15,938,775.00	\$0.00	\$9,325,272.00	\$6,613,503.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	307,810	156,750	\$20,455,432.00	\$0.00	\$13,428,990.00	\$7,026,442.00

Hospital Name:	Carroll Hospital Center
HSCRC Hospital ID #:	21-0033
# of Employees:	1,850
Contact Person:	Teresa Fletcher
Contact Number:	410-871-6979
Contact Email:	teresaf@carrollhospitalcenter.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$64,446.28	\$0.00	\$0.00	\$64,446.28
				\$0.00		\$0.00
	1,882	3,237	\$172,713.00	\$0.00	\$0.00	\$172,713.00
				\$0.00		\$0.00
TOTAL	1882	3237	\$237,159.28	\$0.00	\$0.00	\$237,159.28

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
	7,666	13,171	\$318,025.00	\$159,012.50	\$146,750.00	\$330,287.50
				\$0.00		\$0.00
				\$0.00		\$0.00
	2,093	5,000	\$351,704.00	\$175,852.00		\$527,556.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	9,759	18,171	669,729	334,865	146,750	857,844

Hospital Name:	Carroll Hospital Center
HSCRC Hospital ID #:	21-0033
# of Employees:	1,850
Contact Person:	Teresa Fletcher
Contact Number:	410-871-6979
Contact Email:	teresaf@carrollhospitalcenter.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	5,977		\$242,496.00	\$121,248.00		\$363,744.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 CB Administration	90		\$3,600.00	\$1,800.00		\$5,400.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	6,067	0	\$246,096.00	\$123,048.00	\$0.00	\$369,144.00

H. CHARITY CARE (report total only)

TOTAL \$4,386,621.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

50.00%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$181,490,034.00

Other Revenue

\$2,726,970.00

Total Revenue

\$184,217,004.00

I3 TOTAL OPERATING EXPENSES

\$175,801,291.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$8,415,713.00

I5 NON-OPERATING GAINS (LOSSES)

\$1,699,595.00

I6 NET REVENUE (LOSS)

\$10,115,308.00

Hospital Name:	Carroll Hospital Center
HSCRC Hospital ID #:	21-0033
# of Employees:	1,850
Contact Person:	Teresa Fletcher
Contact Number:	410-871-6979
Contact Email:	teresaf@carrollhospitalcenter.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	2,340	13,020	606,479	303,240	37,270	872,449
B Health Professions Education	18,414	493	395,598	4,325	0	399,923
C Mission Driven Health Care Services	307,810	156,750	20,455,432	0	13,428,990	7,026,442
D Research	0	0	0	0	0	0
E Financial Contributions	1,882	3,237	237,159	0	0	237,159
F Community Building Activities	9,759	18,171	669,729	334,865	146,750	857,844
G Community Benefit Operations	6,067	0	246,096	123,048	0	369,144
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,386,621.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	346,272	191,671	22,610,493	765,477	13,613,010	14,149,581

% OF OPERATING EXPENSES	8.05%
% of NET REVENUE	139.88%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Chester River Hospital Center
HSCRC Hospital ID #:	210030
# of Employees:	511
Contact Person:	Robin Klinefelter
Contact Number:	410 778-3300, ext. 4070
Contact Email:	rklinefelter@chesterriverhealth.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	319	300	\$25,502.18	\$15,811.35		\$41,313.53
Support Groups	170	729	\$7,764.62	\$4,814.06		\$12,578.68
Self-Help	0	0	\$0.00	\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	20	100	\$1,501.25	\$930.78		\$2,432.03
One-Time/Occasionally Held Clinics	0	0	\$0.00	\$0.00		\$0.00
Free Clinics	0	0	\$0.00	\$0.00		\$0.00
Mobile Units	0	0	\$0.00	\$0.00		\$0.00
A3 Health Care Support Services	0	278	\$73,696.80	\$45,692.02		\$119,388.82
A4 Other (Please indicate below):						
A5 Medication subsidies	0	29	\$2,369.26	\$1,468.94		\$3,838.20
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	509	1,436	\$110,834.11	\$68,717.15	\$0.00	\$179,551.26

Hospital Name:	Chester River Hospital Center
HSCRC Hospital ID #:	210030
# of Employees:	511
Contact Person:	Robin Klinefelter
Contact Number:	410 778-3300, ext. 4070
Contact Email:	rklinefelter@chesterriverhealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	0	0	\$0.00	\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	0	0	\$0.00	\$0.00		\$0.00
B3 Nurses/Nursing Students	132	108	\$8,168.25	\$5,064.32		\$13,232.57
B4 Technicians	272	30	\$5,983.43	\$3,709.73		\$9,693.16
B5 Other Health Professionals	82	8	\$14,107.95	\$8,746.93		\$22,854.88
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 High school health occupations class	20	16	\$900.75	\$558.47		\$1,459.22
B8 high school scholarships	8	3	\$3,269.80	\$2,027.28		\$5,297.08
B9				\$0.00		\$0.00
TOTAL	514	165	\$32,430.18	\$20,106.71	\$0.00	\$52,536.89

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 OB malpractice subsidy		1	\$24,464.00	\$15,167.68		\$39,631.68
C2 OB coverage for sole provider		1	\$50,000.00	\$31,000.00		\$81,000.00
C3 Locum tenens coverage for general surgery		1	\$42,146.00	\$26,130.52		\$68,276.52
C4 ER call for general surgery		1	\$4,200.00	\$2,604.00		\$6,804.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	4	\$120,810.00	\$74,902.20	\$0.00	\$195,712.20

Hospital Name:	Chester River Hospital Center
HSCRC Hospital ID #:	210030
# of Employees:	511
Contact Person:	Robin Klinefelter
Contact Number:	410 778-3300, ext. 4070
Contact Email:	rklinefelter@chesterriverhealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research	91		4349.58	\$2,696.74		\$7,046.32
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	91	0	4349.58	2696.7396	0	7046.3196

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$2,050.00	\$1,271.00		\$3,321.00
E2 Grants	0	0	\$0.00	\$0.00		\$0.00
E3 In-Kind Donations	0	69	\$3,445.00	\$2,135.90		\$5,580.90
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	69	\$5,495.00	\$3,406.90	\$0.00	\$8,901.90

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development			\$195.00	\$50.00		\$245.00
F3 Support System Enhancements	1,792	93	\$49,375.00	\$30,612.50		\$79,987.50
F4 Environmental Improvements	32	4	\$1,462.40	\$906.69		\$2,369.09
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building	0	0	\$0.00	\$0.00		\$0.00
F7 Community Health Improvement Advocacy	114	56	6,861	\$4,254.04		\$11,115.40
F8 Workforce Enhancement	70	75	\$36,931.00	\$22,897.22		\$59,828.22
F9 Other (Please indicate below)			\$0.00	\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	2,008	228	94,825	58,720	0	153,545

Hospital Name:	Chester River Hospital Center
HSCRC Hospital ID #:	210030
# of Employees:	511
Contact Person:	Robin Klinefelter
Contact Number:	410 778-3300, ext. 4070
Contact Email:	rklinefelter@chesterriverhealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	40		\$3,389.00	\$2,101.18		\$5,490.18
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	40	0	\$3,389.00	\$2,101.18	\$0.00	\$5,490.18

H. CHARITY CARE (report total only)

TOTAL \$885,000.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	62.00%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$57,193,496.00
Other Revenue	\$832,916.00
Total Revenue	\$58,026,412.00
I3 TOTAL OPERATING EXPENSES	\$59,461,972.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	-\$1,435,560.00
I5 NON-OPERATING GAINS (LOSSES)	\$2,239,845.00
I6 NET REVENUE (LOSS)	\$804,285.00

Hospital Name:	Chester River Hospital Center
HSCRC Hospital ID #:	210030
# of Employees:	511
Contact Person:	Robin Klinefelter
Contact Number:	410 778-3300, ext. 4070
Contact Email:	rklinefelter@chesterriverhealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	509	1,436	110,834	68,717	0	179,551
B Health Professions Education	514	165	32,430	20,107	0	52,537
C Mission Driven Health Care Services	0	4	120,810	74,902	0	195,712
D Research	91	0	4,350	2,697	0	7,046
E Financial Contributions	0	69	5,495	3,407	0	8,902
F Community Building Activities	2,008	228	94,825	58,720	0	153,545
G Community Benefit Operations	40	0	3,389	2,101	0	5,490
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$885,000.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	3,162	1,902	372,133	230,651	0	1,487,784

% OF OPERATING EXPENSES	2.50%
% of NET REVENUE	184.98%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Civista Medical Center
HSCRC Hospital ID #:	35
# of Employees:	804
Contact Person:	William Chen
Contact Number:	301-609-4498
Contact Email:	William.Chen@civista.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	398	5,368	\$115,045.00	\$83,980.00	\$7,671.00	\$191,354.00
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	235	490	\$13,102.00	\$52,707.00	\$2,750.00	\$63,059.00
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	98	55	\$5,757.00	\$4,205.00		\$9,962.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	731	5,913	\$133,904.00	\$140,892.00	\$10,421.00	\$264,375.00

Hospital Name:	Civista Medical Center
HSCRC Hospital ID #:	35
# of Employees:	804
Contact Person:	William Chen
Contact Number:	301-609-4498
Contact Email:	William.Chen@civista.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	2,076	68	\$34,094.00	\$0.00		\$34,094.00
B3 Nurses/Nursing Students	1,216	73	\$37,186.00	\$0.00		\$37,186.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	232	16	\$6,498.00	\$0.00		\$6,498.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	3524	157	\$77,778.00	\$0.00	\$0.00	\$77,778.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Emergency and Trauma Services	18	57	\$7,667.00	\$0.00		\$7,667.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6 Renal Dialysis Services	9		\$243.00	\$9,900.00		\$10,143.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	27	57	\$7,910.00	\$9,900.00	\$0.00	\$17,810.00

Hospital Name:	Civista Medical Center
HSCRC Hospital ID #:	35
# of Employees:	804
Contact Person:	William Chen
Contact Number:	301-609-4498
Contact Email:	William.Chen@civista.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	19	1,945	\$9,040.00	\$0.00		\$9,040.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	288	816	\$12,838.00	\$600.00	\$5,000.00	\$8,438.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	306.5	2761	\$21,878.00	\$600.00	\$5,000.00	\$17,478.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	2		\$55.00	\$40.00		\$95.00
F2 Economic Development	9	200	\$1,109.00	\$810.00		\$1,919.00
F3 Support System Enhancements	1,683	26	\$41,021.00	\$29,946.00		\$70,967.00
F4 Environmental Improvements	30		\$826.00	\$603.00		\$1,429.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building	31		\$1,723.00	\$1,258.00		\$2,981.00
F7 Community Health Improvement Advocacy	7		\$458.00	\$334.00		\$792.00
F8 Workforce Enhancement	4	3	\$356,616.00	\$260,330.00		\$616,946.00
F9 Other (Please indicate below)						\$0.00
	6	4	\$168.00	\$124.00		\$292.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,772	233	401,976	293,445	0	695,421

Hospital Name:	Civista Medical Center
HSCRC Hospital ID #:	35
# of Employees:	804
Contact Person:	William Chen
Contact Number:	301-609-4498
Contact Email:	William.Chen@civista.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	2,134	27	\$64,862.00	\$47,350.00		\$112,212.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	2,134	27	\$64,862.00	\$47,350.00	\$0.00	\$112,212.00

H. CHARITY CARE (report total only)	TOTAL	\$1,680,790.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	73.00%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$92,309,139.00
Other Revenue	\$1,896,186.00
Total Revenue	\$94,205,325.00
I3 TOTAL OPERATING EXPENSES	\$100,681,894.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	-\$6,476,569.00
I5 NON-OPERATING GAINS (LOSSES)	\$1,030,775.00
I6 NET REVENUE (LOSS)	-\$5,445,794.00

Hospital Name:	Civista Medical Center
HSCRC Hospital ID #:	35
# of Employees:	804
Contact Person:	William Chen
Contact Number:	301-609-4498
Contact Email:	William.Chen@civista.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	731	5,913	133,904	140,892	10,421	264,375
B Health Professions Education	3,524	157	77,778	0	0	77,778
C Mission Driven Health Care Services	27	57	7,910	9,900	0	17,810
D Research	0	0	0	0	0	0
E Financial Contributions	307	2,761	21,878	600	5,000	17,478
F Community Building Activities	1,772	233	401,976	293,445	0	695,421
G Community Benefit Operations	2,134	27	64,862	47,350	0	112,212
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,680,790.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	8,493	9,148	708,308	492,187	15,421	2,865,864

% OF OPERATING EXPENSES	2.85%
% of NET REVENUE	-52.63%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Memorial Hospital
HSCRC Hospital ID #:	0025
# of Employees:	1040
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	1,148	3,939	\$63,178.00	\$40,440.24	\$11,903.00	\$91,715.24
Support Groups				\$0.00		\$0.00
Self-Help	30	1,113	\$1,574.00	\$1,007.52	\$538.00	\$2,043.52
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	158	821	\$17,297.00	\$11,071.81	\$3,705.00	\$24,663.81
One-Time/Occasionally Held Clinics	44	47	\$1,949.00	\$1,247.55	\$190.00	\$3,006.55
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	1,750	1,020	\$53,498.00	\$34,244.07	\$60.00	\$87,682.07
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	3,130	6,940	\$137,496.00	\$88,011.19	\$16,396.00	\$209,111.19

Hospital Name:	Memorial Hospital
HSCRC Hospital ID #:	0025
# of Employees:	1040
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	5,494	35,711	\$190,222.00	\$121,761.10	\$0.00	\$311,983.10
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	6,274	16,534	\$206,442.00	\$132,143.52	\$12,000.00	\$326,585.52
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Clinical Training Preparation by Human Resources	72	18	\$4,277.00	\$2,737.71	\$0.00	\$7,014.71
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	11840	52263	\$400,941.00	\$256,642.33	\$12,000.00	\$645,583.33

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Organizationally Owned Urgent Care Center- Hunt Club	15,352	10,523	\$1,086,676.00	\$695,581.31	\$813,966.00	\$968,291.31
C2 Hospice Services	37,015	15,377	\$2,095,763.00	\$1,341,497.90	\$2,074,753.00	\$1,362,507.90
C3 Blood Drives	46	64	\$1,214.00	\$777.08	\$0.00	\$1,991.08
C4 Lifeline	266	195	\$38,131.00	\$24,407.65	\$12,480.00	\$50,058.65
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	52,679	26,159	\$3,221,784.00	\$2,062,263.94	\$2,901,199.00	\$2,382,848.94

Hospital Name:	Memorial Hospital
HSCRC Hospital ID #:	0025
# of Employees:	1040
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	0	0	\$44,151.00	\$0.00	\$0.00	\$44,151.00
E2 Grants	0	0	\$72,465.00	\$0.00	\$0.00	\$72,465.00
E3 In-Kind Donations	2,064	13,811	\$109,388.00	\$10,938.80	\$49,445.00	\$70,881.80
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	2064	13811	\$226,004.00	\$10,938.80	\$49,445.00	\$187,497.80

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development	0	0	\$625.00	\$400.06		\$1,025.06
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy	805	0	\$25,539.00	\$16,347.51		\$41,886.51
F8 Workforce Enhancement	878	0	\$156,328.00	\$100,065.55		\$256,393.55
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,683	0	182,492	116,813	0	299,305

Hospital Name:	Memorial Hospital
HSCRC Hospital ID #:	0025
# of Employees:	1040
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)

TOTAL \$2,321,827.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO 64.01%

I2 OPERATING REVENUE

Net Patient Service Revenue \$103,423,145.00
 Other Revenue \$1,621,789.00
Total Revenue \$105,044,934.00

I3 TOTAL OPERATING EXPENSES

\$102,479,347.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$2,565,587.00

I5 NON-OPERATING GAINS (LOSSES)

\$2,415,070.00

I6 NET REVENUE (LOSS)

\$4,980,657.00

Hospital Name:	Memorial Hospital
HSCRC Hospital ID #:	0025
# of Employees:	1040
Contact Person:	Scott Lutton
Contact Number:	301-723-4306
Contact Email:	slutton@wmhs.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	3,130	6,940	137,496	88,011	16,396	209,111
B Health Professions Education	11,840	52,263	400,941	256,642	12,000	645,583
C Mission Driven Health Care Services	52,679	26,159	3,221,784	2,062,264	2,901,199	2,382,849
D Research	0	0	0	0	0	0
E Financial Contributions	2,064	13,811	226,004	10,939	49,445	187,498
F Community Building Activities	1,683	0	182,492	116,813	0	299,305
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$2,321,827.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	71,396	99,173	4,168,717	2,534,669	2,979,040	6,046,173

% OF OPERATING EXPENSES	5.90%
% of NET REVENUE	121.39%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,345
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	1,138	9,178	\$170,435.00	\$91,080.46	\$8,618.00	\$252,897.46
Support Groups	74	692	\$10,171.00	\$5,435.38		\$15,606.38
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	462	2,153	\$32,660.00	\$17,453.50		\$50,113.50
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	1,674	12,023	\$213,266.00	\$113,969.35	\$8,618.00	\$318,617.35

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,345
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	26,110	503	\$763,910.00	\$408,233.50		\$1,172,143.50
B4 Technicians	9,691	1,291	\$278,789.00	\$148,984.84		\$427,773.84
B5 Other Health Professionals	1,832	690	\$58,474.00	\$31,248.51		\$89,722.51
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	37633	2484	\$1,101,173.00	\$588,466.85	\$0.00	\$1,689,639.85

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C1 OASIS-Senior Welnes Program	2,212	18,450	\$254,346.00	\$135,922.50	\$160,763.00	\$229,505.50
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	2,212	18,450	\$254,346.00	\$135,922.50	\$160,763.00	\$229,505.50

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,345
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$38,595.00	\$20,625.17		\$59,220.17
				\$0.00		\$0.00
	1,244	8,121	\$91,934.00	\$49,129.53		\$141,063.53
				\$0.00		\$0.00
TOTAL	1244	8121	\$130,529.00	\$69,754.70	\$0.00	\$200,283.70

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
	62	1,094	\$7,207.00	\$3,851.42		\$11,058.42
	12,876	1,062	\$345,644.00	\$184,712.15		\$530,356.15
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
	4,160	6,050	\$155,475.00	\$83,085.84	\$155,475.00	\$83,085.84
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	17,098	8,206	508,326	271,649	155,475	624,500

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,345
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	80		\$3,332.00	\$1,780.62		\$5,112.62
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	80	0	\$3,332.00	\$1,780.62	\$0.00	\$5,112.62

H. CHARITY CARE (report total only)

TOTAL \$748,018.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

53.44%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$163,491,036.00

Other Revenue

\$10,292,819.00

Total Revenue

\$173,783,855.00

I3 TOTAL OPERATING EXPENSES

\$175,993,275.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

-\$2,209,420.00

I5 NON-OPERATING GAINS (LOSSES)

-\$14,723,954.00

I6 NET REVENUE (LOSS)

-\$16,933,374.00

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,345
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	1,674	12,023	213,266	113,969	8,618	318,617
B Health Professions Education	37,633	2,484	1,101,173	588,467	0	1,689,640
C Mission Driven Health Care Services	2,212	18,450	254,346	135,923	160,763	229,506
D Research	0	0	0	0	0	0
E Financial Contributions	1,244	8,121	130,529	69,755	0	200,284
F Community Building Activities	17,098	8,206	508,326	271,649	155,475	624,500
G Community Benefit Operations	80	0	3,332	1,781	0	5,113
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$748,018.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	59,941	49,284	2,210,972	1,181,543	324,856	3,815,677

% OF OPERATING EXPENSES	2.17%
% of NET REVENUE	-22.53%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Dorchester General Hospital
HSCRC Hospital ID #:	0010
# of Employees:	620
Contact Person:	Michael Silgen / Kathleen McGrath / Frank Fields
Contact Number:	410 822 1000
Contact Email:	kmcgrath@shorehealth.org , ffields@shorehealth.org

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		21	9	\$395.42	\$202.99	\$315.00	\$283.41
Support Groups					\$0.00		\$0.00
Self-Help					\$0.00		\$0.00
A2 Community-Based Clinical Services		18	4	\$537.84	\$276.10	\$180.00	\$633.94
Screenings					\$0.00		\$0.00
One-Time/Occasionally Held Clinics					\$0.00		\$0.00
Free Clinics					\$0.00		\$0.00
Mobile Units					\$0.00		\$0.00
A3 Health Care Support Services					\$0.00		\$0.00
A4 Other (Please indicate below):					\$0.00		\$0.00
A5					\$0.00		\$0.00
A6					\$0.00		\$0.00
A7					\$0.00		\$0.00
A8					\$0.00		\$0.00
A9					\$0.00		\$0.00
TOTAL		39	13	\$933.26	\$479.10	\$495.00	\$917.36

Hospital Name:	Dorchester General Hospital
HSCRC Hospital ID #:	0010
# of Employees:	620
Contact Person:	Michael Silgen / Kathleen McGrath / Frank Fields
Contact Number:	410 822 1000
Contact Email:	kfmcgrath@shorehealth.org, ffields@shorehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	16,224	21	\$727,708.72	\$0.00	\$6,757.26	\$720,951.45
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	16224	21	\$727,708.72	\$0.00	\$6,757.26	\$720,951.45

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 DGH Anesthesia Physician Subsidy		1,067	\$567,295.65	\$0.00	\$365,889.75	\$201,405.90
C2 DGH Emergency Services Physician Subsidy	10,950	18,397	\$460,825.20	\$0.00		\$460,825.20
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	10,950	19,464	\$1,028,120.85	\$0.00	\$365,889.75	\$662,231.10

Hospital Name: **Dorchester General Hospital**
HSCRC Hospital ID #: **0010**
of Employees: **620**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	4	3,000	\$8,114.68	\$0.00		\$8,114.68
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	4	3000	\$8,114.68	\$0.00	\$0.00	\$8,114.68

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy	0	84	\$5,334.36	\$2,738.44		\$8,072.80
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	84	5,334	2,738	0	8,073

Hospital Name: **Dorchester General Hospital**
HSCRC Hospital ID #: **0010**
of Employees: **620**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)

TOTAL **\$527,010.00**

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	51.34%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$42,317,969.00
Other Revenue	\$902,121.00
Total Revenue	\$43,220,090.00
I3 TOTAL OPERATING EXPENSES	\$42,511,188.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$708,902.00
I5 NON-OPERATING GAINS (LOSSES)	\$157.00
I6 NET REVENUE (LOSS)	\$709,059.00

Hospital Name:	Dorchester General Hospital
HSCRC Hospital ID #:	0010
# of Employees:	620
Contact Person:	Michael Silgen / Kathleen McGrath / Frank Fields
Contact Number:	410 822 1000
Contact Email:	kfmcgrath@shorehealth.org, ffields@shorehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	39	13	933	479	495	917
B Health Professions Education	16,224	21	727,709	0	6,757	720,951
C Mission Driven Health Care Services	10,950	19,464	1,028,121	0	365,890	662,231
D Research	0	0	0	0	0	0
E Financial Contributions	4	3,000	8,115	0	0	8,115
F Community Building Activities	0	84	5,334	2,738	0	8,073
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$527,010.00
J Foundation Funded Community Benefit	0	0	0	0	0	0

TOTAL HOSPITAL COMMUNITY BENEFIT	27,217	22,582	1,770,212	3,218	373,142	1,927,297
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% OF OPERATING EXPENSES	4.5%
% of NET REVENUE	271.8%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Fort Washington Medical Center
HSCRC Hospital ID #:	60
# of Employees:	262 fte's
Contact Person:	Michelle Lesane
Contact Number:	(301) 686-9010
Contact Email:	mlesane@nexushealth.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	138	219	\$12,608.00	\$8,699.52		\$21,307.52
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics	2	215	\$627.00	\$432.63		\$1,059.63
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	140	434	\$13,235.00	\$9,132.15	\$0.00	\$22,367.15

Hospital Name:	Fort Washington Medical Center
HSCRC Hospital ID #:	60
# of Employees:	262 fte's
Contact Person:	Michelle Lesane
Contact Number:	(301) 686-9010
Contact Email:	mlesane@nexushealth.org

B. HEALTH PROFESSIONS EDUCATION

- B1 Physicians/Medical Students
- B2 Scholarships/Funding for Professional Education
- B3 Nurses/Nursing Students
- B4 Technicians
- B5 Other Health Professionals
- B6 Other (Please indicate below):

B7	
B8	
B9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
	6,400	40	\$226,072.00	\$0.00		\$226,072.00
	572	60	\$12,230.00	\$0.00		\$12,230.00
	3,584	10	\$93,946.00	\$0.00		\$93,946.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	10556	110	\$332,248.00	\$0.00	\$0.00	\$332,248.00

C. MISSION DRIVEN HEALTH SERVICES (please list)

C1	
C2	
C3	
C4	
C5	
C6	
C7	
C8	
C9	
C10	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

Hospital Name:	Fort Washington Medical Center
HSCRC Hospital ID #:	60
# of Employees:	262 fte's
Contact Person:	Michelle Lesane
Contact Number:	(301) 686-9010
Contact Email:	mlesane@nexushealth.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$3,700.00	\$0.00		\$3,700.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	\$3,700.00	\$0.00	\$0.00	\$3,700.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name:	Fort Washington Medical Center
HSCRC Hospital ID #:	60
# of Employees:	262 fte's
Contact Person:	Michelle Lesane
Contact Number:	(301) 686-9010
Contact Email:	mlesane@nexushealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$694,947.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	69.00%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$40,931,338.00
Other Revenue	\$474,840.00
Total Revenue	\$41,406,178.00
I3 TOTAL OPERATING EXPENSES	\$40,668,309.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$737,869.00
I5 NON-OPERATING GAINS (LOSSES)	\$16,219.00
I6 NET REVENUE (LOSS)	\$754,088.00

Hospital Name:	Fort Washington Medical Center
HSCRC Hospital ID #:	60
# of Employees:	262 fte's
Contact Person:	Michelle Lesane
Contact Number:	(301) 686-9010
Contact Email:	mlesane@nexushealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	140	434	13,235	9,132	0	22,367
B Health Professions Education	10,556	110	332,248	0	0	332,248
C Mission Driven Health Care Services	0	0	0	0	0	0
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	3,700	0	0	3,700
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$694,947.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	10,696	544	349,183	9,132	0	1,053,262

% OF OPERATING EXPENSES	2.59%
% of NET REVENUE	139.67%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Franklin Square Hospital Center - HSCRC VERSION
HSCRC Hospital ID #:	21-0015
# of Employees:	3,215
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		3,679	292,750	\$ 439,039.00	\$ 234,701.05	\$ 2,362.00	\$ 671,378.05
Support Groups		0	0	\$ -	\$ -	\$ -	\$ -
Self-Help		0	0	\$ -	\$ -	\$ -	\$ -
A2 Community-Based Clinical Services		1,421	1,270	\$ 253,417.00	\$ 135,471.42	\$ 500.00	\$ 388,388.42
Screenings		0	0	\$ -	\$ -	\$ -	\$ -
One-Time/Occasionally Held Clinics		0	0	\$ -	\$ -	\$ -	\$ -
Free Clinics		0	0	\$ -	\$ -	\$ -	\$ -
Mobile Units		0	0	\$ -	\$ -	\$ -	\$ -
A3 Health Care Support Services		45	157	\$ 285,639.00	\$ 152,696.63	\$ -	\$ 438,335.63
A4 Other (Please indicate below):		0	0	\$ -	\$ -	\$ -	\$ -
A5		0	0	\$ -	\$ -	\$ -	\$ -
A6		0	0	\$ -	\$ -	\$ -	\$ -
A7		0	0	\$ -	\$ -	\$ -	\$ -
A8		0	0	\$ -	\$ -	\$ -	\$ -
A9		0	0	\$ -	\$ -	\$ -	\$ -
TOTAL		5,145	294,177	\$ 978,095.00	\$ 522,869.10	\$ 2,862.00	\$ 1,498,102.10

Hospital Name: Franklin Square Hospital Center - HSCRC VERSION
HSCRC Hospital ID #: 21-0015
of Employees: 3,215

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students	0	0	\$ 7,134,600.00	\$ 3,814,007.71	\$ -	\$ 10,948,607.71
B2 Scholarships/Funding for Professional Education	0	0	\$ -	\$ -	\$ -	\$ -
B3 Nurses/Nursing Students	17,194	861	\$ 910,418.00	\$ 486,690.39	\$ 14,000.00	\$ 1,383,108.39
B4 Technicians	0	0	\$ -	\$ -	\$ -	\$ -
B5 Other Health Professionals	558	250	\$ 33,280.00	\$ 17,790.79	\$ -	\$ 51,070.79
B6 Other (Please indicate below):	0	0	\$ -	\$ -	\$ -	\$ -
B7	0	0	\$ -	\$ -	\$ -	\$ -
B8	0	0	\$ -	\$ -	\$ -	\$ -
B9	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	17752	1111	\$ 8,078,298.00	\$ 4,318,488.89	\$ 14,000.00	\$ 12,382,786.89

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
C1a Primary care physician subsidies	0	0	\$ 5,832,426.00	\$ 65,323.17	\$ 3,342,798.00	\$ 2,554,951.17
C1b OB Physician Subsidies	0	0	\$ 6,335,190.00	\$ 70,954.13	\$ 6,196,401.00	\$ 209,743.13
C2 Hospitalist Subsidies	0	0	\$ 2,420,638.00	\$ 27,111.15	\$ 2,112,744.00	\$ 335,005.15
C3 Emergency and Trauma Services	0	0	\$ 225,924.00	\$ 2,530.35	\$ -	\$ 228,454.35
C5a Anesthesia coverage Subsidy	0	0	\$ 1,800,000.00	\$ 20,160.00	\$ -	\$ 1,820,160.00
C5b Breast Surgery Subsidy	0	0	\$ 846,851.00	\$ 9,484.73	\$ 523,921.00	\$ 332,414.73
C6	0	0	\$ -	\$ -	\$ -	\$ -
C7	0	0	\$ -	\$ -	\$ -	\$ -
C8	0	0	\$ -	\$ -	\$ -	\$ -
C9	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	0	0	\$ 17,461,029.00	\$ 195,563.52	\$ 12,175,864.00	\$ 5,480,728.52

Hospital Name: Franklin Square Hospital Center - HSCRC VERSION
HSCRC Hospital ID #: 21-0015
of Employees: 3,215

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	226	0	\$ 21,054.00	\$ -	\$ -	\$ 21,054.00
D2 Community Health Research	0	0	\$ -	\$ -	\$ -	\$ -
D3 Other (Please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
D4	0	0	\$ -	\$ -	\$ -	\$ -
D5	0	0	\$ -	\$ -	\$ -	\$ -
D6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	226	0	\$ 21,054.00	\$ -	\$ -	\$ 21,054.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	1	0	\$ 214,516.00	\$ -	\$ -	\$ 214,516.00
E2 Grants	0	0	\$ -	\$ -	\$ -	\$ -
E3 In-Kind Donations	248	150	\$ 547,692.00	\$ -	\$ -	\$ 547,692.00
E2 Cost of Fund Raising for Community Programs	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	248	150	\$ 762,208.00	\$ -	\$ -	\$ 762,208.00

Hospital Name: Franklin Square Hospital Center - HSCRC VERSION
HSCRC Hospital ID #: 21-0015
of Employees: 3,215

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$ -	\$ -	\$ -	\$ -
F2 Economic Development	0	0	\$ -	\$ -	\$ -	\$ -
F3 Support System Enhancements	176	180	\$ 65,220.00	\$ 34,865.25	\$ -	\$ 100,085.25
F4 Environmental Improvements	0	0	\$ -	\$ -	\$ -	\$ -
F5 Leadership Development/Training for Community Members	279	244	\$ 14,354.00	\$ 7,673.35	\$ -	\$ 22,027.35
F6 Coalition Building	24	0	\$ 946.00	\$ 505.71	\$ -	\$ 1,451.71
F7 Community Health Improvement Advocacy	164	322	\$ 34,015.00	\$ 18,183.71	\$ -	\$ 52,198.71
F8 Workforce Enhancement	0	0	\$ 2,187.00	\$ 1,169.12	\$ -	\$ 3,356.12
F9 Other (Please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	643	746	\$ 116,722.00	\$ 62,397.14	\$ -	\$ 179,119.14

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	3,962	0	\$ 162,907.00	\$ 87,086.67	\$ -	\$ 249,993.67
G2 Community health/health assets assessments	0	0	\$ 100.00	\$ 53.46	\$ -	\$ 153.46
G3 Other Resources (please indicate below)	0	0	\$ -	\$ -	\$ -	\$ -
G4 Lyon Software & Training	0	0	\$ 864.00	\$ 461.88	\$ -	\$ 1,325.88
G5	0	0	\$ -	\$ -	\$ -	\$ -
G6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL	3,962	0	\$ 163,871.00	\$ 87,602.00	\$ -	\$ 251,473.00

Hospital Name: Franklin Square Hospital Center - HSCRC VERSION
 HSCRC Hospital ID #: 21-0015
 # of Employees: 3,215
 Contact Person: Kathy Talbot
 Contact Number: 410-933-2375
 Contact Email: kathy.talbot@medstar.net

H. CHARITY CARE (report total only)

TOTAL \$10,068,600.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	53.46%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$374,229,400.00
Other Revenue	\$6,978,500.00
Total Revenue	\$381,207,900.00
I3 TOTAL OPERATING EXPENSES	\$360,690,900.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$20,517,000.00
I5 NON-OPERATING GAINS (LOSSES)	\$306,800.00
I6 NET REVENUE (LOSS)	\$20,823,800.00

Hospital Name: Franklin Square Hospital Center - HSCRC VERSION
HSCRC Hospital ID #: 21-0015
of Employees: 3,215

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$ -	\$ -	\$ -	\$ -
J2 Community Building	0	0	\$ -	\$ -	\$ -	\$ -
J3 Other (Please indicate below):	0	0	\$ -	\$ -	\$ -	\$ -
J4	0	0	\$ -	\$ -	\$ -	\$ -
J5	0	0	\$ -	\$ -	\$ -	\$ -
J6	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$ -	\$ -	\$ -	\$ -

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	5,145	294,177	\$ 978,095.00	\$ 522,869.10	\$ 2,862.00	\$ 1,498,102.10
B Health Professions Education	17,752	1,111	\$ 8,078,298.00	\$ 4,318,488.89	\$ 14,000.00	\$ 12,382,786.89
C Mission Driven Health Care Services	0	0	\$ 17,461,029.00	\$ 195,563.52	\$ 12,175,864.00	\$ 5,480,728.52
D Research	226	0	\$ 21,054.00	\$ -	\$ -	\$ 21,054.00
E Financial Contributions	248	150	\$ 762,208.00	\$ -	\$ -	\$ 762,208.00
F Community Building Activities	643	746	\$ 116,722.00	\$ 62,397.14	\$ -	\$ 179,119.14
G Community Benefit Operations	3,962	0	\$ 163,871.00	\$ 87,602.00	\$ -	\$ 251,473.00
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$ 10,068,600.00
J Foundation Funded Community Benefit	0	0	\$ -	\$ -	\$ -	\$ -
TOTAL HOSPITAL COMMUNITY BENEFIT	27,975	296,184	\$ 27,581,277.00	\$ 5,186,920.66	\$ 12,192,726.00	\$ 30,644,071.66

% OF OPERATING EXPENSES 8.50%
% of NET REVENUE 147.16%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Frederick Memorial Hospital
HSCRC Hospital ID #:	21-0005
# of Employees:	1929
Contact Person:	Mike Gaskins
Contact Number:	240-566-3233
Contact Email:	mgaskins@fmh.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	16,698	59,507	\$636,557.00	\$395,874.80	\$106,424.00	\$926,007.80
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	8,080	33,400	\$274,886.00	\$170,951.60	\$210,634.00	\$235,203.60
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	24,778	92,907	\$911,443.00	\$566,826.40	\$317,058.00	\$1,161,211.40

Hospital Name:	Frederick Memorial Hospital
HSCRC Hospital ID #:	21-0005
# of Employees:	1929
Contact Person:	Mike Gaskins
Contact Number:	240-566-3233
Contact Email:	mgaskins@fmh.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students			\$67,355.00	\$0.00		\$67,355.00
B4 Technicians			\$100,443.00	\$0.00		\$100,443.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	0	0	\$167,798.00	\$0.00	\$0.00	\$167,798.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Physician Hospitalist			\$1,768,512.00	\$1,099,837.61		\$2,868,349.61
C2 Physician OB Call			\$853,219.00	\$530,616.90		\$1,383,835.90
C3 Physician ED Call			\$1,230,652.00	\$765,342.48		\$1,995,994.48
C4 Physician Anesthesia Call			\$1,148,796.00	\$714,436.23		\$1,863,232.23
C5 Physician Intensivist			\$520,175.00	\$323,496.83		\$843,671.83
C6 Physician Interventional Cardiology			\$417,700.00	\$259,767.63		\$677,467.63
C7 Physician Debt Forgiveness			\$178,101.00	\$0.00		\$178,101.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$6,117,155.00	\$3,693,497.68	\$0.00	\$9,810,652.68

Hospital Name:	Frederick Memorial Hospital
HSCRC Hospital ID #:	21-0005
# of Employees:	1929
Contact Person:	Mike Gaskins
Contact Number:	240-566-3233
Contact Email:	mgaskins@fmh.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$30,808.00	\$0.00		\$30,808.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	\$30,808.00	\$0.00	\$0.00	\$30,808.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name:	Frederick Memorial Hospital
HSCRC Hospital ID #:	21-0005
# of Employees:	1929
Contact Person:	Mike Gaskins
Contact Number:	240-566-3233
Contact Email:	mgaskins@fmh.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$4,919,600.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	62.19%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$263,441,000.00
Other Revenue	\$8,549,000.00
Total Revenue	\$271,990,000.00
I3 TOTAL OPERATING EXPENSES	\$271,691,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$299,000.00
I5 NON-OPERATING GAINS (LOSSES)	-\$8,654,000.00
I6 NET REVENUE (LOSS)	-\$8,355,000.00

Hospital Name:	Frederick Memorial Hospital
HSCRC Hospital ID #:	21-0005
# of Employees:	1929
Contact Person:	Mike Gaskins
Contact Number:	240-566-3233
Contact Email:	mgaskins@fmh.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	24,778	92,907	911,443	566,826	317,058	1,161,211
B Health Professions Education	0	0	167,798	0	0	167,798
C Mission Driven Health Care Services	0	0	6,117,155	3,693,498	0	9,810,653
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	30,808	0	0	30,808
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,919,600.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	24,778	92,907	7,227,204	4,260,324	317,058	16,090,070

% OF OPERATING EXPENSES	5.92%
% of NET REVENUE	-192.58%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Garrett County Memorial Hospital
HSCRC Hospital ID #:	17
# of Employees:	350
Contact Person:	Marianna Herpel
Contact Number:	301-533-4257
Contact Email:	mherpel@gcmh.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	692	30,828	\$25,267.00	\$16,423.55	\$590.00	\$41,100.55
Support Groups	7	6	\$170.00	\$110.50		\$280.50
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	280	998	\$34,622.00	\$22,504.30	\$54,580.00	\$2,546.30
One-Time/Occasionally Held Clinics	91	866	\$13,514.00	\$8,784.10	\$12,230.00	\$10,068.10
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	77	307	\$2,046.00	\$1,329.90		\$3,375.90
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Indigent Drug Program	29	45	\$8,458.00	\$5,497.70	\$6,546.00	\$7,409.70
A6 Baby Health Checks				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	1,176	33,050	\$84,077.00	\$54,650.05	\$73,946.00	\$64,781.05

Hospital Name:	Garrett County Memorial Hospital
HSCRC Hospital ID #:	17
# of Employees:	350
Contact Person:	Marianna Herpel
Contact Number:	301-533-4257
Contact Email:	mherpel@gcmh.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	7	4	\$2,910.00	\$0.00		\$2,910.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	7	4	\$2,910.00	\$0.00	\$0.00	\$2,910.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1				\$0.00		\$0.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

Hospital Name: Garrett County Memorial Hospital
HSCRC Hospital ID #: 17
of Employees: 350

Contact Person: Marianna Herpel
Contact Number: 301-533-4257
Contact Email: mherpel@gcmh.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	105	50	\$4,019.00	\$0.00		\$4,019.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	105	50	\$4,019.00	\$0.00	\$0.00	\$4,019.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development	67	13	\$6,809.00	\$4,425.85		\$11,234.85
F3 Support System Enhancements	5	3	\$151.00	\$98.15		\$249.15
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members	6	2	\$374.00	\$243.10		\$617.10
F6 Coalition Building	133	281	\$5,315.00	\$3,454.75		\$8,769.75
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement	34	140	\$65,469.00	\$42,554.85		\$108,023.85
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	244	439	78,118	50,777	0	128,895

Hospital Name:	Garrett County Memorial Hospital
HSCRC Hospital ID #:	17
# of Employees:	350
Contact Person:	Marianna Herpel
Contact Number:	301-533-4257
Contact Email:	mherpel@gcmh.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	160	1	\$4,691.00	\$3,049.15		\$7,740.15
G2 Community health/health assets assessments	99	201	\$2,665.00	\$1,732.25		\$4,397.25
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	259	202	\$7,356.00	\$4,781.40	\$0.00	\$12,137.40

H. CHARITY CARE (report total only)

TOTAL \$1,934,385.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO 65.00%

I2 OPERATING REVENUE

Net Patient Service Revenue	\$32,556,769.00
Other Revenue	\$711,565.00
Total Revenue	\$33,268,334.00

I3 TOTAL OPERATING EXPENSES

\$33,798,966.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

-\$530,632.00

I5 NON-OPERATING GAINS (LOSSES)

\$1,096,341.00

I6 NET REVENUE (LOSS)

\$565,709.00

Hospital Name:	Garrett County Memorial Hospital
HSCRC Hospital ID #:	17
# of Employees:	350
Contact Person:	Marianna Herpel
Contact Number:	301-533-4257
Contact Email:	mherpel@gcmh.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	1,176	33,050	84,077	54,650	73,946	64,781
B Health Professions Education	7	4	2,910	0	0	2,910
C Mission Driven Health Care Services	0	0	0	0	0	0
D Research	0	0	0	0	0	0
E Financial Contributions	105	50	4,019	0	0	4,019
F Community Building Activities	244	439	78,118	50,777	0	128,895
G Community Benefit Operations	259	202	7,356	4,781	0	12,137
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,934,385.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	1,791	33,745	176,480	110,208	73,946	2,147,127
% OF OPERATING EXPENSES	6.35%					
% of NET REVENUE	379.55%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	GREATER BALTIMORE MEDICAL CENTER	
HSCRC Hospital ID #:		44
# of Employees:		3,000
Contact Person:	MICHAEL MYERS	
Contact Number:	(443) 849-4328	
Contact Email:	MMYERS@GBMC.ORG	

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$217,693.00	\$0.00		\$217,693.00
	274	582	\$11,398.06	\$6,338.46	\$550.00	\$17,186.52
	524	24,359	\$42,553.66	\$23,664.09		\$66,217.75
				\$0.00		\$0.00
	654	8,069	\$32,148.38	\$17,877.71		\$50,026.09
				\$0.00		\$0.00
	53	72	\$3,286.72	\$1,827.74		\$5,114.46
				\$0.00		\$0.00
	8	33	\$245.50	\$136.52		\$382.02
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,513	33,115	\$307,325.32	\$49,844.53	\$550.00	\$356,619.85

Hospital Name:	GREATER BALTIMORE MEDICAL CENTER
HSCRC Hospital ID #:	44
# of Employees:	3,000
Contact Person:	MICHAEL MYERS
Contact Number:	(443) 849-4328
Contact Email:	MMYERS@GBMC.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	108,647		\$6,745,965.00	\$3,751,431.14		\$10,497,396.14
B2 Scholarships/Funding for Professional Education			\$3,000.00	\$0.00		\$3,000.00
B3 Nurses/Nursing Students	34,775		\$489,833.60	\$272,396.46		\$762,230.06
B4 Technicians	4,160		\$142,226.00	\$79,091.88	\$57,325.00	\$163,992.88
B5 Other Health Professionals	22		\$380.00	\$211.32		\$591.32
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Dance Center Head & Neck Conference	138	99	\$21,549.51	\$11,983.68	\$1,621.60	\$31,911.59
B8 Preceptor for Towson NP student	72		\$3,522.69	\$1,958.97		\$5,481.66
B9 Preceptor for JHU NP student	240		\$11,138.70	\$6,194.23		\$17,332.93
TOTAL	148054	99	\$7,417,615.50	\$4,123,267.68	\$58,946.60	\$11,481,936.58

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 WEINBERG COMMUNITY HEALTH CENTER			\$760,737.00	\$0.00	\$70,327.00	\$690,410.00
C2 HOSPICE OF BALTIMORE			\$1,825,082.00	\$0.00		\$1,825,082.00
C3 GERIATRIC NURSE PRACTITIONER			\$31,265.00	\$17,386.47		\$48,651.47
C4 PHYSICIAN SUBSIDIES - PRIMARY CARE			\$820,148.00	\$0.00	\$679,824.00	\$140,324.00
C5 PHYSICIAN SUBSIDIES - OB SERVICES			\$785,370.00	\$0.00	\$765,309.00	\$20,061.00
C6 PHYSICIAN SUBSIDIES - PSYCHIATRIC SERVICES			\$181,620.00	\$0.00		\$181,620.00
C7 Financial Assistance Program			\$48,500.00	\$0.00		\$48,500.00
C8 Maryland Medical Assistance			\$202,000.00	\$0.00		\$202,000.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$4,654,722.00	\$17,386.47	\$1,515,460.00	\$3,156,648.47

Hospital Name:	GREATER BALTIMORE MEDICAL CENTER
HSCRC Hospital ID #:	44
# of Employees:	3,000
Contact Person:	MICHAEL MYERS
Contact Number:	(443) 849-4328
Contact Email:	MMYERS@GBMC.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$80,000.00	\$0.00		\$80,000.00
E2 Grants			\$0.00	\$0.00		\$0.00
E3 In-Kind Donations			\$210,284.75	\$0.00		\$210,284.75
E2 Cost of Fund Raising for Community Programs	18		\$3,419.00	\$0.00		\$3,419.00
TOTAL	18	0	\$293,703.75	\$0.00	\$0.00	\$293,703.75

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name: GREATER BALTIMORE MEDICAL CENTER
HSCRC Hospital ID #: 44
of Employees: 3,000

Contact Person: MICHAEL MYERS
Contact Number: (443) 849-4328
Contact Email: MMYERS@GBMC.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff			\$13,147.00	\$7,311.05		\$20,458.05
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 Youth Type 2 ADA Meetings	21		\$903.00	\$502.16		\$1,405.16
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	21	0	\$14,050.00	\$7,813.21	\$0.00	\$21,863.21

H. CHARITY CARE (report total only)

TOTAL \$4,093,762.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

55.61%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$372,198,032.00

Other Revenue

\$13,418,803.00

Total Revenue

\$385,616,835.00

I3 TOTAL OPERATING EXPENSES

\$382,958,838.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$2,657,997.00

I5 NON-OPERATING GAINS (LOSSES)

\$1,691,333.00

I6 NET REVENUE (LOSS)

\$4,349,330.00

Hospital Name:	GREATER BALTIMORE MEDICAL CENTER
HSCRC Hospital ID #:	44
# of Employees:	3,000
Contact Person:	MICHAEL MYERS
Contact Number:	(443) 849-4328
Contact Email:	MMYERS@GBMC.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	1,513	33,115	307,325	49,845	550	356,620
B Health Professions Education	148,054	99	7,417,616	4,123,268	58,947	11,481,937
C Mission Driven Health Care Services	0	0	4,654,722	17,386	1,515,460	3,156,648
D Research	0	0	0	0	0	0
E Financial Contributions	18	0	293,704	0	0	293,704
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	21	0	14,050	7,813	0	21,863
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,093,762.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	149,606	33,214	12,687,417	4,198,312	1,574,957	19,404,534

% OF OPERATING EXPENSES	5.07%
% of NET REVENUE	446.15%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #:	210052
# of Employees:	2,314
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		5,439	77,399	\$442,211.00	\$245,660.55	\$129,241.00	\$558,630.55
Support Groups		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Self-Help		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A2 Community-Based Clinical Services		1,553	8,824	\$60,249.00	\$33,470.00	\$41,553.00	\$52,166.00
Screenings		0	0	\$0.00	\$0.00	\$0.00	\$0.00
One-Time/Occasionally Held Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Free Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Mobile Units		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A3 Health Care Support Services		0	0	\$202,602.00	\$112,551.07	\$0.00	\$315,153.07
A4 Other (Please indicate below):		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A5 Patient Transportation		10,405	14,525	\$231,337.00	\$128,514.16	\$0.00	\$359,851.16
A6		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A7		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A8		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A9		0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		17,397	100,748	\$936,399.00	\$520,195.78	\$170,794.00	\$1,285,800.78

Hospital Name: Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210052
of Employees: 2,314

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	0	0	\$4,473,000.00	\$2,484,876.36	\$0.00	\$6,957,876.36
B2 Scholarships/Funding for Professional Education	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B3 Nurses/Nursing Students	2,160	387	\$314,540.00	\$174,735.75	\$0.00	\$489,275.75
B4 Technicians	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B5 Other Health Professionals	40	10	\$2,070.00	\$1,149.94	\$0.00	\$3,219.94
B6 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B7	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B8	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B9	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	2200	397	\$4,789,610.00	\$2,660,762.05	\$0.00	\$7,450,372.05

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
Subsidy Subtotals - See individual Hosp Sub for detail	14,659	5,560	\$3,802,947.00	\$397,788.26	\$1,690,481.00	\$2,510,254.26
OTH Community HIV Services Support	2,080	0	\$75,000.00	\$41,526.27	\$0.00	\$116,526.27
OTH Child Development Center	21,706	11,125	\$374,119.00	\$207,143.55	\$321,221.00	\$260,041.55
OTH Renal Dialysis Program	0	0	\$13,085,713.00	\$2,511,000.00	\$13,729,600.00	\$1,867,113.00
OTH Low Income Housing	0	164	\$2,050,986.00	\$0.00	\$1,841,171.00	\$209,815.00
OTH Pharmacy Care Financial Counseling	2,208	0	\$47,401.00	\$26,245.16	\$0.00	\$73,646.16
OTH Sub-Acute Program	0	0	\$4,335,800.00	\$1,791,700.00	\$5,466,800.00	\$660,700.00
TOTAL	40,653	16,849	23,771,966	4,975,403	23,049,273	5,698,096

Hospital Name: Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210052
of Employees: 2,314

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	25	0	\$1,466.00	\$0.00	\$0.00	\$1,466.00
D2 Community Health Research	0	0	0	\$0.00	\$0.00	\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	25	0	\$1,466.00	\$0.00	\$0.00	\$1,466.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	0	0	\$86,418.00	\$0.00	\$0.00	\$86,418.00
E2 Grants	0	0	\$0.00	\$0.00	\$0.00	\$0.00
E3 In-Kind Donations	20	300	\$393,255.00	\$0.00	\$0.00	\$393,255.00
E4 Cost of Fund Raising for Community Programs	20	0	\$862.00	\$0.00	\$0.00	\$862.00
TOTAL	40	300	\$480,535.00	\$0.00	\$0.00	\$480,535.00

Hospital Name: Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210052
of Employees: 2,314

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F2 Economic Development	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F3 Support System Enhancements	340	0	\$49,540.00	\$27,520.85	\$0.00	\$77,060.85
F4 Environmental Improvements	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F6 Coalition Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F7 Community Health Improvement Advocacy	0	0	\$21,809.00	\$12,115.51	\$0.00	\$33,924.51
F8 Workforce Enhancement	0	0	\$1,561.00	\$867.18	\$0.00	\$2,428.18
F9 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	340	0	72,910	40,504	0	113,414

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	2,576	0	\$111,949.00	\$62,190.79	\$0.00	\$174,139.79
G2 Community health/health assets assessments	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G4 Lyon Software & Training	0	0	\$446.00	\$247.77	\$0.00	\$693.77
G5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	2,576	0	\$112,395.00	\$62,438.56	\$0.00	\$174,833.56

Hospital Name: Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210052
of Employees: 2,314

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

H. CHARITY CARE (report total only)

TOTAL	\$3,734,300.00
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I. FINANCIAL DATA

I1 INDIRECT COST RATIO	55.55%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$263,871,400.00
Other Revenue	\$3,245,600.00
Total Revenue	\$267,117,000.00
I3 TOTAL OPERATING EXPENSES	\$262,598,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$4,519,000.00
I5 NON-OPERATING GAINS (LOSSES)	\$3,243,800.00
I6 NET REVENUE (LOSS)	\$7,762,800.00

Hospital Name: Good Samaritan Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210052
of Employees: 2,314

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J2 Community Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J3 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	17,397	100,748	936,399	520,196	170,794	1,285,801
B Health Professions Education	2,200	397	4,789,610	2,660,762	0	7,450,372
C Mission Driven Health Care Services	40,653	16,849	23,771,966	4,975,403	23,049,273	5,698,096
D Research	25	0	1,466	0	0	1,466
E Financial Contributions	40	300	480,535	0	0	480,535
F Community Building Activities	340	0	72,910	40,504	0	113,414
G Community Benefit Operations	2,576	0	112,395	62,439	0	174,834
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$3,734,300.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	63,231	118,294	30,165,281	8,259,303	23,220,067	18,938,817

% OF OPERATING EXPENSES 7.21%
% of NET REVENUE 243.97%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #:	210034
# of Employees:	1,443
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		1,538	596,190	\$293,395.00	\$186,901.28	\$0.00	\$480,296.28
Support Groups		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Self-Help		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A2 Community-Based Clinical Services		6,810	2,949	\$473,163.00	\$301,418.80	\$0.00	\$774,581.80
Screenings		0	0	\$0.00	\$0.00	\$0.00	\$0.00
One-Time/Occasionally Held Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Free Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Mobile Units		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A3 Health Care Support Services		0	0	\$263,629.00	\$167,939.46	\$1,957.00	\$429,611.46
A4 Other (Please indicate below):		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A5 Drugs & Pharmaceuticals		0	0	\$19,165.00	\$12,208.67	\$0.00	\$31,373.67
A6		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A7		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A8		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A9		0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		8,348	599,139	\$1,049,352.00	\$668,468.20	\$1,957.00	\$1,715,863.20

Hospital Name: Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210034
of Employees: 1,443

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	0	0	\$3,050,200.00	\$1,943,067.45	\$0.00	\$4,993,267.45
B2 Scholarships/Funding for Professional Education	0	0	\$105,287.00	\$67,070.93	\$0.00	\$172,357.93
B3 Nurses/Nursing Students	2,800	119	\$148,477.00	\$94,584.23	\$0.00	\$243,061.23
B4 Technicians	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B5 Other Health Professionals	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B6 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B7	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B8	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B9	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	2800	119	\$3,303,964.00	\$2,104,722.61	\$0.00	\$5,408,686.61

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1a Family Care	13,913	6,868	\$442,625.00	\$7,347.58	\$341,826.00	\$108,146.58
C1b Women's & Children's Services	72,010	33,884	\$5,025,405.00	\$83,421.72	\$4,822,461.00	\$286,365.72
C1c Radiology	0	0	\$895,800.00	\$14,870.28	\$0.00	\$910,670.28
C1d Diabetes/Endocrine	4,160	1,868	\$215,852.00	\$3,583.14	\$111,660.00	\$107,775.14
C1e Psychiatry	0	0	\$120,600.00	\$2,001.96	\$0.00	\$122,601.96
C2b Surgical House Coverage	10,192	0	\$631,904.00	\$10,489.61	\$215,178.00	\$427,215.61
C3 ED&Trauma Services	0	0	\$116,176.00	\$1,928.52	\$0.00	\$118,104.52
OTH Adult Daycare	25,168	65	\$884,300.00	\$446,200.00	\$787,000.00	\$543,500.00
C9	0	0	\$0.00	\$0.00	\$0.00	\$0.00
C10	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	125,443	42,685	\$8,332,662.00	\$569,842.81	\$6,278,125.00	\$2,624,379.81

Hospital Name: Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210034
of Employees: 1,443

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D2 Community Health Research	0	0	0	\$0.00	\$0.00	\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	67	350	\$66,404.00	\$0.00	\$0.00	\$66,404.00
E2 Grants	0	0	\$0.00	\$0.00	\$0.00	\$0.00
E3 In-Kind Donations	41	942	\$555,374.00	\$0.00	\$0.00	\$555,374.00
E4 Cost of Fund Raising for Community Programs	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	108	1292	\$621,778.00	\$0.00	\$0.00	\$621,778.00

Hospital Name: Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210034
of Employees: 1,443

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F2 Economic Development	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F3 Support System Enhancements	6	38	\$65,830.00	\$41,935.65	\$0.00	\$107,765.65
F4 Environmental Improvements	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F6 Coalition Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F7 Community Health Improvement Advocacy	0	0	\$15,632.00	\$9,958.05	\$0.00	\$25,590.05
F8 Workforce Enhancement	0	0	\$1,119.00	\$712.84	\$0.00	\$1,831.84
F9 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	6	38	82,581	52,607	0	135,188

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	405	0	\$12,871.00	\$8,199.21	\$0.00	\$21,070.21
G2 Community health/health assets assessments	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G4 Lyon Software & Training	0	0	\$433.00	\$275.83	\$0.00	\$708.83
G5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	405	0	\$13,304.00	\$8,475.04	\$0.00	\$21,779.04

Hospital Name: Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210034
of Employees: 1,443

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

H. CHARITY CARE (report total only)

TOTAL \$3,402,300.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	63.70%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$177,448,000.00
Other Revenue	\$8,901,800.00
Total Revenue	\$186,349,800.00
I3 TOTAL OPERATING EXPENSES	\$179,690,900.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$6,658,900.00
I5 NON-OPERATING GAINS (LOSSES)	\$370,600.00
I6 NET REVENUE (LOSS)	\$7,029,500.00

Hospital Name: Harbor Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210034
of Employees: 1,443

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J2 Community Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J3 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	8,348	599,139	1,049,352	668,468	1,957	1,715,863
B Health Professions Education	2,800	119	3,303,964	2,104,723	0	5,408,687
C Mission Driven Health Care Services	125,443	42,685	8,332,662	569,843	6,278,125	2,624,380
D Research	0	0	0	0	0	0
E Financial Contributions	108	1,292	621,778	0	0	621,778
F Community Building Activities	6	38	82,581	52,607	0	135,188
G Community Benefit Operations	405	0	13,304	8,475	0	21,779
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$3,402,300.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	137,110	643,273	13,403,641	3,404,115	6,280,082	13,929,974

% OF OPERATING EXPENSES

7.75%

% of NET REVENUE

198.16%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Harford Memorial Hospital
HSCRC Hospital ID #:	21-0006
# of Employees:	831
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchsc.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

A2 Community-Based Clinical Services

- Screenings
- One-Time/Occasionally Held Clinics
- Free Clinics
- Mobile Units

A3 Health Care Support Services

A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	269	2,486	\$45,913.00	\$25,738.83	\$411.00	\$71,240.83
Support Groups	6	18	\$137.00	\$76.80		\$213.80
Self-Help	121	246	\$7,401.00	\$4,149.00		\$11,550.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	396	2,480	\$10,177.00	\$5,705.23	\$800.00	\$15,082.23
One-Time/Occasionally Held Clinics	177	1,481	\$44,632.00	\$25,020.70	\$34,595.00	\$35,057.70
Free Clinics	1,032	563	\$37,870.00	\$21,229.92		\$59,099.92
Mobile Units			\$1,690.00	\$947.41		\$2,637.41
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	2,001	7,274	\$147,820.00	\$82,867.89	\$35,806.00	\$194,881.89

Hospital Name:	Harford Memorial Hospital
HSCRC Hospital ID #:	21-0006
# of Employees:	831
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchsc.org

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C1 Transitional Care	61,006	335	\$1,868,986.00	\$1,186,943.00	\$1,888,111.00	\$1,167,818.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	61,006	335	\$1,868,986.00	\$1,186,943.00	\$1,888,111.00	\$1,167,818.00

Hospital Name:	Harford Memorial Hospital
HSCRC Hospital ID #:	21-0006
# of Employees:	831
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchsc.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name:	Harford Memorial Hospital
HSCRC Hospital ID #:	21-0006
# of Employees:	831
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchsc.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	385	0	\$9,844.00	\$5,518.55	\$0.00	\$15,362.55
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	385	0	\$9,844.00	\$5,518.55	\$0.00	\$15,362.55

H. CHARITY CARE (report total only)	TOTAL	\$1,247,712.10
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	56.06%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$74,773,000.00
Other Revenue	\$581,000.00
Total Revenue	\$75,354,000.00
I3 TOTAL OPERATING EXPENSES	\$74,546,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$808,000.00
I5 NON-OPERATING GAINS (LOSSES)	\$3,967,000.00
I6 NET REVENUE (LOSS)	\$4,775,000.00

Hospital Name:	Harford Memorial Hospital
HSCRC Hospital ID #:	21-0006
# of Employees:	831
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchsc.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	2,001	7,274	147,820	82,868	35,806	194,882
B Health Professions Education	0	0	0	0	0	0
C Mission Driven Health Care Services	61,006	335	1,868,986	1,186,943	1,888,111	1,167,818
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	0	0	0	0
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	385	0	9,844	5,519	0	15,363
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,247,712.10
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	63,392	7,609	2,026,650	1,275,329	1,923,917	2,625,775

% OF OPERATING EXPENSES	3.52%
% of NET REVENUE	54.99%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199
Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	21,421	672,836	\$1,197,674.00	\$616,921.88	\$272,960.00	\$1,541,635.88
Support Groups	857	9,224	\$86,471.00	\$44,541.21	\$1,800.00	\$129,212.21
Self-Help	7,222	83,890	\$562,718.00	\$289,856.04	\$88,912.00	\$763,662.04
A2 Community-Based Clinical Services	532	4,117	\$31,443.00	\$16,196.29	\$900.00	\$46,739.29
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	16,233	21,748	\$1,559,506.00	\$803,301.54	\$237,428.00	\$2,125,379.54
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Pharmacy	240	1,270	\$130,274.00	\$67,104.14		\$197,378.14
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	46,505	793,085	\$3,568,086.00	\$1,837,921.10	\$602,000.00	\$4,804,007.10

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199
Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	4,162	502	\$1,726,071.00	\$889,099.17		\$2,615,170.17
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	9,271	316	\$394,569.00	\$203,242.49		\$597,811.49
B4 Technicians	406	21	\$13,446.00	\$6,926.03		\$20,372.03
B5 Other Health Professionals	2,302	311	\$70,832.00	\$36,485.56	\$19,040.00	\$88,277.56
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Social Work Student Placement	450	2	\$17,435.00	\$8,980.77		\$26,415.77
B8 Graduate Health Administration Internships	134	14	\$14,623.00	\$7,532.31		\$22,155.31
B9				\$0.00		\$0.00
TOTAL	16725	1166	\$2,236,976.00	\$1,152,266.34	\$19,040.00	\$3,370,202.34

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Faith Community Nursing	3,804	11,812	\$175,535.00	\$90,418.08	\$675.00	\$265,278.08
C2 Holy Cross Health Cetner at Montgomery College	20,878	7,371	\$1,003,222.00	\$516,759.65	\$920,530.00	\$599,451.65
C3 Holy Cross Medical Adult Day Care Center	12,483	9,317	\$486,418.00	\$250,553.91	\$384,166.00	\$352,805.91
C4 Women's and Children's Services	2,923	1,482	\$280,940.00	\$144,712.19	\$75,800.00	\$349,852.19
C5 Palliative Care Service	4,162	546	\$160,000.00	\$82,416.00		\$242,416.00
C6 Physician Subsidy for ED Call and Uninsured			\$1,212,159.00	\$624,383.10		\$1,836,542.10
C7 Physician Subsidy for Hospital Based Physicians		5,383	\$901,285.00	\$464,251.90		\$1,365,536.90
C8 IT Costs for Clinic			\$6,250.00	\$0.00		\$6,250.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	44,250	35,911	\$4,225,809.00	\$2,173,494.84	\$1,381,171.00	\$5,018,132.84

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199
Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
	5132	316	281580	\$145,041.86		\$426,621.86
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	5132	316	281580	145041.858	0	426621.858

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
		216	\$19,454.00	\$0.00		\$19,454.00
				\$0.00		\$0.00
	193	9,242	\$44,137.00	\$0.00		\$44,137.00
				\$0.00		\$0.00
TOTAL	193	9458	\$63,591.00	\$0.00	\$0.00	\$63,591.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
			\$17,530.00	\$9,029.70	\$0.00	\$26,559.70
				\$0.00		\$0.00
	1,716		\$91,015.00	\$46,881.83		\$137,896.83
				\$0.00		\$0.00
				\$0.00		\$0.00
	115	128	\$44,204.00	\$22,769.48		\$66,973.48
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,831	128	152,749	78,681	0	231,430

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199
Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	622		\$49,120.00	\$25,301.71		\$74,421.71
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 CEO Review Committee on Community Benefit	84	14	\$7,905.00	\$4,071.87		\$11,976.87
G5 Foundation Community Benefit Fundraising			\$450,000.00	\$231,795.00		\$681,795.00
G6				\$0.00		\$0.00
TOTAL	706	14	\$507,025.00	\$261,168.58	\$0.00	\$768,193.58

H. CHARITY CARE (report total only)	TOTAL	\$9,466,606.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	51.51%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$364,167,829.17
Other Revenue	\$7,861,234.29
Total Revenue	\$372,029,063.46
I3 TOTAL OPERATING EXPENSES	\$348,477,324.70
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$25,436,738.76
I5 NON-OPERATING GAINS (LOSSES)	\$4,846,225.50
I6 NET REVENUE (LOSS)	\$20,590,513.26

Hospital Name:	Holy Cross Hospital
HSCRC Hospital ID #:	4
# of Employees:	3,199
Contact Person:	Kimberley McBride MPH, CHES
Contact Number:	301-754-7149
Contact Email:	mcbrik@holycrosshealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	46,505	793,085	3,568,086	1,837,921	602,000	4,804,007
B Health Professions Education	16,725	1,166	2,236,976	1,152,266	19,040	3,370,202
C Mission Driven Health Care Services	44,250	35,911	4,225,809	2,173,495	1,381,171	5,018,133
D Research	5,132	316	281,580	145,042	0	426,622
E Financial Contributions	193	9,458	63,591	0	0	63,591
F Community Building Activities	1,831	128	152,749	78,681	0	231,430
G Community Benefit Operations	706	14	507,025	261,169	0	768,194
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$9,466,606.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	115,342	840,078	11,035,816	5,648,574	2,002,211	24,148,785

% OF OPERATING EXPENSES	6.93%
% of NET REVENUE	117.28%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Howard County General Hospital
HSCRC Hospital ID #:	0048
# of Employees:	
Contact Person:	Fran Moll
Contact Number:	410-550-0795
Contact Email:	Fmoll1@jhmi

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	8,783	238,583	\$963,463.92	\$557,749.26	\$342,962.00	\$1,178,251.18
Support Groups	82	80	\$4,153.18	\$2,404.28	\$0.00	\$6,557.46
Self-Help	120	254	\$6,727.00	\$3,894.26	\$2,626.00	\$7,995.26
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	3,508	8,677	\$198,446.79	\$114,880.84	\$77,038.00	\$236,289.63
One-Time/Occasionally Held Clinics	24	60	\$721.77	\$417.83	\$0.00	\$1,139.60
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	2,234	4,748	\$189,688.00	\$109,810.38	\$49,085.00	\$250,413.38
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	14,750	252,402	\$1,363,200.65	\$789,156.86	\$471,711.00	\$1,680,646.51

Hospital Name:	Howard County General Hospital
HSCRC Hospital ID #:	0048
# of Employees:	
Contact Person:	Fran Moll
Contact Number:	410-550-0795
Contact Email:	Fmoll1@jhmi

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	119	16	\$377,439.00	\$0.00	\$0.00	\$377,439.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	6,000	28	\$213,318.25	\$0.00	\$0.00	\$213,318.25
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	6119	44	\$590,757.25	\$0.00	\$0.00	\$590,757.25

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Mission Driven Health Services - Physician Subsidies - Hospitalist Program	0	0	\$1,793,866.00	\$0.00	\$0.00	\$1,793,866.00
C2 Mission Driven Health Services - Physician Subsidies - JHCP - OB/GYN	0	0	\$126,027.00	\$0.00	\$0.00	\$126,027.00
C3 Mission Driven Health Services - Physician Subsidies - ED On-call	0	0	\$2,262,110.00	\$0.00	\$0.00	\$2,262,110.00
C4 Mission Driven Health Services - Physician Subsidies - Otolaryngology On-call	0	0	\$133,333.00	\$0.00	\$0.00	\$133,333.00
C5 Mission Driven Health Services - Physician Subsidies - Urology On-call	0	0	\$88,250.00	\$0.00	\$0.00	\$88,250.00
C6 Mission Driven Health Services - Physician Subsidies - Interventional Cardiology On-call	0	0	\$143,388.00	\$0.00	\$0.00	\$143,388.00
C7 Let Go of Tobacco Grant	208	12,494	\$8,052.00	\$0.00	\$0.00	\$8,052.00
C8 Agewell Grant	0	853	\$22,615.00	\$0.00	\$0.00	\$22,615.00
C9 Healthy Family, Howard County (HFHC)	2,704	1,347	\$444,945.00	\$0.00	\$0.00	\$444,945.00
C10						\$0.00
TOTAL	2,912	14,694	\$5,022,586.00	\$0.00	\$0.00	\$5,022,586.00

Hospital Name:	Howard County General Hospital
HSCRC Hospital ID #:	0048
# of Employees:	
Contact Person:	Fran Moll
Contact Number:	410-550-0795
Contact Email:	Fmoll1@jhmi

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	100	1,500	\$626,621.04	\$0.00	\$337,302.00	\$289,319.04
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	4,846	17,796	\$332,624.98	\$0.00	\$0.00	\$332,624.98
E2 Cost of Fund Raising for Community Programs	0	0	\$250,000.00	\$43,175.00	\$0.00	\$293,175.00
TOTAL	4945.75	19295.75	\$1,209,246.02	\$43,175.00	\$337,302.00	\$915,119.02

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	20	180,000	\$105,615.10	\$61,140.58	\$0.00	\$166,755.68
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	680	0	\$136,677.00	\$79,122.32	\$0.00	\$215,799.32
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement	15	0	\$3,848.29	\$2,227.78	\$0.00	\$6,076.07
F9 Other (Please indicate below)				\$0.00		\$0.00
NICU Reunion	100	500	\$20,417.26	\$11,819.55	\$0.00	\$32,236.81
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	815	180,500	266,558	154,310	0	420,868

Hospital Name:	Howard County General Hospital
HSCRC Hospital ID #:	0048
# of Employees:	
Contact Person:	Fran Moll
Contact Number:	410-550-0795
Contact Email:	Fmoll1@jhmi

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	0	0	\$5,754.65	\$3,331.37	\$0.00	\$9,086.02
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4	13	150	\$564.15	\$326.59	\$0.00	\$890.73
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	13	150	\$6,318.80	\$3,657.95	\$0.00	\$9,976.75

H. CHARITY CARE (report total only)

TOTAL \$1,393,340.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

57.89%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$199,081,000.00

Other Revenue

\$4,544,000.00

Total Revenue

\$203,625,000.00

I3 TOTAL OPERATING EXPENSES

\$196,570,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$7,055,000.00

I5 NON-OPERATING GAINS (LOSSES)

\$3,555,000.00

I6 NET REVENUE (LOSS)

\$3,500,000.00

Hospital Name:	Howard County General Hospital
HSCRC Hospital ID #:	0048
# of Employees:	
Contact Person:	Fran Moll
Contact Number:	410-550-0795
Contact Email:	Fmoll1@jhmi

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	14,750	252,402	1,363,201	789,157	471,711	1,680,647
B Health Professions Education	6,119	44	590,757	0	0	590,757
C Mission Driven Health Care Services	2,912	14,694	5,022,586	0	0	5,022,586
D Research	0	0	0	0	0	0
E Financial Contributions	4,946	19,296	1,209,246	43,175	337,302	915,119
F Community Building Activities	815	180,500	266,558	154,310	0	420,868
G Community Benefit Operations	13	150	6,319	3,658	0	9,977
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,393,340.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	29,555	467,086	8,458,666	990,300	809,013	10,033,293

% OF OPERATING EXPENSES	5.10%
% of NET REVENUE	286.67%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Johns Hopkins Hospital
HSCRC Hospital ID #:	0009
# of Employees:	9200
Contact Person:	Michael Jenkins
Contact Number:	410-614-0745
Contact Email:	mjenkins@jhmi.edu

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	2,995	17,752	\$671,201.00	\$312,309.83	\$5,200.00	\$978,310.83
Support Groups	305	696	\$24,315.00	\$11,313.77	\$0.00	\$35,628.77
Self-Help	47	3,870	\$6,951.00	\$3,234.30	\$0.00	\$10,185.30
A2 Community-Based Clinical Services	34,075	14,336	\$1,650,690.00	\$768,066.06	\$486,494.00	\$1,932,262.06
Screenings	56	2,873	\$14,000.00	\$6,514.20	\$0.00	\$20,514.20
One-Time/Occasionally Held Clinics	210	989	\$13,155.00	\$6,121.02	\$0.00	\$19,276.02
Free Clinics	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Mobile Units	10,816	1,557	\$493,777.00	\$229,754.44	\$0.00	\$723,531.44
A3 Health Care Support Services	6,656	28,070	\$233,940.00	\$108,852.28	\$0.00	\$342,792.28
A4 Other (Please indicate below):						
A5 See Attachment	1,956	2,019	\$178,554.00	\$83,081.18	\$0.00	\$261,635.18
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	57,116	72,162	\$3,286,583.00	\$1,529,247.07	\$491,694.00	\$4,324,136.07

Hospital Name:	Johns Hopkins Hospital
HSCRC Hospital ID #:	0009
# of Employees:	9200
Contact Person:	Michael Jenkins
Contact Number:	410-614-0745
Contact Email:	mjenkins@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	1,444,352	694	\$49,123,600.00	\$0.00		\$49,123,600.00
B2 Scholarships/Funding for Professional Education	0	0	\$934,388.00	\$0.00		\$934,388.00
B3 Nurses/Nursing Students	40,024	1,198	\$1,902,304.00	\$0.00		\$1,902,304.00
B4 Technicians	291	71	\$25,478.00	\$0.00		\$25,478.00
B5 Other Health Professionals	53,248	83	\$2,245,427.00	\$0.00		\$2,245,427.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	1537915	2046	\$54,231,197.00	\$0.00	\$0.00	\$54,231,197.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 CPP Case Management	4,992	220	\$206,979.00	\$0.00	\$0.00	\$206,979.00
C2 Child Development Community Policing	1,422	50	\$94,381.00	\$0.00	\$0.00	\$94,381.00
C3 DJJ Family Intervention Specialist	3,946	40	\$187,587.00	\$0.00	\$0.00	\$187,587.00
C4 Targeted Case Management	3,209	58	\$88,794.00	\$0.00	\$0.00	\$88,794.00
C5 Geriatric Psych Day Hospital Pat. Trans.	0	1,525	\$17,837.00	\$0.00	\$0.00	\$17,837.00
C6 Eating Disorders Day Hospital Pat. Housing	0	1,445	\$155,189.00	\$0.00	\$0.00	\$155,189.00
C7 Schizophrenia Day Hospital Housing	0	1,523	\$158,378.00	\$0.00	\$0.00	\$158,378.00
C8 Substance Abuse Housing - Men at Helping up Mission	0	8,336	\$345,310.00	\$0.00	\$0.00	\$345,310.00
C9 Pain Treatment Day Hospital Housing	0	990	\$77,417.00	\$0.00	\$0.00	\$77,417.00
C10 Other (See Attachment)	259,275	42,040	\$10,856,747.00	\$0.00	\$0.00	\$10,856,747.00
TOTAL	272,844	56,227	\$12,188,619.00	\$0.00	\$0.00	\$12,188,619.00

Hospital Name:	Johns Hopkins Hospital
HSCRC Hospital ID #:	0009
# of Employees:	9200
Contact Person:	Michael Jenkins
Contact Number:	410-614-0745
Contact Email:	mjenkins@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	13104	403	2706000	\$0.00	1033697	\$1,672,303.00
D2 Community Health Research	1040	150	75000	\$0.00		\$75,000.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4 Research Compliance Project	4,161	302	\$2,395,000.00	\$0.00		\$2,395,000.00
D5 IRB	100	75	\$158,003.00	\$0.00		\$158,003.00
D6				\$0.00		\$0.00
TOTAL	18405	930	5334003	0	1033697	4300306

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	442	150	\$786,251.00	\$0.00		\$786,251.00
E2 Grants	0	0	\$0.00	\$0.00		\$0.00
E3 In-Kind Donations	884	22	\$60,202.00	\$0.00		\$60,202.00
E2 Cost of Fund Raising for Community Programs	3,479	225	\$85,000.00	\$12,665.00		\$97,665.00
TOTAL	4805	397	\$931,453.00	\$12,665.00	\$0.00	\$944,118.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	859	286	\$605,535.00	\$281,755.44		\$887,290.44
F2 Economic Development	862	291	\$359,859.00	\$167,442.39		\$527,301.39
F3 Support System Enhancements	760	124	\$190,376.00	\$88,581.95		\$278,957.95
F4 Environmental Improvements	880	157	\$76,821.00	\$35,744.81		\$112,565.81
F5 Leadership Development/Training for Community Members	4,418	437	\$188,788.00	\$87,843.06		\$276,631.06
F6 Coalition Building	650	361	\$89,741.00	\$41,756.49		\$131,497.49
F7 Community Health Improvement Advocacy	4,502	546	\$110,000.00	\$51,183.00		\$161,183.00
F8 Workforce Enhancement	859	129	\$347,319.00	\$161,607.53		\$508,926.53
F9 Other (Please indicate below)						
See Attachment	47,409	13,742	\$1,583,931.00	\$156,546.00	\$18,275.00	\$1,722,202.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	61,199	16,073	3,552,370	1,072,461	18,275	4,606,556

Hospital Name:	Johns Hopkins Hospital
HSCRC Hospital ID #:	0009
# of Employees:	9200
Contact Person:	Michael Jenkins
Contact Number:	410-614-0745
Contact Email:	mjenkins@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	2,088	2,153	\$51,000.00	\$23,730.30		\$74,730.30
G2 Community health/health assets assessments	234	53	\$6,596.00	\$3,069.12		\$9,665.12
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 Community Benefit Report	2,020	803	\$75,570.00	\$35,162.72		\$110,732.72
G5 Office Expense	0	0	\$17,320.00	\$8,059.00		\$25,379.00
G6				\$0.00		\$0.00
TOTAL	4,342	3,009	\$150,486.00	\$70,021.14	\$0.00	\$220,507.14

H. CHARITY CARE (report total only)	TOTAL	\$34,525,000.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	34.66%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$1,415,696,000.00
Other Revenue	\$117,890,000.00
Total Revenue	\$1,533,586,000.00
I3 TOTAL OPERATING EXPENSES	\$1,463,939,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$69,647,000.00
I5 NON-OPERATING GAINS (LOSSES)	-\$56,292,000.00
I6 NET REVENUE (LOSS)	\$13,355,000.00

Hospital Name:	Johns Hopkins Hospital
HSCRC Hospital ID #:	0009
# of Employees:	9200
Contact Person:	Michael Jenkins
Contact Number:	410-614-0745
Contact Email:	mjenkins@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	57,116	72,162	3,286,583	1,529,247	491,694	4,324,136
B Health Professions Education	1,537,915	2,046	54,231,197	0	0	54,231,197
C Mission Driven Health Care Services	272,844	56,227	12,188,619	0	0	12,188,619
D Research	18,405	930	5,334,003	0	1,033,697	4,300,306
E Financial Contributions	4,805	397	931,453	12,665	0	944,118
F Community Building Activities	61,199	16,073	3,552,370	1,072,461	18,275	4,606,556
G Community Benefit Operations	4,342	3,009	150,486	70,021	0	220,507
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$34,525,000.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	1,956,626	150,844	79,674,711	2,684,394	1,543,666	115,340,439

% OF OPERATING EXPENSES	7.88%
% of NET REVENUE	863.65%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Johns Hopkins Bayview Medical Center
HSCRC Hospital ID #:	0029
# of Employees:	3,496
Contact Person:	Gayle Adams or Kim Moeller
Contact Number:	410-550-0289 or 410-550-1339
Contact Email:	gadams@jhmi.edu or kmoelle@jhmi.edu

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1	Community Health Education	10,936	737,664	\$597,987.62	\$367,289.59	\$0.00	\$965,277.22
	Support Groups	279	2,181	\$14,499.61	\$8,905.80	\$0.00	\$23,405.41
	Self-Help	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A2	Community-Based Clinical Services						
	Screenings	203	2,622	\$7,157.83	\$4,396.41	\$0.00	\$11,554.23
	One-Time/Occasionally Held Clinics	48	208	\$3,838.72	\$2,357.78	\$0.00	\$6,196.50
	Free Clinics	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	Mobile Units	4,317	2,500	\$203,176.00	\$124,792.60	\$0.00	\$327,968.60
A3	Health Care Support Services	3,280	12,740	\$222,274.87	\$88,426.62	\$0.00	\$310,701.48
A4	Other (Please indicate below):				\$0.00		\$0.00
A5	Social Work Prescriptions	2,380	3,689	\$77,552.52	\$47,633.48	\$0.00	\$125,186.00
A6					\$0.00		\$0.00
A7					\$0.00		\$0.00
A8					\$0.00		\$0.00
A9					\$0.00		\$0.00
TOTAL		21,443	761,604	\$1,126,487.17	\$643,802.27	\$0.00	\$1,770,289.44

Hospital Name:	Johns Hopkins Bayview Medical Center
HSCRC Hospital ID #:	0029
# of Employees:	3,496

Contact Person:	Gayle Adams or Kim Moeller
Contact Number:	410-550-0289 or 410-550-1339
Contact Email:	gadams@jhmi.edu or kmoelle@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	0	157	\$15,061,937.00	\$0.00	\$0.00	\$15,061,937.00
B2 Scholarships/Funding for Professional Education	25	2	\$398,962.99	\$0.00	\$0.00	\$398,962.99
B3 Nurses/Nursing Students	7,633	930	\$248,695.88	\$0.00	\$0.00	\$248,695.88
B4 Technicians	2,895	509	\$94,323.93	\$0.00	\$0.00	\$94,323.93
B5 Other Health Professionals	20,804	279	\$677,812.75	\$0.00	\$0.00	\$677,812.75
B6 Other (Please indicate below):						
B7	2,824	956	\$98,131.46	\$0.00	\$0.00	\$98,131.46
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	34,181	2,833	\$16,579,864.02	\$0.00	\$0.00	\$16,579,864.02

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Burn/Image Enhancement	0	0	\$0.00	\$0.00	\$0.00	\$0.00
C2 Short-term post acute care for people in need	0	125	\$454,923.85	\$0.00	\$0.00	\$454,923.85
C3 Trauma on-call	0	0	\$1,796,575.00	\$0.00	\$752,867.00	\$1,043,708.00
C4 Wyman Park Community Services	0	0	\$636,261.00	\$0.00	\$0.00	\$636,261.00
C5 Tindeco Community Services	0	0	\$295,268.00	\$0.00	\$0.00	\$295,268.00
C6 Teaching Community Education	0	0	\$768,699.00	\$0.00	\$0.00	\$768,699.00
C7	0	0	\$0.00	\$0.00	\$0.00	\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	125	\$3,951,726.85	\$0.00	\$752,867.00	\$3,198,859.85

Hospital Name:	Johns Hopkins Bayview Medical Center
HSCRC Hospital ID #:	0029
# of Employees:	3,496

Contact Person:	Gayle Adams or Kim Moeller
Contact Number:	410-550-0289 or 410-550-1339
Contact Email:	gadams@jhmi.edu or kmoelle@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	0	0	\$211,765.00	\$0.00	\$0.00	\$211,765.00
D2 Community Health Research	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	\$211,765.00	\$0.00	\$0.00	\$211,765.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	5	0	\$122,568.43	\$0.00	\$0.00	\$122,568.43
E2 Grants	0	0	\$0.00	\$0.00	\$0.00	\$0.00
E3 In-Kind Donations	4,754	51,628	\$265,022.41	\$0.00	\$0.00	\$265,022.41
E4 Cost of Fund Raising for Community Programs	0	0	\$32,482.64	\$6,318.44	\$0.00	\$38,801.08
TOTAL	4,759	51,628	\$420,073.48	\$6,318.44	\$0.00	\$426,391.92

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	71	970	\$24,905.01	\$15,296.89	\$0.00	\$40,201.91
F2 Economic Development	312	2,906	\$290,208.22	\$178,248.60	\$0.00	\$468,456.83
F3 Support System Enhancements	2,047	128	\$95,823.20	\$58,855.51	\$0.00	\$154,678.71
F4 Environmental Improvements	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F6 Coalition Building (included in A1)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F7 Community Health Improvement Advocacy	137	50	\$7,305.76	\$4,487.26	\$0.00	\$11,793.02
F8 Workforce Enhancement	1,426	440	\$46,769.75	\$28,726.42	\$0.00	\$75,496.17
F9 Other (Please indicate below)				\$0.00	\$0.00	\$0.00
Live Near Your Work	0	2	\$2,000.00	\$1,228.42	\$0.00	\$3,228.42
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	3,992	4,496	\$467,011.95	\$286,843.11	\$0.00	\$753,855.05

Hospital Name:	Johns Hopkins Bayview Medical Center
HSCRC Hospital ID #:	0029
# of Employees:	3,496

Contact Person:	Gayle Adams or Kim Moeller
Contact Number:	410-550-0289 or 410-550-1339
Contact Email:	gadams@jhmi.edu or kmoelle@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	324	0	\$16,925.34	\$10,395.70	\$0.00	\$27,321.04
G2 Community health/health assets assessments	18	0	\$944.49	\$580.11	\$0.00	\$1,524.60
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	342	0	\$17,869.83	\$10,975.82	\$0.00	\$28,845.64

H. CHARITY CARE (report total only)

TOTAL	\$25,400,000.00
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I. FINANCIAL DATA

11 INDIRECT COST RATIO	61.42%
12 OPERATING REVENUE	
Net Patient Service Revenue	\$460,846,000.00
Other Revenue	\$50,906,000.00
Total Revenue	\$511,752,000.00
13 TOTAL OPERATING EXPENSES	\$504,874,000.00
14 NET REVENUE (LOSS) FROM OPERATIONS	\$6,878,000.00
15 NON-OPERATING GAINS (LOSSES)	-\$5,454,000.00
16 NET REVENUE (LOSS)	\$1,424,000.00

Hospital Name:	Johns Hopkins Bayview Medical Center
HSCRC Hospital ID #:	0029
# of Employees:	3,496
Contact Person:	Gayle Adams or Kim Moeller
Contact Number:	410-550-0289 or 410-550-1339
Contact Email:	gadams@jhmi.edu or kmoelle@jhmi.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NEI COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NEI COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	21,443	761,604	\$1,126,487.17	\$643,802.27	\$0.00	\$1,770,289.44
B Health Professions Education	34,181	2,833	\$16,579,864.02	\$0.00	\$0.00	\$16,579,864.02
C Mission Driven Health Care Services	0	125	\$3,951,726.85	\$0.00	\$752,867.00	\$3,198,859.85
D Research	0	0	\$211,765.00	\$0.00	\$0.00	\$211,765.00
E Financial Contributions	4,759	51,628	\$420,073.48	\$6,318.44	\$0.00	\$426,391.92
F Community Building Activities	3,992	4,496	\$467,011.95	\$286,843.11	\$0.00	\$753,855.05
G Community Benefit Operations	342	0	\$17,869.83	\$10,975.82	\$0.00	\$28,845.64
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$25,400,000.00
J Foundation Funded Community Benefit	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL HOSPITAL COMMUNITY BENEFIT	64,715	820,686	\$22,774,798.28	\$947,939.63	\$752,867.00	\$48,369,870.92

% OF OPERATING EXPENSES	9.58%
% of NET REVENUE	3396.76%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	THE JAMES LAWRENCE KERNAN HOSPITAL, INC.
HSCRC Hospital ID #:	210058
# of Employees:	813
Contact Person:	Gaylene Adamczyk
Contact Number:	410-448-6370
Contact Email:	gadamczyk@kernan.umm.edu

COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES						
A1 Community Health Education	271	173	\$12,056.79	\$3,997.59		\$16,054.38
Support Groups	204	46	\$7,012.61	\$2,325.12		\$9,337.73
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	5,798	600	\$140,117.00	\$46,457.63	\$128,658.00	\$57,916.63
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	6,273	819	\$159,186.40	\$52,780.34	\$128,658.00	\$83,308.74

Hospital Name:	THE JAMES LAWRENCE KERNAN HOSPITAL, INC.
HSCRC Hospital ID #:	210058
# of Employees:	813
Contact Person:	Gaylene Adamczyk
Contact Number:	410-448-6370
Contact Email:	gadamczyk@kernan.umm.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	41,427		\$2,920,702.52	\$968,397.34		\$3,889,099.86
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	10,582	90	\$164,867.56	\$54,664.01		\$219,531.57
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	9,391	15	\$150,913.37	\$50,037.31		\$200,950.68
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	61400	105	\$3,236,483.45	\$1,073,098.66	\$0.00	\$4,309,582.11

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1				\$0.00		\$0.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

Hospital Name: THE JAMES LAWRENCE KERNAN HOSPITAL, INC.
HSCRC Hospital ID #: 210058
of Employees: 813

Contact Person: Gaylene Adamczyk
Contact Number: 410-448-6370
Contact Email: gadamczyk@kernan.umm.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$39,502.00	\$13,097.41		\$52,599.41
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	431	130	\$45,803.00	\$15,186.59		\$60,989.59
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	431	130	\$85,305.00	\$28,283.99	\$0.00	\$113,588.99

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name: THE JAMES LAWRENCE KERNAN HOSPITAL, INC.
HSCRC Hospital ID #: 210058
of Employees: 813

Contact Person: Gaylene Adamczyk
Contact Number: 410-448-6370
Contact Email: gadamczyk@kernan.umm.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)

TOTAL \$505,222.61

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

33.16%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$88,509,529.76

Other Revenue

\$5,100,000.00

Total Revenue

\$93,609,529.76

I3 TOTAL OPERATING EXPENSES

\$91,803,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$1,806,529.76

I5 NON-OPERATING GAINS (LOSSES)

\$745,000.00

I6 NET REVENUE (LOSS)

\$2,551,529.76

Hospital Name:	THE JAMES LAWRENCE KERNAN HOSPITAL, INC.
HSCRC Hospital ID #:	210058
# of Employees:	813
Contact Person:	Gaylene Adamczyk
Contact Number:	410-448-6370
Contact Email:	gadamczyk@kernan.umm.edu

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	6,273	819	159,186	52,780	128,658	83,309
B Health Professions Education	61,400	105	3,236,483	1,073,099	0	4,309,582
C Mission Driven Health Care Services	0	0	0	0	0	0
D Research	0	0	0	0	0	0
E Financial Contributions	431	130	85,305	28,284	0	113,589
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$505,222.61
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	68,104	1,054	3,480,975	1,154,163	128,658	5,011,702

% OF OPERATING EXPENSES

% of NET REVENUE

5.46%
196.42%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	LAUREL REGIONAL HOSPITAL
HSCRC Hospital ID #:	210055
# of Employees:	617
Contact Person:	SHERVON YANCEY
Contact Number:	301-497-7950
Contact Email:	SHERVON.YANCEY@DIMENSIONHEALTH.ORG

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	Blood Drives
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	703	1,675	\$26,272.83	\$15,261.89	\$339.00	\$41,195.72
Support Groups	42	418	\$2,205.68	\$1,281.28		\$3,486.96
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	224	761	\$9,074.02	\$5,271.10	\$920.00	\$13,425.12
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	38	100	\$2,595.52	\$1,507.74		\$4,103.26
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Blood Drives	63	139	\$1,766.52	\$1,026.17		\$2,792.69
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	1,070	3,093	\$41,914.57	\$24,348.17	\$1,259.00	\$65,003.74

Hospital Name:	LAUREL REGIONAL HOSPITAL
HSCRC Hospital ID #:	210055
# of Employees:	617
Contact Person:	SHERVON YANCEY
Contact Number:	301-497-7950
Contact Email:	SHERVON.YANCEY@DIMENSIONHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	120	100	\$3,364.80	\$1,954.61		\$5,319.41
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	120	100	\$3,364.80	\$1,954.61	\$0.00	\$5,319.41

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Physician Subsidies			\$5,050,300.00	\$2,933,719.27		\$7,984,019.27
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$5,050,300.00	\$2,933,719.27	\$0.00	\$7,984,019.27

Hospital Name:	LAUREL REGIONAL HOSPITAL
HSCRC Hospital ID #:	210055
# of Employees:	617
Contact Person:	SHERVON YANCEY
Contact Number:	301-497-7950
Contact Email:	SHERVON.YANCEY@DIMENSIONHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name:	LAUREL REGIONAL HOSPITAL
HSCRC Hospital ID #:	210055
# of Employees:	617
Contact Person:	SHERVON YANCEY
Contact Number:	301-497-7950
Contact Email:	SHERVON.YANCEY@DIMENSIONHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$262,900.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	58.09%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$75,347,800.00
Other Revenue	\$3,805,600.00
Total Revenue	\$79,153,400.00
I3 TOTAL OPERATING EXPENSES	\$86,122,700.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	-\$6,969,300.00
I5 NON-OPERATING GAINS (LOSSES)	\$267,300.00
I6 NET REVENUE (LOSS)	-\$6,702,000.00

Hospital Name:	LAUREL REGIONAL HOSPITAL
HSCRC Hospital ID #:	210055
# of Employees:	617
Contact Person:	SHERVON YANCEY
Contact Number:	301-497-7950
Contact Email:	SHERVON.YANCEY@DIMENSIONHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	1,070	3,093	41,915	24,348	1,259	65,004
B Health Professions Education	120	100	3,365	1,955	0	5,319
C Mission Driven Health Care Services	0	0	5,050,300	2,933,719	0	7,984,019
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	0	0	0	0
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$262,900.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	1,190	3,193	5,095,579	2,960,022	1,259	8,317,242

% OF OPERATING EXPENSES	9.66%
% of NET REVENUE	-124.10%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Maryland General Hospital
HSCRC Hospital ID #:	210038
# of Employees:	1,404
Contact Person:	Ken Creeger
Contact Number:	410-225-8218
Contact Email:	Kcreeger@marylandgeneral.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	218	5,090	\$8,170.00	\$4,479.61		\$12,649.61
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	2,392	2,765	\$188,365.00	\$103,280.53		\$291,645.53
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	10,507	8,766	\$670,339.00	\$367,546.87		\$1,037,885.87
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Immunizations	80	240	\$4,205.00	\$2,305.60		\$6,510.60
A6 Red cross Blood Drives	133		\$5,332.00	\$2,923.54		\$8,255.54
A7 Community Events and partnerships	1,248	3,000	\$98,906.00	\$54,230.16		\$153,136.16
A8 Other Health Events	249	0	\$6,887.00	\$3,776.14		\$10,663.14
A9 Doctor's Day Community Fair	270	2,000	\$11,828.00	\$6,485.29		\$18,313.29
TOTAL	15,097	21,861	\$994,032.00	\$545,027.75	\$0.00	\$1,539,059.75

Hospital Name:	Maryland General Hospital
HSCRC Hospital ID #:	210038
# of Employees:	1,404
Contact Person:	Ken Creeger
Contact Number:	410-225-8218
Contact Email:	Kcreeger@marylandgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	17,312		\$3,950,297.00	\$2,165,947.85		\$6,116,244.85
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	320	29	\$12,021.00	\$6,591.11		\$18,612.11
B5 Other Health Professionals	2,535	826	\$95,228.00	\$52,213.51		\$147,441.51
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Medical Library	2,064	2,504	\$67,640.00	\$37,087.01		\$104,727.01
B8 Plebotomy Training	480	60	\$18,031.00	\$9,886.40	\$600.00	\$27,317.40
B9				\$0.00		\$0.00
TOTAL	22711	3419	\$4,143,217.00	\$2,271,725.88	\$600.00	\$6,414,342.88

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Community Health Education Center	17,758	13,222	\$578,334.00	\$317,100.53		\$895,434.53
C2 Paquin High School	5,117	1,176	\$128,227.00	\$70,306.86		\$198,533.86
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	22,875	14,398	\$706,561.00	\$387,407.40	\$0.00	\$1,093,968.40

Hospital Name:	Maryland General Hospital
HSCRC Hospital ID #:	210038
# of Employees:	1,404
Contact Person:	Ken Creeger
Contact Number:	410-225-8218
Contact Email:	Kcreeger@marylandgeneral.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name:	Maryland General Hospital
HSCRC Hospital ID #:	210038
# of Employees:	1,404
Contact Person:	Ken Creeger
Contact Number:	410-225-8218
Contact Email:	Kcreeger@marylandgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$980,787.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	54.83%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$178,189,291.00
Other Revenue	\$1,270,090.00
Total Revenue	\$179,459,381.00
I3 TOTAL OPERATING EXPENSES	\$176,650,820.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$2,808,561.00
I5 NON-OPERATING GAINS (LOSSES)	\$889,000.00
I6 NET REVENUE (LOSS)	\$3,697,561.00

Hospital Name:	Maryland General Hospital
HSCRC Hospital ID #:	210038
# of Employees:	1,404
Contact Person:	Ken Creeger
Contact Number:	410-225-8218
Contact Email:	Kcreeger@marylandgeneral.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	15,097	21,861	994,032	545,028	0	1,539,060
B Health Professions Education	22,711	3,419	4,143,217	2,271,726	600	6,414,343
C Mission Driven Health Care Services	22,875	14,398	706,561	387,407	0	1,093,968
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	0	0	0	0
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$980,787.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	60,683	39,678	5,843,810	3,204,161	600	10,028,158
% OF OPERATING EXPENSES	5.68%					
% of NET REVENUE	271.21%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	McCready Memorial Hospital
HSCRC Hospital ID #:	210045
# of Employees:	297
Contact Person:	Amy Stitcher
Contact Number:	410-968-1200 x3245
Contact Email:	astitcher@mccreadyfoundation.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help
- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units
- A3 Health Care Support Services
- A4 Other (Please indicate below):
- A5 Free Lab Corp Blood Draws
- A6
- A7
- A8
- A9

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	114	929	\$5,992.20	\$4,101.32	\$445.00	\$9,648.52
Support Groups				\$0.00		\$0.00
Self-Help	40	25	\$1,925.08	\$1,317.61	\$0.00	\$3,242.69
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics	44	374	\$6,815.98	\$4,665.15	\$2,618.00	\$8,863.13
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Free Lab Corp Blood Draws	261	1,395	\$4,529.96	\$3,100.50	\$0.00	\$7,630.46
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	459	2,723	\$19,263.22	\$13,184.59	\$3,063.00	\$29,384.81

Hospital Name:	McCready Memorial Hospital
HSCRC Hospital ID #:	210045
# of Employees:	297
Contact Person:	Amy Stitcher
Contact Number:	410-968-1200 x3245
Contact Email:	astitcher@mccreadyfoundation.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	22	1	\$691.59	\$0.00	\$0.00	\$691.59
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	366	4	\$4,631.09	\$0.00	\$0.00	\$4,631.09
B5 Other Health Professionals	140	1,337	\$14,572.51	\$0.00	\$0.00	\$14,572.51
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	528	1342	\$19,895.19	\$0.00	\$0.00	\$19,895.19

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Colonoscopies	254	12	\$15,897.06	\$0.00	\$0.00	\$15,897.06
C2 Community Fitness Program	585	4,875	\$13,062.90	\$0.00	\$3,750.00	\$9,312.90
C3 Free Diabetic Counseling	1,207	50	\$57,296.22	\$0.00	\$0.00	\$57,296.22
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	2,046	4,937	\$86,256.18	\$0.00	\$3,750.00	\$82,506.18

Hospital Name:	McCreedy Memorial Hospital
HSCRC Hospital ID #:	210045
# of Employees:	297
Contact Person:	Amy Stitcher
Contact Number:	410-968-1200 x3245
Contact Email:	astitcher@mccreadyfoundation.org

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
	0	0	\$2,500.00	\$0.00	\$0.00	\$2,500.00
				\$0.00		\$0.00
	0	0	\$500.00	\$0.00	\$0.00	\$500.00
				\$0.00		\$0.00
TOTAL	0	0	\$3,000.00	\$0.00	\$0.00	\$3,000.00

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
	500	0	\$15,076.95	\$10,319.32	\$0.00	\$25,396.27
				\$0.00		\$0.00
				\$0.00		\$0.00
	53	893	\$2,461.85	\$1,685.00	\$0.00	\$4,146.85
				\$0.00		\$0.00
	4	0	\$164.83	\$112.82	\$0.00	\$277.65
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	557	893	17,704	12,117	0	29,821

Hospital Name:	McCready Memorial Hospital
HSCRC Hospital ID #:	210045
# of Employees:	297
Contact Person:	Amy Stitcher
Contact Number:	410-968-1200 x3245
Contact Email:	astitcher@mccreadyfoundation.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$579,750.79
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	68.44%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$15,304,329.00
Other Revenue	\$48,209.00
Total Revenue	\$15,352,538.00
I3 TOTAL OPERATING EXPENSES	\$13,618,274.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$1,734,264.00
I5 NON-OPERATING GAINS (LOSSES)	\$221,318.00
I6 NET REVENUE (LOSS)	\$1,955,582.00

Hospital Name:	McCready Memorial Hospital
HSCRC Hospital ID #:	210045
# of Employees:	297
Contact Person:	Amy Stitcher
Contact Number:	410-968-1200 x3245
Contact Email:	astitcher@mccreadyfoundation.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	459	2,723	19,263	13,185	3,063	29,385
B Health Professions Education	528	1,342	19,895	0	0	19,895
C Mission Driven Health Care Services	2,046	4,937	86,256	0	3,750	82,506
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	3,000	0	0	3,000
F Community Building Activities	557	893	17,704	12,117	0	29,821
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$579,750.79
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	3,589	9,895	146,118	25,302	6,813	744,358
% OF OPERATING EXPENSES	5.47%					
% of NET REVENUE	38.06%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Memorial Hospital at Easton,
HSCRC Hospital ID #:	0037
# of Employees:	1,272
Contact Person:	Michael Silgen / Kathleen McGrath / Frank Fields
Contact Number:	410 822 1000
Contact Email:	kfmcgrath@shorehealth.org, ffields@shorehealth.org

COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES						
A1 Community Health Education	1,950	6,774	\$70,926.26	\$26,072.05	\$20,440.00	\$76,558.31
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	2,118	345	\$115,423.49	\$42,428.95	\$28,702.00	\$129,150.44
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	2,916	517	\$103,565.88	\$38,070.17	\$0.00	\$141,636.06
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	6,984	7,636	\$289,915.63	\$106,571.17	\$49,142.00	\$347,344.80

Hospital Name: **Memorial Hospital at Easton,**
HSCRC Hospital ID #: **0037**
of Employees: **1,272**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	34,320	44	\$1,808,446.72	\$0.00	\$14,482.74	\$1,793,963.98
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	34320	44	\$1,808,446.72	\$0.00	\$14,482.74	\$1,793,963.98

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 MHE Anesthesia Physician Subsidy		4,655	\$1,363,836.98	\$0.00	\$64,045.97	\$1,299,791.01
C2 MHE Emergency Services Physician Subsidy	18,250	36,535	\$935,614.80	\$0.00		\$935,614.80
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	18,250	41,190	\$2,299,451.78	\$0.00	\$64,045.97	\$2,235,405.81

Hospital Name: **Memorial Hospital at Easton,**
HSCRC Hospital ID #: **0037**
of Employees: **1,272**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	18	3	\$2,255.92	\$0.00		\$2,255.92
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	18	3	\$2,255.92	\$0.00	\$0.00	\$2,255.92

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy	60	10,000	\$14,320.22	\$5,264.02		\$19,584.25
F8 Workforce Enhancement			\$442,070.44	\$162,502.33		\$604,572.77
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	60	10,000	456,391	167,766	0	624,157

Hospital Name: **Memorial Hospital at Easton,**
HSCRC Hospital ID #: **0037**
of Employees: **1,272**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$1,540,293.00
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I. FINANCIAL DATA	
11 INDIRECT COST RATIO	36.76%
12 OPERATING REVENUE	
Net Patient Service Revenue	\$137,205,850.00
Other Revenue	\$3,831,694.00
Total Revenue	\$141,037,544.00
13 TOTAL OPERATING EXPENSES	\$139,972,084.00
14 NET REVENUE (LOSS) FROM OPERATIONS	\$3,065,460.00
15 NON-OPERATING GAINS (LOSSES)	-\$609,827.00
16 NET REVENUE (LOSS)	\$2,455,633.00

Hospital Name: **Memorial Hospital at Easton,**
HSCRC Hospital ID #: **0037**
of Employees: **1,272**

Contact Person: **Michael Silgen / Kathleen McGrath / Frank Fields**
Contact Number: **410 822 1000**
Contact Email: **kfmcgrath@shorehealth.org, ffields@shorehealth.org**

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services			\$169,351.00	\$0.00	\$5,913.00	\$163,438.00
J2 Community Building			\$0.00	\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$169,351.00	\$0.00	\$5,913.00	\$163,438.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	6,984	7,636	289,916	106,571	49,142	347,345
B Health Professions Education	34,320	44	1,808,447	0	14,483	1,793,964
C Mission Driven Health Care Services	18,250	41,190	2,299,452	0	64,046	2,235,406
D Research	0	0	0	0	0	0
E Financial Contributions	18	3	2,256	0	0	2,256
F Community Building Activities	60	10,000	456,391	167,766	0	624,157
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,540,293.00
J Foundation Funded Community Benefit	0	0	169,351	0	5,913	163,438
TOTAL HOSPITAL COMMUNITY BENEFIT	59,632	58,873	5,025,812	274,338	133,584	6,706,859
% OF OPERATING EXPENSES	4.8%					
% of NET REVENUE	273.1%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	MERCY MEDICAL CENTER, INC.
HSCRC Hospital ID #:	0008
# of Employees:	3,291
Contact Person:	JOHN TOPPER
Contact Number:	410-332-9313
Contact Email:	jtopper@mdmercy.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	35,809	3,588	\$1,349,372.00	\$957,784.92	\$272,545.00	\$2,034,611.92
Support Groups	1,377	1,350	\$50,448.00	\$36,075.36		\$86,523.36
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	14,171	375	\$1,347,931.00	\$963,905.46		\$2,311,836.46
Screenings	2,491	1,606	\$142,726.00	\$102,063.36		\$244,789.36
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services			\$723,582.00	\$517,433.49		\$1,241,015.49
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 CHARITY PRESCRIPTION PROGRAM			\$180,464.00	\$129,049.81		\$309,513.81
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	53,848	6,919	\$3,794,523.00	\$2,706,312.40	\$272,545.00	\$6,228,290.40

Hospital Name:	MERCY MEDICAL CENTER, INC.
HSCRC Hospital ID #:	0008
# of Employees:	3,291
Contact Person:	JOHN TOPPER
Contact Number:	410-332-9313
Contact Email:	jtopper@mdmercy.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	45,018	6,552	\$7,406,609.00	\$5,296,466.10		\$12,703,075.10
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	1,248	4,368	\$75,291.00	\$53,840.59		\$129,131.59
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	3,200	3,676	\$175,063.00	\$125,187.55		\$300,250.55
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	49466	14596	\$7,656,963.00	\$5,475,494.24	\$0.00	\$13,132,457.24

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 EMERGENCY ROOM PHYSICIAN SERVICES (3)	16,821	56,491	\$2,338,479.00	\$1,672,246.33		\$4,010,725.33
C2 PHYSICIAN CHARITY CARE (3)	2,860	928	\$1,814,343.00	\$0.00		\$1,814,343.00
C3 OB COVERAGE (1)	6,601	9,834	\$726,671.00	\$519,642.43		\$1,246,313.43
C4 ANTENATAL PHYSICIAN SUBSIDY (1)	2,558	385	\$888,040.00	\$635,037.40	\$846,291.00	\$676,786.40
C5 HEALTHCARE FOR THE HOMELESS	19,596	14,175	\$1,002,773.00	\$717,082.97	\$801,657.00	\$918,198.97
C6 PSYCHIATRIC CARE COVERAGE/SAFE PROGRAM (2)	9,304	995	\$381,077.00	\$272,508.16	\$97,640.00	\$555,945.16
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	57,740	82,808	\$7,151,383.00	\$3,816,517.30	\$1,745,588.00	\$9,222,312.30

Hospital Name:	MERCY MEDICAL CENTER, INC.
HSCRC Hospital ID #:	0008
# of Employees:	3,291
Contact Person:	JOHN TOPPER
Contact Number:	410-332-9313
Contact Email:	jtopper@mdmercy.com

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
		2089	378036	\$270,333.54		\$648,369.54
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	2089	378036	270333.5436	0	648369.5436

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$1,030,425.00	\$0.00		\$1,030,425.00
				\$0.00		\$0.00
	1,619	338	\$74,086.00	\$52,978.90		\$127,064.90
				\$0.00		\$0.00
TOTAL	1619	338	\$1,104,511.00	\$52,978.90	\$0.00	\$1,157,489.90

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
			\$1,226,053.00	\$8,581.00		\$1,234,634.00
	17,390	1,308	\$557,648.00	\$398,774.08	\$381,400.00	\$575,022.08
	1,312	15	\$154,996.00	\$110,837.64	\$80,000.00	\$185,833.64
				\$0.00		\$0.00
	1,590		\$49,290.00	\$35,247.28		\$84,537.28
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	20,292	1,323	1,987,987	553,440	461,400	2,080,027

Hospital Name: MERCY MEDICAL CENTER, INC.
HSCRC Hospital ID #: 0008
of Employees: 3,291

Contact Person: JOHN TOPPER
Contact Number: 410-332-9313
Contact Email: jtopper@mdmercy.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	385		\$20,849.00	\$14,909.12		\$35,758.12
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	385	0	\$20,849.00	\$14,909.12	\$0.00	\$35,758.12

H. CHARITY CARE (report total only)

TOTAL \$9,050,995.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO 71.51%

I2 OPERATING REVENUE

Net Patient Service Revenue \$334,789,000.00
Other Revenue \$16,756,000.00
Total Revenue \$351,545,000.00

I3 TOTAL OPERATING EXPENSES

\$324,571,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$26,974,000.00

I5 NON-OPERATING GAINS (LOSSES)

-\$6,891,000.00

I6 NET REVENUE (LOSS)

\$20,083,000.00

Hospital Name:	MERCY MEDICAL CENTER, INC.
HSCRC Hospital ID #:	0008
# of Employees:	3,291
Contact Person:	JOHN TOPPER
Contact Number:	410-332-9313
Contact Email:	jtopper@mdmercy.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	53,848	6,919	3,794,523	2,706,312	272,545	6,228,290
B Health Professions Education	49,466	14,596	7,656,963	5,475,494	0	13,132,457
C Mission Driven Health Care Services	57,740	82,808	7,151,383	3,816,517	1,745,588	9,222,312
D Research	0	2,089	378,036	270,334	0	648,370
E Financial Contributions	1,619	338	1,104,511	52,979	0	1,157,490
F Community Building Activities	20,292	1,323	1,987,987	553,440	461,400	2,080,027
G Community Benefit Operations	385	0	20,849	14,909	0	35,758
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$9,050,995.00
J Foundation Funded Community Benefit	0	0	0	0	0	0

TOTAL HOSPITAL COMMUNITY BENEFIT	183,350	108,073	22,094,252	12,889,986	2,479,533	41,555,700
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% OF OPERATING EXPENSES	12.80%
% of NET REVENUE	206.92%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES						
A1 Community Health Education	1,940	11,566	\$171,982.00	\$105,044.23	\$55,870.00	\$221,156.23
Support Groups	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Self-Help	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A2 Community-Based Clinical Services	131	328	\$6,156.00	\$3,760.00	\$0.00	\$9,916.00
Screenings	0	0	\$0.00	\$0.00	\$0.00	\$0.00
One-Time/Occasionally Held Clinics	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Free Clinics	0	0	\$0.00	\$0.00	\$0.00	\$0.00
Mobile Units	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A3 Health Care Support Services	3,303	5,002	\$360,558.00	\$220,223.85	\$0.00	\$580,781.85
A4 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A5 Blood Drive	2	48	\$61.00	\$37.26	\$0.00	\$98.26
A6 Medication for Patients	0	0	\$27,164.00	\$16,591.40	\$0.00	\$43,755.40
A7	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A8	0	0	\$0.00	\$0.00	\$0.00	\$0.00
A9	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	5,375	16,944	\$565,921.00	\$345,656.74	\$55,870.00	\$855,707.74

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

B. HEALTH PROFESSIONS EDUCATION

B1	Physicians/Medical Students
B2	Scholarships/Funding for Professional Education
B3	Nurses/Nursing Students
B4	Technicians
B5	Other Health Professionals
B6	Other (Please indicate below):
B7	Health Education (for high school students)
B8	
B9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
	1	1	\$49.00	\$29.93	\$175.00	-\$96.07
	150	74	\$15,244.00	\$9,310.82	\$0.00	\$24,554.82
	670	439	\$29,904.00	\$18,264.95	\$0.00	\$48,168.95
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	2,656	851	\$99,646.00	\$60,862.40	\$0.00	\$160,508.40
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	69	7	\$3,376.00	\$2,062.01	\$0.00	\$5,438.01
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	3546	1372	\$148,219.00	\$90,530.12	\$175.00	\$238,574.12

C. MISSION DRIVEN HEALTH SERVICES (please list)

C1	Psychiatry
C2	Hospitalist
C3	Emergency Room
C5	Anesthesia Coverage Subsidy
OTH	Cardiac Rehab
C9	
C10	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
	0	0	\$382,958.00	\$0.00	\$0.00	\$382,958.00
	0	0	\$1,130,323.00	\$0.00	\$0.00	\$1,130,323.00
	0	0	\$284,202.00	\$0.00	\$0.00	\$284,202.00
	0	0	\$845,000.00	\$0.00	\$0.00	\$845,000.00
	0	0	\$54,700.00	\$5,000.00	\$27,000.00	\$32,700.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	0	0	\$2,697,183.00	\$5,000.00	\$27,000.00	\$2,675,183.00

Hospital Name: Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #: 21-0018
of Employees: 1,307

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D2 Community Health Research	0	0	0	\$0.00	\$0.00	\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	20	2,500	\$32,448.00	\$0.00	\$0.00	\$32,448.00
E2 Grants	0	0	\$0.00	\$0.00	\$0.00	\$0.00
E3 In-Kind Donations	55	2,468	\$26,738.00	\$0.00	\$0.00	\$26,738.00
E4 Cost of Fund Raising for Community Programs	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	74.5	4968	\$59,186.00	\$0.00	\$0.00	\$59,186.00

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F2 Economic Development	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F3 Support System Enhancements	111	542	\$6,464.00	\$3,948.12	\$0.00	\$10,412.12
F4 Environmental Improvements	8,684	23	\$169,454.00	\$103,500.16	\$0.00	\$272,954.16
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F6 Coalition Building	27	119	\$1,409.00	\$860.60	\$0.00	\$2,269.60
F7 Community Health Improvement Advocacy	36	0	\$3,062.00	\$1,870.23	\$0.00	\$4,932.23
F8 Workforce Enhancement	68	26	\$2,366.00	\$1,445.12	\$0.00	\$3,811.12
F9 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	8,925	710	182,755	111,624	0	294,379

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	120	0	\$4,242.00	\$2,590.96	\$0.00	\$6,832.96
G2 Community health/health assets assessments	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G4 Lyon Software & Training	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	120	0	\$4,242.00	\$2,590.96	\$0.00	\$6,832.96

Hospital Name: Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #: 21-0018
of Employees: 1,307

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

H. CHARITY CARE (report total only)

TOTAL \$5,290,800.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO 61.08%

I2 OPERATING REVENUE

Net Patient Service Revenue \$117,444,400.00
Other Revenue \$1,711,400.00
Total Revenue \$119,155,800.00

I3 TOTAL OPERATING EXPENSES \$114,666,300.00

I4 NET REVENUE (LOSS) FROM OPERATIONS \$4,489,500.00

I5 NON-OPERATING GAINS (LOSSES) -\$4,141,400.00

I6 NET REVENUE (LOSS) \$348,100.00

Hospital Name:	Montgomery General Hospital - HSCRC VERSION
HSCRC Hospital ID #:	21-0018
# of Employees:	1,307
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J2 Community Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J3 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	5,375	16,944	565,921	345,657	55,870	855,708
B Health Professions Education	3,546	1,372	148,219	90,530	175	238,574
C Mission Driven Health Care Services	0	0	2,697,183	5,000	27,000	2,675,183
D Research	0	0	0	0	0	0
E Financial Contributions	75	4,968	59,186	0	0	59,186
F Community Building Activities	8,925	710	182,755	111,624	0	294,379
G Community Benefit Operations	120	0	4,242	2,591	0	6,833
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$5,290,800.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	18,041	23,994	3,657,506	555,402	83,045	9,420,663

% OF OPERATING EXPENSES	8.22%
% of NET REVENUE	2706.31%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	NORTHWEST HOSPITAL CENTER
HSCRC Hospital ID #:	40
# of Employees:	1,195
Contact Person:	TAWNI COLLINS
Contact Number:	410.601.8192
Contact Email:	TCOLLINS@LIFEBRIDGEHEALTH.ORG

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	1,445	19,666	\$232,603.00	\$139,166.37	\$14,922.00	\$356,847.37
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	1,246	1,430	\$53,175.00	\$31,814.60	\$13,730.00	\$71,259.60
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services		161	\$86,510.00	\$51,758.93		\$138,268.93
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 AEROBICS AND YOGA CLASSES	110	586	\$11,525.00	\$6,895.41	\$12,296.00	\$6,124.41
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	2,801	21,843	\$383,813.00	\$229,635.32	\$40,948.00	\$572,500.32

Hospital Name:	NORTHWEST HOSPITAL CENTER
HSCRC Hospital ID #:	40
# of Employees:	1,195
Contact Person:	TAWNI COLLINS
Contact Number:	410.601.8192
Contact Email:	TCOLLINS@LIFEBRIDGEHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	4,624	1,182	\$223,601.00	\$0.00		\$223,601.00
B3 Nurses/Nursing Students	26		\$926.00	\$0.00		\$926.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	4650	1182	\$224,527.00	\$0.00	\$0.00	\$224,527.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 HOSPITALISTS SUBSIDIZED CARE			\$3,888,698.00	\$0.00		\$3,888,698.00
C2 ER SUBSIDIZED			\$68,000.00	\$0.00		\$68,000.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$3,956,698.00	\$0.00	\$0.00	\$3,956,698.00

Hospital Name:	NORTHWEST HOSPITAL CENTER
HSCRC Hospital ID #:	40
# of Employees:	1,195
Contact Person:	TAWNI COLLINS
Contact Number:	410.601.8192
Contact Email:	TCOLLINS@LIFEBRIDGEHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$48,717.00	\$0.00		\$48,717.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	46		\$7,358.00	\$0.00		\$7,358.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	46	0	\$56,075.00	\$0.00	\$0.00	\$56,075.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements			\$8,139.00	\$4,869.56		\$13,008.56
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members	80	251	\$3,065.00	\$1,833.79	\$1,450.00	\$3,448.79
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	80	251	11,204	6,703	1,450	16,457

Hospital Name:	NORTHWEST HOSPITAL CENTER
HSCRC Hospital ID #:	40
# of Employees:	1,195
Contact Person:	TAWNI COLLINS
Contact Number:	410.601.8192
Contact Email:	TCOLLINS@LIFEBRIDGEHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)

TOTAL \$4,421,762.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	59.83%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$192,148,000.00
Other Revenue	\$1,947,000.00
Total Revenue	\$194,095,000.00
I3 TOTAL OPERATING EXPENSES	\$181,572,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$12,523,000.00
I5 NON-OPERATING GAINS (LOSSES)	\$6,136,000.00
I6 NET REVENUE (LOSS)	\$6,387,000.00

Hospital Name:	NORTHWEST HOSPITAL CENTER
HSCRC Hospital ID #:	40
# of Employees:	1,195
Contact Person:	TAWNI COLLINS
Contact Number:	410.601.8192
Contact Email:	TCOLLINS@LIFEBRIDGEHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	2,801	21,843	383,813	229,635	40,948	572,500
B Health Professions Education	4,650	1,182	224,527	0	0	224,527
C Mission Driven Health Care Services	0	0	3,956,698	0	0	3,956,698
D Research	0	0	0	0	0	0
E Financial Contributions	46	0	56,075	0	0	56,075
F Community Building Activities	80	251	11,204	6,703	1,450	16,457
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$4,421,762.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	7,577	23,276	4,632,317	236,339	42,398	9,248,020
% OF OPERATING EXPENSES	5.09%					
% of NET REVENUE	144.79%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Peninsula Regional Medical Center
HSCRC Hospital ID #:	0019
# of Employees:	2,579
Contact Person:	Renee White
Contact Number:	410-543-7530 Ext 4810
Contact Email:	renee.white@peninsula.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

A2 Community-Based Clinical Services

- Screenings
- One-Time/Occasionally Held Clinics
- Free Clinics
- Mobile Units

A3 Health Care Support Services

A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	1,828	10,282	\$76,840.96	\$35,039.48	\$23,356.32	\$88,524.12
Support Groups	48	302	\$2,606.09	\$1,188.38	\$0.00	\$3,794.47
Self-Help	13,565	38,554	\$570,065.86	\$259,950.03	\$229,752.17	\$600,263.72
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	2,087	4,885	\$106,717.28	\$48,663.08	\$7,460.00	\$147,920.36
One-Time/Occasionally Held Clinics	644	5,795	\$101,086.25	\$46,095.33	\$37,832.00	\$109,349.58
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	0	121	\$4,874.00	\$2,222.54	\$0.00	\$7,096.54
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	18,172	59,939	\$862,190.44	\$393,158.84	\$298,400.49	\$956,948.79

Hospital Name:	Peninsula Regional Medical Center
HSCRC Hospital ID #:	0019
# of Employees:	2,579
Contact Person:	Renee White
Contact Number:	410-543-7530 Ext 4810
Contact Email:	renee.white@peninsula.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	175	95	\$198,940.50	\$0.00		\$198,940.50
B3 Nurses/Nursing Students	5,613	528	\$304,565.57	\$0.00		\$304,565.57
B4 Technicians	240	1	\$10,114.52	\$0.00		\$10,114.52
B5 Other Health Professionals	217	376	\$21,415.96	\$0.00	\$11,818.00	\$9,597.96
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Dietician Internship	106	4	\$1,326.27	\$0.00		\$1,326.27
B8 CPR Courses throughout Community	142	155	\$6,774.88	\$3,089.35	\$5,332.00	\$4,532.23
B9 Clinical Pastoral Education Extended Residency Program			\$1,000.00	\$0.00		\$1,000.00
TOTAL	6493	1159	\$544,137.70	\$3,089.35	\$17,150.00	\$530,077.05

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Pediatric Specialties	1,532	397	\$54,424.00	\$43,274.00	\$34,540.00	\$63,158.00
C2 Peninsula Partners	2,288	9,214	\$101,170.36	\$0.00		\$101,170.36
C3 Trauma On-Call			\$2,159,300.00	\$0.00	\$1,115,205.00	\$1,044,095.00
C4 Physician Subsidies 2 - Hospitalists	19,525	17,579	\$2,301,195.00	\$477,783.00	\$1,510,374.00	\$1,268,604.00
C5 Physician Subsidies 5 - Recruitment			\$301,116.00	\$0.00		\$301,116.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	23,345	27,190	\$4,917,205.36	\$521,057.00	\$2,660,119.00	\$2,778,143.36

Hospital Name:	Peninsula Regional Medical Center
HSCRC Hospital ID #:	0019
# of Employees:	2,579
Contact Person:	Renee White
Contact Number:	410-543-7530 Ext 4810
Contact Email:	renee.white@peninsula.org

D. RESEARCH

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D1 Clinical Research	54	150	4802.24	\$2,189.82		\$6,992.06
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	54	150	4802.24	2189.82	0	6992.06

E. FINANCIAL CONTRIBUTIONS

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E1 Cash Donations			\$107,880.00	\$0.00		\$107,880.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	4,557	3,964	\$71,029.76	\$0.00		\$71,029.76
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	4557	3964	\$178,909.76	\$0.00	\$0.00	\$178,909.76

F. COMMUNITY BUILDING ACTIVITIES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F1 Physical Improvements/Housing	11	60	\$1,149.72	\$524.27		\$1,673.99
F2 Economic Development	52		\$6,804.42	\$3,102.82		\$9,907.24
F3 Support System Enhancements	88	149	\$5,669.85	\$2,585.45		\$8,255.30
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building	289	468	\$19,008.65	\$8,667.94	\$22.00	\$27,654.59
F7 Community Health Improvement Advocacy	203	1,516	\$18,840.94	\$8,591.47		\$27,432.41
F8 Workforce Enhancement	6	15	\$174.90	\$79.75		\$254.65
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	649	2,208	51,648	23,552	22	75,178

Hospital Name:	Peninsula Regional Medical Center
HSCRC Hospital ID #:	0019
# of Employees:	2,579
Contact Person:	Renee White
Contact Number:	410-543-7530 Ext 4810
Contact Email:	renee.white@peninsula.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 Community Benefit Planning/Reporting	186		\$4,743.05	\$2,162.83		\$6,905.88
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	186	0	\$4,743.05	\$2,162.83	\$0.00	\$6,905.88

H. CHARITY CARE (report total only)	TOTAL	\$8,072,900.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	45.60%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$354,542,000.00
Other Revenue	\$1,080,000.00
Total Revenue	\$355,622,000.00
I3 TOTAL OPERATING EXPENSES	\$327,422,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$28,200,000.00
I5 NON-OPERATING GAINS (LOSSES)	\$10,106,000.00
I6 NET REVENUE (LOSS)	\$38,306,000.00

Hospital Name:	Peninsula Regional Medical Center
HSCRC Hospital ID #:	0019
# of Employees:	2,579
Contact Person:	Renee White
Contact Number:	410-543-7530 Ext 4810
Contact Email:	renee.white@peninsula.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	18,172	59,939	862,190	393,159	298,400	956,949
B Health Professions Education	6,493	1,159	544,138	3,089	17,150	530,077
C Mission Driven Health Care Services	23,345	27,190	4,917,205	521,057	2,660,119	2,778,143
D Research	54	150	4,802	2,190	0	6,992
E Financial Contributions	4,557	3,964	178,910	0	0	178,910
F Community Building Activities	649	2,208	51,648	23,552	22	75,178
G Community Benefit Operations	186	0	4,743	2,163	0	6,906
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$8,072,900.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	53,456	94,610	6,563,637	945,210	2,975,691	12,606,055

% OF OPERATING EXPENSES	3.85%
% of NET REVENUE	32.91%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	PRINCE GEORGE'S HOSPITAL CENTER	
HSCRC Hospital ID #:		210003
# of Employees:		1,587
Contact Person:	PATRICIA TIHANSKY	
Contact Number:	301-583-4053	
Contact Email:	PATRICIA.TIHANSKY@DIMENSIONSHEALTH.ORG	

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

- A1 Community Health Education
 - Support Groups
 - Self-Help

- A2 Community-Based Clinical Services
 - Screenings
 - One-Time/Occasionally Held Clinics
 - Free Clinics
 - Mobile Units

- A3 Health Care Support Services

- A4 Other (Please indicate below):

A5	
A6	
A7	
A8	
A9	

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	345	2,740	\$11,213.00	\$5,598.65	\$1,465.00	\$15,346.65
Support Groups	12	50	\$364.00	\$181.75		\$545.75
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	357	2,790	\$11,577.00	\$5,780.40	\$1,465.00	\$15,892.40

Hospital Name:	PRINCE GEORGE'S HOSPITAL CENTER
HSCRC Hospital ID #:	210003
# of Employees:	1,587
Contact Person:	PATRICIA TIHANSKY
Contact Number:	301-583-4053
Contact Email:	PATRICIA.TIHANSKY@DIMENSIONSHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals	1,636	133	\$61,007.00	\$30,460.80		\$91,467.80
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	1636	133	\$61,007.00	\$30,460.80	\$0.00	\$91,467.80

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Physician Subsidies			\$11,886,700.00	\$5,935,029.31		\$17,821,729.31
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$11,886,700.00	\$5,935,029.31	\$0.00	\$17,821,729.31

Hospital Name:	PRINCE GEORGE'S HOSPITAL CENTER
HSCRC Hospital ID #:	210003
# of Employees:	1,587
Contact Person:	PATRICIA TIHANSKY
Contact Number:	301-583-4053
Contact Email:	PATRICIA.TIHANSKY@DIMENSIONSHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements			\$4,610.00	\$2,301.77		\$6,911.77
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
AUDITORIUM COSTS FOR HEALTH / CBR EVENTS			\$27,300.00	\$13,630.89		\$40,930.89
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	31,910	15,933	0	47,843

Hospital Name:	PRINCE GEORGE'S HOSPITAL CENTER
HSCRC Hospital ID #:	210003
# of Employees:	1,587
Contact Person:	PATRICIA TIHANSKY
Contact Number:	301-583-4053
Contact Email:	PATRICIA.TIHANSKY@DIMENSIONSHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)

TOTAL \$1,477,520.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

49.93%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$193,543,100.00

Other Revenue

\$20,949,300.00

Total Revenue

\$214,492,400.00

I3 TOTAL OPERATING EXPENSES

\$229,159,900.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

-\$14,667,500.00

I5 NON-OPERATING GAINS (LOSSES)

\$17,879,400.00

I6 NET REVENUE (LOSS)

\$3,211,900.00

Hospital Name:	PRINCE GEORGE'S HOSPITAL CENTER
HSCRC Hospital ID #:	210003
# of Employees:	1,587
Contact Person:	PATRICIA TIHANSKY
Contact Number:	301-583-4053
Contact Email:	PATRICIA.TIHANSKY@DIMENSIONSHEALTH.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	357	2,790	11,577	5,780	1,465	15,892
B Health Professions Education	1,636	133	61,007	30,461	0	91,468
C Mission Driven Health Care Services	0	0	11,886,700	5,935,029	0	17,821,729
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	0	0	0	0
F Community Building Activities	0	0	31,910	15,933	0	47,843
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,477,520.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	1,993	2,923	11,991,194	5,987,203	1,465	19,454,452

% OF OPERATING EXPENSES	8.49%
% of NET REVENUE	605.70%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Shady Grove Adventist Hospital	
HSCRC Hospital ID #:		210057
# of Employees:		2,099
Contact Person:	Joseph Schott	
Contact Number:	(301) 315-3362	
Contact Email:	jschott@adventisthealthcare.com	

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	59,207	33,499	\$1,171,141.90	\$773,420.06	\$68,197.34	\$1,876,364.62
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	7,185	7,249	\$190,243.10	\$125,636.21	\$15,919.06	\$299,960.25
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	3,544	2,831	\$2,090,135.69	\$1,380,321.94	\$1,052,690.87	\$2,417,766.76
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Immunizations	3,286	7,024	\$34,435.86	\$22,741.38	\$6,750.53	\$50,426.71
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	73,222	50,603	\$3,485,956.55	\$2,302,119.59	\$1,143,557.80	\$4,644,518.34

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	2,508	9,901	\$165,702.45	\$109,429.61	\$0.00	\$275,132.06
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	893	5,990	\$388,580.00	\$256,617.55	\$0.00	\$645,197.55
B4 Technicians	2,143	7,423	\$145,199.84	\$95,889.72	\$0.00	\$241,089.56
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	5544	23314	\$699,482.29	\$461,936.88	\$0.00	\$1,161,419.17

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Hospital-Based Physicians	2,382	1,365	\$280,342.17	\$137,450.12	\$43,160.19	\$374,632.10
C2 Non-Resident Hosp Staff and Hospitalists	54,137		\$4,340,650.91	\$434,065.09	\$0.00	\$4,774,716.00
C3 Coverage of ED On-Call			\$307,715.58	\$203,214.83	\$0.00	\$510,930.41
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	56,519	1,365	\$4,928,708.66	\$774,730.04	\$43,160.19	\$5,660,278.51

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	5175	7257.001671	\$279,218.12	\$184,395.16	\$86,219.83	\$377,393.45
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	5175	7257.001671	279218.12	184395.16	86219.83	377393.45

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	404		\$584,939.10	\$386,292.75	\$0.00	\$971,231.85
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	404	0	\$584,939.10	\$386,292.75	\$0.00	\$971,231.85

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	200	1,404	\$15,000.00	\$9,905.97	\$0.00	\$24,905.97
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	80	764	\$3,200.00	\$2,113.27		\$5,313.27
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
F9 detail: Disaster Preparedness	3,684	755	\$108,351.97	\$71,555.45		\$179,907.42
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	3,964	2,924	126,552	83,575	0	210,127

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 G3 detail: Board Community Involvement	2,042	25,780	\$757,682.40	\$500,372.13		\$1,258,054.53
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	2,042	25,780	\$757,682.40	\$500,372.13	\$0.00	\$1,258,054.53

H. CHARITY CARE (report total only)	TOTAL	\$8,526,154.68
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	66.04%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$277,989,072.19
Other Revenue	\$5,181,542.73
Total Revenue	\$283,170,614.92
I3 TOTAL OPERATING EXPENSES	\$279,783,928.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$3,386,686.92
I5 NON-OPERATING GAINS (LOSSES)	\$2,133,735.04
I6 NET REVENUE (LOSS)	\$5,520,421.96

Hospital Name:	Shady Grove Adventist Hospital
HSCRC Hospital ID #:	210057
# of Employees:	2,099
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	73,222	50,603	3,485,957	2,302,120	1,143,558	4,644,518
B Health Professions Education	5,544	23,314	699,482	461,937	0	1,161,419
C Mission Driven Health Care Services	56,519	1,365	4,928,709	774,730	43,160	5,660,279
D Research	5,175	7,257	279,218	184,395	86,220	377,393
E Financial Contributions	404	0	584,939	386,293	0	971,232
F Community Building Activities	3,964	2,924	126,552	83,575	0	210,127
G Community Benefit Operations	2,042	25,780	757,682	500,372	0	1,258,055
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$8,526,154.68
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	146,869	111,244	10,862,539	4,693,421	1,272,938	22,809,177

% OF OPERATING EXPENSES	8.15%
% of NET REVENUE	413.18%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Sinai Hospital of Baltimore
HSCRC Hospital ID #:	12
# of Employees:	3,258
Contact Person:	Tawni Collins
Contact Number:	410.601.8192
Contact Email:	tcollins@lifebridgehealth.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	12,394	28,669	\$943,918.00	\$468,088.94	\$305.00	\$1,411,701.94
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	557	259	\$21,277.00	\$10,551.26	\$1,190.00	\$30,638.26
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	11,448	9,760	\$398,858.00	\$197,793.68		\$596,651.68
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Counseling care management	2,992	5,697	\$117,450.00	\$58,243.46		\$175,693.46
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	27,391	44,385	\$1,481,503.00	\$734,677.34	\$1,495.00	\$2,214,685.34

Hospital Name:	Sinai Hospital of Baltimore
HSCRC Hospital ID #:	12
# of Employees:	3,258
Contact Person:	Tawni Collins
Contact Number:	410.601.8192
Contact Email:	tcollins@lifebridgehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	453,803	34,957	\$7,657,130.00	\$0.00		\$7,657,130.00
B2 Scholarships/Funding for Professional Education	2,706	3,489	\$138,199.00	\$0.00		\$138,199.00
B3 Nurses/Nursing Students	10,114	22,289	\$460,231.00	\$0.00		\$460,231.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	466623	60735	\$8,255,560.00	\$0.00	\$0.00	\$8,255,560.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 EMCARE - ER subsidiary	4,160		\$2,089,312.00	\$0.00		\$2,089,312.00
C2 PACIFIC HEIGHTS COMMUNITY - CLINIC			\$154,305.00	\$0.00		\$154,305.00
C3 ADULT OUTPATIENT PSYCHIATRY - CLINIC		1,957	\$194,122.00	\$0.00		\$194,122.00
C4 OB/GYN, INTERNAL MEDICINE, MEDICINE ACADEMIC HOSPITALISTS			\$1,885,475.00	\$0.00		\$1,885,475.00
C5 INTENSIVE OUTPATIENT/ INPATIENT PROGRAM PSYCHIATRY		356	\$202,677.00	\$0.00		\$202,677.00
C6 PSYCHIATRIC ED CONSULTATION SERVICE		2,005	\$148,681.00	\$0.00		\$148,681.00
C7 SHARP - SINAI HOSP. ADDICTIONS RECOVERY PROGRAM	84,211	33,002	\$2,672,249.00	\$0.00		\$2,672,249.00
C8 PARK WEST CLINIC			\$705,686.00	\$0.00		\$705,686.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	88,371	37,320	\$8,052,507.00	\$0.00	\$0.00	\$8,052,507.00

Hospital Name:	Sinai Hospital of Baltimore
HSCRC Hospital ID #:	12
# of Employees:	3,258
Contact Person:	Tawni Collins
Contact Number:	410.601.8192
Contact Email:	tcollins@lifebridgehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research			150000	\$0.00		\$150,000.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4 DEVELOPMENT OF HEALTHCARE DELIVERY MODELS	6,240		\$300,909.00	\$0.00		\$300,909.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	6240	0	450909	0	0	450909

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	503	280	\$148,929.00	\$0.00		\$148,929.00
E2 Cost of Fund Raising for Community Programs			\$73,075.00	\$0.00		\$73,075.00
TOTAL	503	280	\$222,004.00	\$0.00	\$0.00	\$222,004.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing			\$32,000.00	\$15,868.80		\$47,868.80
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	1,685	920	\$64,132.00	\$31,803.06	\$15,000.00	\$80,935.06
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members	184	600	\$8,578.00	\$4,253.83	\$2,425.00	\$10,406.83
F6 Coalition Building	289	241	\$11,053.00	\$5,481.18		\$16,534.18
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	2,158	1,761	115,763	57,407	17,425	155,745

Hospital Name:	Sinai Hospital of Baltimore
HSCRC Hospital ID #:	12
# of Employees:	3,258
Contact Person:	Tawni Collins
Contact Number:	410.601.8192
Contact Email:	tcollins@lifebridgehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	2,808		\$128,421.00	\$63,683.97		\$192,104.97
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	2,808	0	\$128,421.00	\$63,683.97	\$0.00	\$192,104.97

H. CHARITY CARE (report total only)	TOTAL	\$11,511,035.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	49.59%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$595,266,000.00
Other Revenue	\$27,289,000.00
Total Revenue	\$622,555,000.00
I3 TOTAL OPERATING EXPENSES	\$617,225,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$5,330,000.00
I5 NON-OPERATING GAINS (LOSSES)	-\$15,621,000.00
I6 NET REVENUE (LOSS)	-\$10,291,000.00

Hospital Name:	Sinai Hospital of Baltimore
HSCRC Hospital ID #:	12
# of Employees:	3,258
Contact Person:	Tawni Collins
Contact Number:	410.601.8192
Contact Email:	tcollins@lifebridgehealth.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	27,391	44,385	1,481,503	734,677	1,495	2,214,685
B Health Professions Education	466,623	60,735	8,255,560	0	0	8,255,560
C Mission Driven Health Care Services	88,371	37,320	8,052,507	0	0	8,052,507
D Research	6,240	0	450,909	0	0	450,909
E Financial Contributions	503	280	222,004	0	0	222,004
F Community Building Activities	2,158	1,761	115,763	57,407	17,425	155,745
G Community Benefit Operations	2,808	0	128,421	63,684	0	192,105
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$11,511,035.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	594,094	144,481	18,706,667	855,768	18,920	31,054,550

% OF OPERATING EXPENSES	5.03%
% of NET REVENUE	-301.76%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Southern Maryland Hospital
HSCRC Hospital ID #:	0054
# of Employees:	1,674
Contact Person:	Charles R Stewart
Contact Number:	301-877-5527
Contact Email:	chuckstewart@southernmarylandhospital.com

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1	Community Health Education				\$0.00		\$0.00
	Support Groups	3,565	23,429	\$120,721.22	\$92,208.98		\$212,930.20
	Self-Help				\$0.00		\$0.00
A2	Community-Based Clinical Services				\$0.00		\$0.00
	Screenings	4,584	3,375	\$136,324.34	\$104,126.91		\$240,451.25
	One-Time/Occasionally Held Clinics				\$0.00		\$0.00
	Free Clinics				\$0.00		\$0.00
	Mobile Units				\$0.00		\$0.00
A3	Health Care Support Services	3,200	0	\$196,804.36	\$150,322.61		\$347,126.97
A4	Other (Please indicate below):				\$0.00		\$0.00
A5	Mall Walkers	3,444	20,345	\$59,935.56	\$45,779.83		\$105,715.39
A6	Transport Service	2,304	8,442	\$137,738.32	\$105,206.94		\$242,945.25
A7	Baby Auto Seat Checks	120	296	\$5,403.60	\$4,127.36		\$9,530.96
A8					\$0.00		\$0.00
A9					\$0.00		\$0.00
TOTAL		17,216	55,887	\$656,927.39	\$501,772.63	\$0.00	\$1,158,700.03

HEALTH PROFESSIONS EDUCATION		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION							
B1	Physicians/Medical Students				\$0.00		\$0.00
B2	Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3	Nurses/Nursing Students	4,145	2,073	\$175,758.60	\$134,247.49		\$310,006.09
B4	Technicians	648	162	\$22,362.48	\$17,080.85		\$39,443.33
B5	Other Health Professionals	922	345	\$38,735.72	\$29,587.02		\$68,322.73
B6	Other (Please indicate below):				\$0.00		\$0.00
B7					\$0.00		\$0.00
B8					\$0.00		\$0.00
B9					\$0.00		\$0.00
TOTAL		5715	2580	\$236,856.80	\$180,915.36	\$0.00	\$417,772.16

Hospital Name: Southern Maryland Hospital
HSCRC Hospital ID #: 0054
of Employees: 1,674

Contact Person: Charles R Stewart
Contact Number: 301-877-5527
Contact Email: chuckstewart@southernmarylandhospital.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Sub Acute Services (unregulated)	72,800	6,136	\$2,855,964.44	\$2,181,435.60	\$2,843,243.87	\$2,194,156.17
C2 Physician Subsidies	35,515	143,420	\$5,327,192.50	\$0.00		\$5,327,192.50
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	108,315	149,556	\$8,183,156.95	\$2,181,435.60	\$2,843,243.87	\$7,521,348.68

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$27,900.00	\$0.00		\$27,900.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E4 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
E5 Sales Taxes, Property Taxes, Income Taxes			\$5,889,000.00	\$0.00		\$5,889,000.00
TOTAL	0	0	\$5,916,900.00	\$0.00	\$0.00	\$5,916,900.00

Hospital Name: Southern Maryland Hospital
 HSCRC Hospital ID #: 0054
 # of Employees: 1,674
 Contact Person: Charles R Stewart
 Contact Number: 301-877-5527
 Contact Email: chuckstewart@southernmarylandhospital.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)
TOTAL \$882,048.00

I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	76.38%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$206,077,663
Other Revenue	\$12,901,554
Total Revenue	\$218,979,217
I3 TOTAL OPERATING EXPENSES	\$213,281,625
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$5,697,592
I5 NON-OPERATING GAINS (LOSSES)	\$1,432,334
I6 NET REVENUE (LOSS)	\$7,129,926

Hospital Name: Southern Maryland Hospital
 HSCRC Hospital ID #: 0054
 # of Employees: 1,674
 Contact Person: Charles R Stewart
 Contact Number: 301-877-5527
 Contact Email: chuckstewart@southernmarylandhospital.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	17,216	55,887	656,927	501,773	0	1,158,700
B Health Professions Education	5,715	2,580	236,857	180,915	0	417,772
C Mission Driven Health Care Services	108,315	149,556	8,183,157	2,181,436	2,843,244	7,521,349
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	5,916,900	0	0	5,916,900
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$882,048.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	131,246	208,022	14,993,841	2,864,124	2,843,244	15,896,769

% OF OPERATING EXPENSES
 % of NET REVENUE

7.45%
222.96%

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2												
3		GENERAL INFORMATION										
4												
5		Hospital Name:	Saint Agnes Hospital				Final 12/30/08					
6		HSCRC Hospital ID #:	21-0011									
7		# of Employees:					3,581					
8												
9		Contact Person:	Mitchell Lomax				Director, Reimbursement & Compliance					
10		Contact Number:	410-368-2926									
11		Contact Email:	mlomax@stagnes.org									
12												
13												
14												
15												
16		COMMUNITY BENEFIT ACTIVITIES				# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
17	A.	COMMUNITY HEALTH SERVICES										
18	A1	Community Health Education				1,604	16,762	\$668,752.00	\$330,072.00	\$29,594.00	\$969,230.00	
19		Support Groups				850	1,870	\$92,853.68	\$45,829.25		\$138,682.93	
20		Self-Help				83	4,300	\$12,426.00	\$6,133.03		\$18,559.03	
21	A2	Community-Based Clinical Services							\$0.00		\$0.00	
22		Screenings				3,346	5,790	\$350,086.05	\$172,789.92	\$3,581.65	\$519,294.32	
23		One-Time/Occasionally Held Clinics							\$0.00		\$0.00	
24		Free Clinics							\$0.00		\$0.00	
25		Mobile Units							\$0.00		\$0.00	
26	A3	Health Care Support Services				9,407	4,000	\$255,838.32	\$126,272.62	\$136,048.95	\$246,061.99	
27	A4	Other (Please indicate below):							\$0.00		\$0.00	
28	A5								\$0.00		\$0.00	
29	A6								\$0.00		\$0.00	
30	A7								\$0.00		\$0.00	
31	A8								\$0.00		\$0.00	
32	A9								\$0.00		\$0.00	
33												
34						TOTAL	15,290	32,722	\$1,379,956.05	\$681,096.81	\$169,224.60	\$1,891,828.26
35												

	A	B	C	D	E	F	G	H	I	J	K	L	
5		Hospital Name:	Saint Agnes Hospital				Final 12/30/08						
6		HSCRC Hospital ID #:	21-0011										
7		# of Employees:					3,581						
8													
9		Contact Person:	Mitchell Lomax Director, Reimbursement & Compliance										
10		Contact Number:	410-368-2926										
11		Contact Email:	mlomax@stagnes.org										
36						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
37	B.	HEALTH PROFESSIONS EDUCATION											
38	B1	Physicians/Medical Students					162,634	\$6,080,604.00	\$3,001,168.03		\$9,081,772.03		
39	B2	Scholarships/Funding for Professional Education							\$0.00		\$0.00		
40	B3	Nurses/Nursing Students							\$0.00		\$0.00		
41	B4	Technicians							\$0.00		\$0.00		
42	B5	Other Health Professionals							\$0.00		\$0.00		
43	B6	Other (Please indicate below):							\$0.00		\$0.00		
44	B7								\$0.00		\$0.00		
45	B8								\$0.00		\$0.00		
46	B9								\$0.00		\$0.00		
47													
48					TOTAL	162634	0	\$6,080,604.00	\$3,001,168.03	\$0.00	\$9,081,772.03		
49													
50						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
51	C.	MISSION DRIVEN HEALTH SERVICES (please list)											
52	C1	Morrell Park						\$98,925.00	\$48,825.83		\$147,750.83		
53	C2	Mission of Mercy						\$1,930.00	\$952.58		\$2,882.58		
54	C3	My Brother's Keeper						\$8,000.00	\$3,948.51		\$11,948.51		
55	C4	Catholic Charities Apostolate					43	\$4,708.00	\$2,323.70		\$7,031.70		
56	C5	Community Care Center				5,265	3,364	\$987,903.00	\$487,593.49	\$490,141.00	\$985,355.49		
57	C6	Physician ED Indigent Care Subsidies						\$1,375,095.00	\$678,697.57		\$2,053,792.57		
58	C7								\$0.00		\$0.00		
59	C8								\$0.00		\$0.00		
60	C9								\$0.00		\$0.00		
61	C10								\$0.00		\$0.00		
62													
63					TOTAL	5,265	3,407	\$2,476,561.00	\$1,222,341.68	\$490,141.00	\$3,208,761.68		
64													

	A	B	C	D	E	F	G	H	I	J	K	L	
5		Hospital Name:	Saint Agnes Hospital				Final 12/30/08						
6		HSCRC Hospital ID #:	21-0011										
7		# of Employees:					3,581						
8													
9		Contact Person:	Mitchell Lomax Director, Reimbursement & Compliance										
10		Contact Number:	410-368-2926										
11		Contact Email:	mlomax@stagnes.org										
65						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
66	D.	RESEARCH											
67	D1	Clinical Research				14965		647116	\$319,393.25	130367	\$836,142.25		
68	D2	Community Health Research							\$0.00		\$0.00		
69	D3	Other (Please indicate below)							\$0.00		\$0.00		
70	D4								\$0.00		\$0.00		
71	D5								\$0.00		\$0.00		
72	D6								\$0.00		\$0.00		
73													
74					TOTAL	14965	0	647116	319393.2468	130367	836142.2468		
75						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
76	E.	FINANCIAL CONTRIBUTIONS											
77	E1	Cash Donations						\$295,201.00	\$0.00		\$295,201.00		
78	E2	Grants						\$36,125.00	\$0.00		\$36,125.00		
79	E3	In-Kind Donations				4	1,406	\$436,079.07	\$0.00		\$436,079.07		
80	E2	Cost of Fund Raising for Community Programs							\$0.00		\$0.00		
81													
82													
83					TOTAL	3.5	1406	\$767,405.07	\$0.00	\$0.00	\$767,405.07		
84													
85						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
86	F.	COMMUNITY BUILDING ACTIVITIES											
87	F1	Physical Improvements/Housing							\$0.00		\$0.00		
88	F2	Economic Development							\$0.00		\$0.00		
89	F3	Support System Enhancements						\$30,988.00	\$15,294.57	\$30,988.00	\$15,294.57		
90	F4	Environmental Improvements							\$0.00		\$0.00		
91	F5	Leadership Development/Training for Community Members							\$0.00		\$0.00		
92	F6	Coalition Building							\$0.00		\$0.00		
93	F7	Community Health Improvement Advocacy							\$0.00		\$0.00		
94	F8	Workforce Enhancement							\$0.00		\$0.00		
95	F9	Other (Please indicate below)							\$0.00		\$0.00		
96									\$0.00		\$0.00		
97									\$0.00		\$0.00		
98									\$0.00		\$0.00		
99													
100					TOTAL	0	0	30,988	15,295	30,988	15,295		
101													

	A	B	C	D	E	F	G	H	I	J	K	L	
5		Hospital Name:	Saint Agnes Hospital				Final 12/30/08						
6		HSCRC Hospital ID #:	21-0011										
7		# of Employees:					3,581						
8													
9		Contact Person:	Mitchell Lomax Director, Reimbursement & Compliance										
10		Contact Number:	410-368-2926										
11		Contact Email:	mlomax@stagnes.org										
102						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
103	G.	COMMUNITY BENEFIT OPERATIONS											
104	G1	Dedicated Staff							\$0.00		\$0.00		
105	G2	Community health/health assets assessments							\$0.00		\$0.00		
106	G3	Other Resources (please indicate below)							\$0.00		\$0.00		
107	G4								\$0.00		\$0.00		
108	G5								\$0.00		\$0.00		
109	G6								\$0.00		\$0.00		
110													
111					TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00		
112													
113	H.	CHARITY CARE (report total only)											
114					TOTAL	\$13,839,513.00							
115													
116	I.	FINANCIAL DATA											
117	11	INDIRECT COST RATIO				49.36%							
118													
119	12	OPERATING REVENUE											
120		Net Patient Service Revenue				\$337,122,301.00							
121		Other Revenue				\$6,524,183.00							
122		Total Revenue				\$343,646,484.00							
123													
124	13	TOTAL OPERATING EXPENSES				\$331,299,546.00							
125													
126	14	NET REVENUE (LOSS) FROM OPERATIONS				\$12,346,938.00							
127													
128	15	NON-OPERATING GAINS (LOSSES)				\$1,280,447.00							
129													
130	16	NET REVENUE (LOSS)				\$13,627,385.00							
131													

	A	B	C	D	E	F	G	H	I	J	K	L	
5		Hospital Name:	Saint Agnes Hospital				Final 12/30/08						
6		HSCRC Hospital ID #:	21-0011										
7		# of Employees:					3,581						
8													
9		Contact Person:	Mitchell Lomax Director, Reimbursement & Compliance										
10		Contact Number:	410-368-2926										
11		Contact Email:	mlomax@stagnes.org										
132						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
133	J	FOUNDATION COMMUNITY BENEFIT											
134	J1	Community Services				14,197		\$155,407.00	\$76,703.32		\$232,110.32		
135	J2	Community Building							\$0.00		\$0.00		
136	J3	Other (Please indicate below):							\$0.00		\$0.00		
137	J4								\$0.00		\$0.00		
138	J5								\$0.00		\$0.00		
139	J6								\$0.00		\$0.00		
140													
141		TOTAL FOUNDATION COMMUNITY BENEFIT				14,197	0	\$155,407.00	\$76,703.32	\$0.00	\$232,110.32		
142													
143						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT		
144	K	TOTAL HOSPITAL COMMUNITY BENEFIT											
145	A	Community Health Services				15,290	32,722	1,379,956	681,097	169,225	1,891,828		
146	B	Health Professions Education				162,634	0	6,080,604	3,001,168	0	9,081,772		
147	C	Mission Driven Health Care Services				5,265	3,407	2,476,561	1,222,342	490,141	3,208,762		
148	D	Research				14,965	0	647,116	319,393	130,367	836,142		
149	E	Financial Contributions				4	1,406	767,405	0	0	767,405		
150	F	Community Building Activities				0	0	30,988	15,295	30,988	15,295		
151	G	Community Benefit Operations				0	0	0	0	0	0		
152	H	Charity Care				N/A	N/A	N/A	N/A	N/A	\$13,839,513.00		
153	J	Foundation Funded Community Benefit				14,197	0	155,407	76,703	0	232,110		
154													
155		TOTAL HOSPITAL COMMUNITY BENEFIT				212,354	37,535	11,538,037	5,315,998	820,721	29,872,827		
156													
157		% OF OPERATING EXPENSES				9.02%							
158		% of NET REVENUE				219.21%							
159													

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	St. Joseph Medical Center
HSCRC Hospital ID #:	21-0007
# of Employees:	2,464
Contact Person:	Beth Kelly
Contact Number:	410-337-1507
Contact Email:	bethkelly@chi-east.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	1,129	6,208	\$793,677.00			\$793,677.00
Support Groups	228	574	\$10,545.00		\$995.00	\$9,550.00
Self-Help	1,033	6,483	\$49,779.00		\$3,060.00	\$46,719.00
A2 Community-Based Clinical Services	1,032	0	\$942,596.00	\$554,724.00		\$1,497,320.00
Screenings	442	6,128	\$69,158.00	\$33,255.00		\$102,413.00
One-Time/Occasionally Held Clinics	231	2,844	\$45,596.00			\$45,596.00
Free Clinics	0	0	\$0.00			\$0.00
Mobile Units	0	0	\$0.00			\$0.00
A3 Health Care Support Services	224	2,998	\$257,446.00			\$257,446.00
A4 Other (Please indicate below):						
A5 A4--Center for Health Enhancements	1,735	2,038	\$253,529.00	\$58,772.00		\$312,301.00
A6		0	\$0.00			\$0.00
A7		0	\$0.00			\$0.00
A8		0	\$0.00			\$0.00
A9		0	\$0.00			\$0.00
TOTAL	6,053	27,273	\$2,422,326.00	\$646,751.00	\$4,055.00	\$3,065,022.00

Hospital Name:	St. Joseph Medical Center
HSCRC Hospital ID #:	21-0007
# of Employees:	2,464
Contact Person:	Beth Kelly
Contact Number:	410-337-1507
Contact Email:	bethkelly@chi-east.org

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students	0	0	\$0.00	\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	133	195	\$4,063.00	\$0.00		\$4,063.00
B3 Nurses/Nursing Students	0	0	\$0.00	\$0.00		\$0.00
B4 Technicians	0	0	\$0.00	\$0.00		\$0.00
B5 Other Health Professionals	313	251	\$12,094.00	\$0.00		\$12,094.00
B6 Other (Please indicate below):	0	0	\$0.00	\$0.00		\$0.00
B7	0	0	\$0.00	\$0.00		\$0.00
B8	0	0	\$0.00	\$0.00		\$0.00
B9	0	0	\$0.00	\$0.00		\$0.00
TOTAL	446	446	\$16,157.00	\$0.00	\$0.00	\$16,157.00

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C1	0	0	\$0.00	\$0.00		\$0.00
C2	0	0	\$0.00	\$0.00		\$0.00
C3	0	0	\$0.00	\$0.00		\$0.00
C4	0	0	\$0.00	\$0.00		\$0.00
C5	0	0	\$0.00	\$0.00		\$0.00
C6	0	0	\$0.00	\$0.00		\$0.00
C7	0	0	\$0.00	\$0.00		\$0.00
C8	0	0	\$0.00	\$0.00		\$0.00
C9	0	0	\$0.00	\$0.00		\$0.00
C10 Community Benefit Planning/Grant Review	25	13	\$986.00	\$0.00		\$986.00
TOTAL	25	13	\$986.00	\$0.00	\$0.00	\$986.00

Hospital Name:	St. Joseph Medical Center
HSCRC Hospital ID #:	21-0007
# of Employees:	2,464
Contact Person:	Beth Kelly
Contact Number:	410-337-1507
Contact Email:	bethkelly@chi-east.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	7632	103	530330	\$123,508.00		\$653,838.00
D2 Community Health Research	0	0	0	\$0.00		\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00		\$0.00
D4	0	0	\$0.00	\$0.00		\$0.00
D5	0	0	\$0.00	\$0.00		\$0.00
D6	0	0	\$0.00	\$0.00		\$0.00
TOTAL	7632	103	530330	123508	0	653838

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	0	0	\$0.00	\$0.00		\$0.00
E2 Grants	0	0	\$0.00	\$0.00		\$0.00
E3 In-Kind Donations	0	124	\$50,270.00	\$0.00		\$50,270.00
E2 Cost of Fund Raising for Community Programs	0	0	\$0.00	\$0.00		\$0.00
TOTAL	0	124	\$50,270.00	\$0.00	\$0.00	\$50,270.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$0.00	\$0.00		\$0.00
F2 Economic Development	0	0	\$0.00	\$0.00		\$0.00
F3 Support System Enhancements	3	14	\$118.00	\$0.00		\$118.00
F4 Environmental Improvements	0	0	\$0.00	\$0.00		\$0.00
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00		\$0.00
F6 Coalition Building	65	35	\$2,554.00	\$0.00		\$2,554.00
F7 Community Health Improvement Advocacy	41	379	\$1,793.00	\$0.00		\$1,793.00
F8 Workforce Enhancement	0	0	\$0.00	\$0.00		\$0.00
F9 Other (Please indicate below)	0	0	\$0.00	\$0.00		\$0.00
	0	0	\$0.00	\$0.00		\$0.00
	0	0	\$0.00	\$0.00		\$0.00
TOTAL	109	428	4,465	0	0	4,465

Hospital Name:	St. Joseph Medical Center
HSCRC Hospital ID #:	21-0007
# of Employees:	2,464
Contact Person:	Beth Kelly
Contact Number:	410-337-1507
Contact Email:	bethkelly@chi-east.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	0	0	\$0.00	\$0.00		\$0.00
G2 Community health/health assets assessments	0	0	\$0.00	\$0.00		\$0.00
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00		\$0.00
G4	0	0	\$0.00	\$0.00		\$0.00
G5	0	0	\$0.00	\$0.00		\$0.00
G6	0	0	\$0.00	\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

H. CHARITY CARE (report total only)	TOTAL	\$6,836,531.00
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I. FINANCIAL DATA	
I1 INDIRECT COST RATIO	48.09%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$346,865,000.00
Other Revenue	\$8,759,000.00
Total Revenue	\$355,624,000.00
I3 TOTAL OPERATING EXPENSES	\$365,880,000.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	-\$10,256,000.00
I5 NON-OPERATING GAINS (LOSSES)	-\$56,000.00
I6 NET REVENUE (LOSS)	-\$10,312,000.00

Hospital Name:	St. Joseph Medical Center
HSCRC Hospital ID #:	21-0007
# of Employees:	2,464
Contact Person:	Beth Kelly
Contact Number:	410-337-1507
Contact Email:	bethkelly@chi-east.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$0.00	\$0.00		\$0.00
J2 Community Building	0	0	\$0.00	\$0.00		\$0.00
J3 Other (Please indicate below):	0	0	\$0.00	\$0.00		\$0.00
J4	0	0	\$0.00	\$0.00		\$0.00
J5	0	0	\$0.00	\$0.00		\$0.00
J6	0	0	\$0.00	\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	6,053	27,273	2,422,326	646,751	4,055	3,065,022
B Health Professions Education	446	446	16,157	0	0	16,157
C Mission Driven Health Care Services	25	13	986	0	0	986
D Research	7,632	103	530,330	123,508	0	653,838
E Financial Contributions	0	124	50,270	0	0	50,270
F Community Building Activities	109	428	4,465	0	0	4,465
G Community Benefit Operations	0	0	0	0	0	0
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$6,836,531.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	14,264	28,387	3,024,534	770,259	4,055	10,627,269

% OF OPERATING EXPENSES	2.90%
% of NET REVENUE	-103.06%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	St. Mary's Hospital
HSCRC Hospital ID #:	210028
# of Employees:	1,150
Contact Person:	Richard A. Braam, Vice President for Finance
Contact Number:	301-475-6003
Contact Email:	richard_braam@smhwecare.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	3,345	13,623	\$162,250.16	\$45,258.69	\$14,640.00	\$192,868.85
Support Groups	758	534	\$13,399.73	\$4,400.00		\$17,799.73
Self-Help	120	1,503	\$4,308.21	\$20,100.00	\$12,415.00	\$11,993.21
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	1,429	5,149	\$89,401.92	\$2,200.00		\$91,601.92
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Worksite Nursing	1	1	\$43.05	\$23.68		\$66.73
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	5,653	20,809	\$269,403.07	\$71,982.37	\$27,055.00	\$314,330.44

Hospital Name:	St. Mary's Hospital
HSCRC Hospital ID #:	210028
# of Employees:	1,150
Contact Person:	Richard A. Braam, Vice President for Finance
Contact Number:	301-475-6003
Contact Email:	richard_braam@smhwecare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	283	462	\$17,876.54	\$0.00	\$873.33	\$17,003.21
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	65	51	\$1,723.53	\$0.00	\$1,141.67	\$581.86
B4 Technicians	19	15	\$657.06	\$0.00		\$657.06
B5 Other Health Professionals	13	10	\$508.99	\$0.00	\$268.34	\$240.65
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 PALS and ACLS	54	42	\$1,341.04	\$0.00	\$873.34	\$467.70
B8 PEPP & BTLS for St. Mary's County Advanced Life Support	46	54	\$2,854.70	\$0.00		\$2,854.70
B9				\$0.00		\$0.00
TOTAL	479	633	\$24,961.86	\$0.00	\$3,156.68	\$21,805.18

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Physician Recruitment and Retainage	165	83	\$3,072,402.17	\$0.00		\$3,072,402.17
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	165	83	\$3,072,402.17	\$0.00	\$0.00	\$3,072,402.17

Hospital Name:	St. Mary's Hospital
HSCRC Hospital ID #:	210028
# of Employees:	1,150
Contact Person:	Richard A. Braam, Vice President for Finance
Contact Number:	301-475-6003
Contact Email:	richard_braam@smhwecare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$12,650.00	\$0.00		\$12,650.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	754	341	\$79,129.05	\$0.00		\$79,129.05
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	754.25	341	\$91,779.05	\$0.00	\$0.00	\$91,779.05

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	49	14	\$2,085.10	\$1,146.81		\$3,231.91
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements			\$87,346.00	\$48,040.30		\$135,386.30
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
Disaster Preparedness	126	74	\$3,972.89	\$2,185.09		\$6,157.98
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	175	88	93,404	51,372	0	144,776

Hospital Name:	St. Mary's Hospital
HSCRC Hospital ID #:	210028
# of Employees:	1,150
Contact Person:	Richard A. Braam, Vice President for Finance
Contact Number:	301-475-6003
Contact Email:	richard_braam@smhwecare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	40	24	\$720.40	\$396.22		\$1,116.62
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	40	24	\$720.40	\$396.22	\$0.00	\$1,116.62

H. CHARITY CARE (report total only)

TOTAL \$3,057,783.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

55.00%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$108,258,094.00

Other Revenue

\$1,955,741.00

Total Revenue

\$110,213,835.00

I3 TOTAL OPERATING EXPENSES

\$103,509,868.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$6,703,967.00

I5 NON-OPERATING GAINS (LOSSES)

\$896,484.00

I6 NET REVENUE (LOSS)

\$7,600,451.00

Hospital Name:	St. Mary's Hospital
HSCRC Hospital ID #:	210028
# of Employees:	1,150
Contact Person:	Richard A. Braam, Vice President for Finance
Contact Number:	301-475-6003
Contact Email:	richard_braam@smhwecare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	5,653	20,809	269,403	71,982	27,055	314,330
B Health Professions Education	479	633	24,962	0	3,157	21,805
C Mission Driven Health Care Services	165	83	3,072,402	0	0	3,072,402
D Research	0	0	0	0	0	0
E Financial Contributions	754	341	91,779	0	0	91,779
F Community Building Activities	175	88	93,404	51,372	0	144,776
G Community Benefit Operations	40	24	720	396	0	1,117
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$3,057,783.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	7,266	21,979	3,552,671	123,751	30,212	6,703,993

% OF OPERATING EXPENSES	6.48%
% of NET REVENUE	88.21%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	SUBURBAN HOSPITAL
HSCRC Hospital ID #:	21-0022
# of Employees:	Approximately 1650 (1200 FTE's)
Contact Person:	MONIQUE SANFUENTES
Contact Number:	301-896-3572
Contact Email:	MSANFUENTES@SUBURBANHOSPITAL.ORG

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	10,649	58,127	\$614,918.00	\$289,011.46		\$903,929.46
Support Groups	1,263	2,347	\$28,311.00	\$13,306.17		\$41,617.17
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	2,720	17,887	\$290,578.00	\$136,571.66		\$427,149.66
Screenings	123	4,175	58,162	\$27,336.14		\$85,498.14
One-Time/Occasionally Held Clinics	479	13,397	\$49,179.00	\$23,114.13		\$72,293.13
Free Clinics				\$0.00		\$0.00
Mobile Units	176	2,191	\$56,074.00	\$26,354.78		\$82,428.78
A3 Health Care Support Services	1,846	3,869	\$281,291.00	\$132,206.77		\$413,497.77
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Other Counseling	968	683	\$41,648.00	\$19,574.56		\$61,222.56
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	18,224	102,676	\$1,420,161.00	\$667,475.67	\$0.00	\$2,087,636.67

Hospital Name: SUBURBAN HOSPITAL
HSCRC Hospital ID #: 21-0022
of Employees: Approximately 1650 (1200 FTE's)

Contact Person: MONIQUE SANFUENTES
Contact Number: 301-896-3572
Contact Email: MSANFUENTES@SUBURBANHOSPITAL.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	238	128	\$125,949.00	\$59,196.03		\$185,145.03
B2 Scholarships/Funding for Professional Education	807	353	\$39,044.00	\$18,350.68		\$57,394.68
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	240	5	\$6,120.00	\$2,876.40		\$8,996.40
B5 Other Health Professionals	7,267	408	\$299,337.00	\$140,688.39		\$440,025.39
B6 Other (Please indicate below):						
B7 Tutoring/Mentoring	18,426	22,104	\$480,609.00	\$225,886.23		\$706,495.23
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	26,978	22,998	951,059	446,998	\$0.00	\$1,398,056.73

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Trauma On-Call Coverage			\$1,021,557.00	\$480,131.79	\$630,839.00	\$870,849.79
C2 Elderwell Program	786	11,681	\$201,557.00	\$94,731.79	\$47,407.00	\$248,881.79
C3 Heartwell Program	1,898	12,562	\$195,542.00	\$91,904.74		\$287,446.74
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	2,684	24,243	1,418,656	666,768	678,246	\$1,407,178.32

Hospital Name: SUBURBAN HOSPITAL
HSCRC Hospital ID #: 21-0022
of Employees: Approximately 1650 (1200 FTE's)

Contact Person: MONIQUE SANFUENTES
Contact Number: 301-896-3572
Contact Email: MSANFUENTES@SUBURBANHOSPITAL.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations	479	553	\$86,083.00	\$40,459.01		\$126,542.01
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	479	553	86,083	40,459		\$126,542.01

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing			\$0.00	\$0.00		\$0.00
F2 Economic Development			\$0.00	\$0.00		\$0.00
F3 Support System Enhancements	11,984	3,208	\$228,016.00	\$107,167.52		\$335,183.52
F4 Environmental Improvements			\$0.00	\$0.00		\$0.00
F5 Leadership Development/Training for Community Members	3,902	6,450	\$260,314.00	\$122,347.58		\$382,661.58
F6 Coalition Building	2,127	48	\$162,970.00	\$76,595.90		\$239,565.90
F7 Community Health Improvement Advocacy	674	795	\$111,683.00	\$52,491.01		\$164,174.01
F8 Workforce Enhancement	6,451	3,215	\$395,469.00	\$185,870.43	\$48,088.00	\$533,251.43
F9 Other (Please indicate below)			\$0.00	\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	25,138	13,716	1,158,452	544,472	48,088	1,654,836

Hospital Name: SUBURBAN HOSPITAL
HSCRC Hospital ID #: 21-0022
of Employees: Approximately 1650 (1200 FTE's)

Contact Person: MONIQUE SANFUENTES
Contact Number: 301-896-3572
Contact Email: MSANFUENTES@SUBURBANHOSPITAL.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	10,430	126,006	\$555,000.00	\$260,850.00	\$65,962.00	\$749,888.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4						\$0.00
G5						\$0.00
G6						\$0.00
TOTAL	10,430	126,006	\$555,000.00	\$260,850.00	\$65,962.00	\$749,888.00

H. CHARITY CARE (report total only)

TOTAL \$3,543,000.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

47.00%

The indirect cost ratio per the HSCRC formula is 63.2%.

We have used 47% as that is our indirect cost rate used in our federal contracts.

I2 OPERATING REVENUE

Net Patient Service Revenue

\$218,627,000.00

Other Revenue

\$13,217,000.00

Total Revenue

\$231,844,000.00

I3 TOTAL OPERATING EXPENSES

\$219,674,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$12,169,000.00

I5 NON-OPERATING GAINS (LOSSES)

\$264,000.00

I6 NET REVENUE (LOSS)

\$12,433,000.00

Hospital Name: SUBURBAN HOSPITAL
HSCRC Hospital ID #: 21-0022
of Employees: Approximately 1650 (1200 FTE's)

Contact Person: MONIQUE SANFUENTES
Contact Number: 301-896-3572
Contact Email: MSANFUENTES@SUBURBANHOSPITAL.ORG

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services			\$563,718.00	\$264,947.46		\$828,665.46
J2 Community Building	297	982	\$18,085.00	\$8,499.95		\$26,584.95
J3 Other (Please indicate below):						\$0.00
J4						\$0.00
J5						\$0.00
J6						\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	297	982	\$581,803.00	\$273,447.41	\$0.00	\$855,250.41

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	18,224	102,676	1,420,161	667,476	0	\$2,087,636.67
B Health Professions Education	26,978	22,998	951,059	446,998	0	\$1,398,056.73
C Mission Driven Health Care Services	2,684	24,243	1,418,656	666,768	678,246	\$1,407,178.32
D Research	0	0	0	0	0	\$0.00
E Financial Contributions	479	553	86,083	40,459	0	\$126,542.01
F Community Building Activities	25,138	13,716	1,158,452	544,472	48,088	\$1,654,836.44
G Community Benefit Operations	10,430	126,006	555,000	260,850	65,962	\$749,888.00
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$3,543,000.00
J Foundation Funded Community Benefit	297	982	581,803	273,447	0	\$855,250.41
TOTAL HOSPITAL COMMUNITY BENEFIT	84,230	291,174	6,171,214	2,900,471	792,296	11,822,389

% OF OPERATING EXPENSES	5.38%
% of NET REVENUE	95.09%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Union Hospital of Cecil County
HSCRC Hospital ID #:	0032
# of Employees:	944
Contact Person:	Beverly Synnstedt
Contact Number:	765-966-6145
Contact Email:	BSynnstedt@uhcc.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	3,265	18,316	\$153,124.00	\$122,229.32	\$3,000.00	\$272,353.32
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	40	613	\$4,234.00	\$3,379.74		\$7,613.74
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	8	355	\$208,160.00	\$166,161.11		\$374,321.11
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Lifeline and Meals on Wheels	2,544	26,663	\$261,838.00	\$209,008.90	\$241,402.00	\$229,444.90
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	5,857	45,947	\$627,356.00	\$500,779.07	\$244,402.00	\$883,733.07

Hospital Name: Union Hospital of Cecil County
HSCRC Hospital ID #: 0032
of Employees: 944

Contact Person: Beverly Synnestvedt
Contact Number: 765-966-6145
Contact Email: BSynnestvedt@uhcc.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	3,558	193	\$169,677.00	\$135,442.54		\$305,119.54
B4 Technicians	480	125	\$15,020.00	\$11,989.53		\$27,009.53
B5 Other Health Professionals	1,958	83	\$75,012.00	\$59,877.39		\$134,889.39
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	5996	401	\$259,709.00	\$207,309.46	\$0.00	\$467,018.46

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Adult Day Care and Physician Referral	21,756	8,176	\$637,825.00	\$509,135.82	\$420,308.00	\$726,652.82
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	21,756	8,176	\$637,825.00	\$509,135.82	\$420,308.00	\$726,652.82

Hospital Name:	Union Hospital of Cecil County
HSCRC Hospital ID #:	0032
# of Employees:	944
Contact Person:	Beverly Synnestvedt
Contact Number:	765-966-6145
Contact Email:	BSynnestvedt@uhcc.com

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other (Please indicate below)
- D4
- D5
- D6

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
	255	447	\$172,250.00	\$137,496.41	\$22,571.00	\$287,175.41
				\$0.00		\$0.00
TOTAL	255	447	\$172,250.00	\$137,496.41	\$22,571.00	\$287,175.41

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other (Please indicate below)
- Gilpin Manor Partnership

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
				\$0.00		\$0.00
				\$0.00		\$0.00
	1,664	61	\$74,553.00	\$59,511.00		\$134,064.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
	22	1,535	\$970.00	\$774.29		\$1,744.29
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	1,686	1,596	75,523	60,285	0	135,808

Hospital Name: Union Hospital of Cecil County
HSCRC Hospital ID #: 0032
of Employees: 944

Contact Person: Beverly Synnstedt
Contact Number: 765-966-6145
Contact Email: BSynnstedt@uhcc.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	100		\$4,256.00	\$3,397.30		\$7,653.30
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	100	0	\$4,256.00	\$3,397.30	\$0.00	\$7,653.30

H. CHARITY CARE (report total only)

TOTAL \$1,270,048.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	79.82%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$113,949,295.00
Other Revenue	\$2,713,126.00
Total Revenue	\$116,662,421.00
I3 TOTAL OPERATING EXPENSES	\$112,313,748.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$4,348,673.00
I5 NON-OPERATING GAINS (LOSSES)	\$7,430,062.00
I6 NET REVENUE (LOSS)	\$11,778,735.00

Hospital Name:	Union Hospital of Cecil County
HSCRC Hospital ID #:	0032
# of Employees:	944
Contact Person:	Beverly Synnestvedt
Contact Number:	765-966-6145
Contact Email:	BSynnestvedt@uhcc.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	5,857	45,947	627,356	500,779	244,402	883,733
B Health Professions Education	5,996	401	259,709	207,309	0	467,018
C Mission Driven Health Care Services	21,756	8,176	637,825	509,136	420,308	726,653
D Research	0	0	0	0	0	0
E Financial Contributions	255	447	172,250	137,496	22,571	287,175
F Community Building Activities	1,686	1,596	75,523	60,285	0	135,808
G Community Benefit Operations	100	0	4,256	3,397	0	7,653
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$1,270,048.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	35,650	56,567	1,776,919	1,418,403	687,281	3,778,089

% OF OPERATING EXPENSES	3.36%
% of NET REVENUE	32.08%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET - HSCRC VERSION

GENERAL INFORMATION

Hospital Name:	Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #:	210024
# of Employees:	2,506
Contact Person:	Kathy Talbot
Contact Number:	410-933-2375
Contact Email:	kathy.talbot@medstar.net

COMMUNITY BENEFIT ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		2,327	148,144	\$322,033.00	\$152,902.22	\$7,100.00	\$467,835.22
Support Groups		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Self-Help		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A2 Community-Based Clinical Services		1,686	3,552	\$766,330.00	\$363,855.75	\$300.00	\$1,129,885.75
Screenings		0	0	\$0.00	\$0.00	\$0.00	\$0.00
One-Time/Occasionally Held Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Free Clinics		0	0	\$0.00	\$0.00	\$0.00	\$0.00
Mobile Units		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A3 Health Care Support Services		199	96	\$335,032.00	\$159,074.19	\$0.00	\$494,106.19
A4 Other (Please indicate below):		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A5		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A6		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A7		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A8		0	0	\$0.00	\$0.00	\$0.00	\$0.00
A9		0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		4,212	151,792	\$1,423,395.00	\$675,832.16	\$7,400.00	\$2,091,827.16

Hospital Name: Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210024
of Employees: 2,506

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	43	0	\$8,765,658.00	\$4,161,960.38	\$0.00	\$12,927,618.38
B2 Scholarships/Funding for Professional Education	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B3 Nurses/Nursing Students	343	1,118	\$384,300.00	\$182,466.78	\$0.00	\$566,766.78
B4 Technicians	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B5 Other Health Professionals	62	190	\$2,979.00	\$1,414.44	\$0.00	\$4,393.44
B6 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B7 BTE USER TOUR (CURTIS REHAB)	8	60	\$381.00	\$180.90	\$0.00	\$561.90
B8	0	0	\$0.00	\$0.00	\$0.00	\$0.00
B9	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	456	1368	\$9,153,318.00	\$4,346,022.50	\$0.00	\$13,499,340.50

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1a Pediatric Physicians Subsidy	0	0	\$791,151.00	\$76,266.96	\$88,284.00	\$779,133.96
C1b Psychiatric Physicians Subsidy	0	0	\$117,600.00	\$11,336.64	\$0.00	\$128,936.64
C1c Anesthesia Subsidy	0	0	\$5,095,680.00	\$491,223.55	\$3,467,273.00	\$2,119,630.55
C2 Hospitalists	14,545	0	\$2,306,183.00	\$222,316.04	\$575,214.00	\$1,953,285.04
C3 ER Physician Subsidies	0	0	\$5,635,037.00	\$543,217.57	\$5,232,446.00	\$945,808.57
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	14,545	0	\$13,945,651.00	\$1,344,360.76	\$9,363,217.00	\$5,926,794.76

Hospital Name: Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210024
of Employees: 2,506

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	3043	0	\$147,230.00	\$0.00	\$0.00	\$147,230.00
D2 Community Health Research	0	0	0	\$0.00	\$0.00	\$0.00
D3 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
D6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	3043	0	\$147,230.00	\$0.00	\$0.00	\$147,230.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	0	0	\$204,898.00	\$0.00	\$0.00	\$204,898.00
E2 Grants	0	0	\$225,000.00	\$0.00	\$0.00	\$225,000.00
E3 In-Kind Donations	0	0	\$23,792.00	\$0.00	\$0.00	\$23,792.00
E2 Cost of Fund Raising for Community Programs	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	0	0	\$453,690.00	\$0.00	\$0.00	\$453,690.00

Hospital Name: Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210024
of Employees: 2,506

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F2 Economic Development	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F3 Support System Enhancements	209	0	\$45,750.00	\$21,722.24	\$0.00	\$67,472.24
F4 Environmental Improvements	0	0	\$13,624.00	\$6,468.72	\$0.00	\$20,092.72
F5 Leadership Development/Training for Community Members	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F6 Coalition Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
F7 Community Health Improvement Advocacy	22	0	\$32,447.00	\$15,405.93	\$0.00	\$47,852.93
F8 Workforce Enhancement	250	793	\$52,519.00	\$24,936.18	\$0.00	\$77,455.18
F9 Other (Please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	481	793	144,340	68,533	0	212,873

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	96	0	\$3,528.00	\$1,675.10	\$0.00	\$5,203.10
G2 Community health/health assets assessments	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G3 Other Resources (please indicate below)	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G4 Lyon Software & Training	0	0	\$466.00	\$221.26	\$0.00	\$687.26
G5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
G6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	96	0	\$3,994.00	\$1,896.36	\$0.00	\$5,890.36

Hospital Name: Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210024
of Employees: 2,506

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

H. CHARITY CARE (report total only)

TOTAL \$9,403,600.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	47.48%	
I2 OPERATING REVENUE		
Net Patient Service Revenue	\$380,520,200.00	RE-K-3
Other Revenue	\$12,288,100.00	RE-L-3
Total Revenue	\$392,808,300.00	RE-M-3
I3 TOTAL OPERATING EXPENSES	\$369,616,500.00	RE-S-3
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$23,191,800.00	RE-T-3
I5 NON-OPERATING GAINS (LOSSES)	-\$1,424,700.00	RE-U&V-3
I6 NET REVENUE (LOSS)	\$21,767,100.00	RE-W-3

Hospital Name: Union Memorial Hospital - HSCRC VERSION
HSCRC Hospital ID #: 210024
of Employees: 2,506

Contact Person: Kathy Talbot
Contact Number: 410-933-2375
Contact Email: kathy.talbot@medstar.net

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J2 Community Building	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J3 Other (Please indicate below):	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J4	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J5	0	0	\$0.00	\$0.00	\$0.00	\$0.00
J6	0	0	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	ADJUSTED OFFSETTING REVENUE	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	4,212	151,792	1,423,395	675,832	7,400	2,091,827
B Health Professions Education	456	1,368	9,153,318	4,346,022	0	13,499,340
C Mission Driven Health Care Services	14,545	0	13,945,651	1,344,361	9,363,217	5,926,795
D Research	3,043	0	147,230	0	0	147,230
E Financial Contributions	0	0	453,690	0	0	453,690
F Community Building Activities	481	793	144,340	68,533	0	212,873
G Community Benefit Operations	96	0	3,994	1,896	0	5,890
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$9,403,600.00
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	22,832	153,953	25,271,618	6,436,645	9,370,617	31,741,246

% OF OPERATING EXPENSES

8.59%

% of NET REVENUE

145.82%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	UNIVERSITY OF MARYLAND MEDICAL CENTER
HSCRC Hospital ID #:	0002, 8992, 8994
# of Employees:	6660
Contact Person:	ALICIA CUNNINGHAM
Contact Number:	410-328-1380
Contact Email:	ACUNNINGHAM@UMM.EDU

COMMUNITY BENEFIT ACTIVITES		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A. COMMUNITY HEALTH SERVICES							
A1 Community Health Education		4,666	82,440	\$255,769.53	\$134,426.76		\$390,196.29
Support Groups		144	27	\$13,419.36	\$7,052.92		\$20,472.28
Self-Help					\$0.00		\$0.00
A2 Community-Based Clinical Services					\$0.00		\$0.00
Screenings					\$0.00		\$0.00
One-Time/Occasionally Held Clinics					\$0.00		\$0.00
Free Clinics					\$0.00		\$0.00
Mobile Units					\$0.00		\$0.00
A3 Health Care Support Services					\$0.00		\$0.00
A4 Other (Please indicate below):					\$0.00		\$0.00
A5					\$0.00		\$0.00
A6					\$0.00		\$0.00
A7					\$0.00		\$0.00
A8					\$0.00		\$0.00
A9					\$0.00		\$0.00
TOTAL		4,810	82,467	\$269,188.89	\$141,479.67	\$0.00	\$410,668.56

Hospital Name:	UNIVERSITY OF MARYLAND MEDICAL CENTER
HSCRC Hospital ID #:	0002, 8992, 8994
# of Employees:	6660
Contact Person:	ALICIA CUNNINGHAM
Contact Number:	410-328-1380
Contact Email:	ACUNNINGHAM@UMM.EDU

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	1,507,165		\$54,890,278.16	\$28,849,104.69		\$83,739,382.85
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	1507165	0	\$54,890,278.16	\$28,849,104.69	\$0.00	\$83,739,382.85

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 UNIVERSITY CARE COMMUNITY CLINICS/UCARE	93,015	27,975	\$7,618,691.00	\$4,004,213.89	\$3,949,101.00	\$7,673,803.89
C2 COMMUNITY OUTPATIENT PSYCHIATRIC CLINICS	251,598	48,556	\$9,546,831.00	\$5,017,601.23	\$6,889,243.00	\$7,675,189.23
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	344,613	76,531	\$17,165,522.00	\$9,021,815.12	\$10,838,344.00	\$15,348,993.12

Hospital Name: UNIVERSITY OF MARYLAND MEDICAL CENTER
HSCRC Hospital ID #: 0002, 8992, 8994
of Employees: 6660

Contact Person: ALICIA CUNNINGHAM
Contact Number: 410-328-1380
Contact Email: ACUNNINGHAM@UMM.EDU

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations			\$63,000.00	\$33,111.39		\$96,111.39
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$63,000.00	\$33,111.39	\$0.00	\$96,111.39

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	394		\$15,250.00	\$8,015.06		\$23,265.06
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy	36		\$3,434.00	\$1,804.83		\$5,238.83
F8 Workforce Enhancement	5,157	920	\$265,814.38	\$139,706.10		\$405,520.48
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	5,587	920	284,498	149,526	0	434,024

Hospital Name: UNIVERSITY OF MARYLAND MEDICAL CENTER
HSCRC Hospital ID #: 0002, 8992, 8994
of Employees: 6660

Contact Person: ALICIA CUNNINGHAM
Contact Number: 410-328-1380
Contact Email: ACUNNINGHAM@UMM.EDU

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	3,920		\$365,304.80	\$191,996.05		\$557,300.85
G2 Community health/health assets assessments	992		\$76,902.40	\$40,418.18		\$117,320.58
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 PUBLIC SERVICE ANNOUNCEMENT			\$15,725.00	\$8,264.71		\$23,989.71
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	4,912	0	\$457,932.20	\$240,678.94	\$0.00	\$698,611.14

H. CHARITY CARE (report total only)

TOTAL \$41,992,000.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

52.56%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$1,064,096,000.00

Other Revenue

\$52,023,000.00

Total Revenue

\$1,116,119,000.00

I3 TOTAL OPERATING EXPENSES

\$1,117,266,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

-\$1,147,000.00

I5 NON-OPERATING GAINS (LOSSES)

-\$56,569,000.00

I6 NET REVENUE (LOSS)

-\$57,716,000.00

Hospital Name: UNIVERSITY OF MARYLAND MEDICAL CENTER
HSCRC Hospital ID #: 0002, 8992, 8994
of Employees: 6660

Contact Person: ALICIA CUNNINGHAM
Contact Number: 410-328-1380
Contact Email: ACUNNINGHAM@UMM.EDU

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services	1,400		\$2,650,000.00	\$0.00		\$2,650,000.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	1,400	0	\$2,650,000.00	\$0.00	\$0.00	\$2,650,000.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	4,810	82,467	269,189	141,480	0	410,669
B Health Professions Education	1,507,165	0	54,890,278	28,849,105	0	83,739,383
C Mission Driven Health Care Services	344,613	76,531	17,165,522	9,021,815	10,838,344	15,348,993
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	63,000	33,111	0	96,111
F Community Building Activities	5,587	920	284,498	149,526	0	434,024
G Community Benefit Operations	4,912	0	457,932	240,679	0	698,611
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$41,992,000.00
J Foundation Funded Community Benefit	1,400	0	2,650,000	0	0	2,650,000
TOTAL HOSPITAL COMMUNITY BENEFIT	1,868,486	159,918	75,780,420	38,435,716	10,838,344	145,369,791
% OF OPERATING EXPENSES	13.01%					
% of NET REVENUE	-251.87%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Upper Chesapeake Medical Center
HSCRC Hospital ID #:	21-0049
# of Employees:	1,753
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchs.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	629	5,801	\$107,129.00	\$66,034.32	\$959.00	\$172,204.32
Support Groups	13	42	\$319.00	\$196.63		\$515.63
Self-Help	283	574	\$17,268.00	\$10,644.00		\$27,912.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	925	5,786	\$23,746.00	\$14,637.03	\$1,867.00	\$36,516.03
One-Time/Occasionally Held Clinics	413	3,455	\$104,141.00	\$64,192.51	\$80,721.00	\$87,612.51
Free Clinics	2,409	1,314	\$88,363.00	\$54,466.95		\$142,829.95
Mobile Units			\$3,943.00	\$2,430.47		\$6,373.47
A3 Health Care Support Services				\$0.00		\$0.00
A4 Other (Please indicate below):				\$0.00		\$0.00
A5				\$0.00		\$0.00
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	4,672	16,972	\$344,909.00	\$212,601.91	\$83,547.00	\$473,963.91

Hospital Name:	Upper Chesapeake Medical Center
HSCRC Hospital ID #:	21-0049
# of Employees:	1,753
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchs.org

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians				\$0.00		\$0.00
B5 Other Health Professionals				\$0.00		\$0.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

C. MISSION DRIVEN HEALTH SERVICES (please list)

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C1				\$0.00		\$0.00
C2				\$0.00		\$0.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

Hospital Name:	Upper Chesapeake Medical Center
HSCRC Hospital ID #:	21-0049
# of Employees:	1,753
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research				\$0.00		\$0.00
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations				\$0.00		\$0.00
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements				\$0.00		\$0.00
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	0	0	0	0	0	0

Hospital Name: Upper Chesapeake Medical Center
HSCRC Hospital ID #: 21-0049
of Employees: 1,753

Contact Person: Charles Elly
Contact Number: 443-843-5736
Contact Email: cce.01@ex.uchs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	898	0	\$22,969.00	\$14,158.09		\$37,127.09
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	898	0	\$22,969.00	\$14,158.09	\$0.00	\$37,127.09

H. CHARITY CARE (report total only)

TOTAL \$2,057,257.25

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

61.64%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$155,454,000.00

Other Revenue

\$2,559,000.00

Total Revenue

\$158,013,000.00

I3 TOTAL OPERATING EXPENSES

\$153,510,000.00

I4 NET REVENUE (LOSS) FROM OPERATIONS

\$4,503,000.00

I5 NON-OPERATING GAINS (LOSSES)

-\$6,315,000.00

I6 NET REVENUE (LOSS)

-\$1,812,000.00

Hospital Name:	Upper Chesapeake Medical Center
HSCRC Hospital ID #:	21-0049
# of Employees:	1,753
Contact Person:	Charles Elly
Contact Number:	443-843-5736
Contact Email:	cce.01@ex.uchs.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	4,672	16,972	344,909	212,602	83,547	473,964
B Health Professions Education	0	0	0	0	0	0
C Mission Driven Health Care Services	0	0	0	0	0	0
D Research	0	0	0	0	0	0
E Financial Contributions	0	0	0	0	0	0
F Community Building Activities	0	0	0	0	0	0
G Community Benefit Operations	898	0	22,969	14,158	0	37,127
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$2,057,257.25
J Foundation Funded Community Benefit	0	0	0	0	0	0

TOTAL HOSPITAL COMMUNITY BENEFIT	5,570	16,972	367,878	226,760	83,547	2,568,348
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% OF OPERATING EXPENSES	1.67%
% of NET REVENUE	-141.74%

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	59,292	15,944	\$1,171,141.90	\$722,345.05	\$68,197.34	\$1,825,289.61
Support Groups				\$0.00		\$0.00
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services	7,185	7,256	\$66,835.88	\$41,223.50	\$15,919.06	\$92,140.32
Screenings				\$0.00		\$0.00
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	3,544	2,145	\$871,188.63	\$537,337.78	\$175.00	\$1,408,351.41
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Immunizations	3,286	7,116	\$34,435.86	\$21,239.59	\$6,750.53	\$48,924.92
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	73,307	32,462	\$2,143,602.27	\$1,322,145.92	\$91,041.93	\$3,374,706.26

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students	2,515	1,089	\$196,111.17	\$120,958.81		\$317,069.98
B2 Scholarships/Funding for Professional Education				\$0.00		\$0.00
B3 Nurses/Nursing Students	893	121	\$35,700.00	\$22,019.29		\$57,719.29
B4 Technicians	3,104	271	\$123,415.63	\$76,121.15	\$44,896.97	\$154,639.81
B5 Other Health Professionals	1,886	15,466	\$21,484.26	\$13,251.21		\$34,735.47
B6 Other (Please indicate below):				\$0.00		\$0.00
B7				\$0.00		\$0.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	8398	16948	\$376,711.06	\$232,350.47	\$44,896.97	\$564,164.56

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1				\$0.00		\$0.00
C2 Non-Resident House Staff and Hospitalists	31,284		\$8,043,766.36	\$804,376.64		\$8,848,143.00
C3				\$0.00		\$0.00
C4				\$0.00		\$0.00
C5				\$0.00		\$0.00
C6				\$0.00		\$0.00
C7				\$0.00		\$0.00
C8				\$0.00		\$0.00
C9				\$0.00		\$0.00
C10				\$0.00		\$0.00
TOTAL	31,284	0	\$8,043,766.36	\$804,376.64	\$0.00	\$8,848,143.00

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	10510	10975.95417	686070.46	\$423,159.31	615672.17	\$493,557.60
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	10510	10975.95417	686070.46	423159.3114	615672.17	493557.6014

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	602		\$954,300.78	\$588,600.27		\$1,542,901.05
E2 Grants				\$0.00		\$0.00
E3 In-Kind Donations				\$0.00		\$0.00
E2 Cost of Fund Raising for Community Programs				\$0.00		\$0.00
TOTAL	602	0	\$954,300.78	\$588,600.27	\$0.00	\$1,542,901.05

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing	142	1,601	\$15,000.00	\$9,251.80		\$24,251.80
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	80	906	\$3,200.00	\$1,973.72		\$5,173.72
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy				\$0.00		\$0.00
F8 Workforce Enhancement				\$0.00		\$0.00
F9 Other (Please indicate below)				\$0.00		\$0.00
Other - Disaster Preparedness	3,224	615	\$94,810.90	\$58,478.13		\$153,289.03
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	3,446	3,122	113,011	69,704	0	182,715

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff				\$0.00		\$0.00
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4 G3 detail: Board Community Involvement	2,558	34,777	\$857,364.82	\$528,811.44		\$1,386,176.26
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	2,558	34,777	\$857,364.82	\$528,811.44	\$0.00	\$1,386,176.26

H. CHARITY CARE (report total only)

TOTAL \$10,009,325.94

I. FINANCIAL DATA

I1 INDIRECT COST RATIO

61.68%

I2 OPERATING REVENUE

Net Patient Service Revenue

\$242,479,694.46

Other Revenue

\$5,302,235.84

Total Revenue

\$247,781,930.30

I3 TOTAL OPERATING EXPENSES

\$248,008,963.81

I4 NET REVENUE (LOSS) FROM OPERATIONS

-\$227,033.52

I5 NON-OPERATING GAINS (LOSSES)

\$2,208,545.61

I6 NET REVENUE (LOSS)

\$1,981,512.09

Hospital Name:	Washington Adventist Hospital
HSCRC Hospital ID #:	210016
# of Employees:	1,868
Contact Person:	Joseph Schott
Contact Number:	(301) 315-3362
Contact Email:	jschott@adventisthealthcare.com

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4				\$0.00		\$0.00
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	0	\$0.00	\$0.00	\$0.00	\$0.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	73,307	32,462	2,143,602	1,322,146	91,042	3,374,706
B Health Professions Education	8,398	16,948	376,711	232,350	44,897	564,165
C Mission Driven Health Care Services	31,284	0	8,043,766	804,377	0	8,848,143
D Research	10,510	10,976	686,070	423,159	615,672	493,558
E Financial Contributions	602	0	954,301	588,600	0	1,542,901
F Community Building Activities	3,446	3,122	113,011	69,704	0	182,715
G Community Benefit Operations	2,558	34,777	857,365	528,811	0	1,386,176
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$10,009,325.94
J Foundation Funded Community Benefit	0	0	0	0	0	0
TOTAL HOSPITAL COMMUNITY BENEFIT	130,105	98,285	13,174,827	3,969,148	751,611	26,401,689
% OF OPERATING EXPENSES	10.65%					
% of NET REVENUE	1332.40%					

FY 2008 COMMUNITY BENEFIT INVENTORY SPREADSHEET

GENERAL INFORMATION

Hospital Name:	Washington County Hospital Association
HSCRC Hospital ID #:	21-0001
# of Employees:	
Contact Person:	Dianna V. Rounds, Cost & Reimbursement Manager
Contact Number:	301-790-8882
Contact Email:	roundsd@wchsys.org

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
A1 Community Health Education	12,315	2,534,355	\$649,362.00	\$305,200.14	\$83,538.00	\$871,024.14
Support Groups	3,108	9,198	\$127,953.00	\$60,137.91	\$3,229.00	\$184,861.91
Self-Help				\$0.00		\$0.00
A2 Community-Based Clinical Services				\$0.00		\$0.00
Screenings	1,331	5,413	\$82,328.00	\$38,694.16	\$7,705.00	\$113,317.16
One-Time/Occasionally Held Clinics				\$0.00		\$0.00
Free Clinics				\$0.00		\$0.00
Mobile Units				\$0.00		\$0.00
A3 Health Care Support Services	5,421	11,088	\$276,385.00	\$129,900.95		\$406,285.95
A4 Other (Please indicate below):				\$0.00		\$0.00
A5 Cultural Diversity Facilitator Training	32		\$1,169.00	\$549.43		\$1,718.43
A6				\$0.00		\$0.00
A7				\$0.00		\$0.00
A8				\$0.00		\$0.00
A9				\$0.00		\$0.00
TOTAL	22,207	2,560,054	\$1,137,197.00	\$534,482.59	\$94,472.00	\$1,577,207.59

Hospital Name:	Washington County Hospital Association
HSCRC Hospital ID #:	21-0001
# of Employees:	
Contact Person:	Dianna V. Rounds, Cost & Reimbursement Manager
Contact Number:	301-790-8882
Contact Email:	roundsd@wchsys.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
B. HEALTH PROFESSIONS EDUCATION						
B1 Physicians/Medical Students				\$0.00		\$0.00
B2 Scholarships/Funding for Professional Education	0	16	\$47,053.00	\$0.00		\$47,053.00
B3 Nurses/Nursing Students				\$0.00		\$0.00
B4 Technicians	2,224	307	\$70,291.00	\$0.00		\$70,291.00
B5 Other Health Professionals	185	185	\$12,085.00	\$0.00	\$75.00	\$12,010.00
B6 Other (Please indicate below):				\$0.00		\$0.00
B7 Internships and "Job Shadowing" Mentoring Program Costs	13,323	1,090	\$361,613.00	\$0.00		\$361,613.00
B8				\$0.00		\$0.00
B9				\$0.00		\$0.00
TOTAL	15732	1598	\$491,042.00	\$0.00	\$75.00	\$490,967.00

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
C. MISSION DRIVEN HEALTH SERVICES (please list)						
C1 Cardiac Rehab Non-Billed Activity	76	276	\$4,971.00	\$2,336.37		\$7,307.37
C2 Maternal Child Health Care Coordinator	384	80	\$12,180.00	\$0.00		\$12,180.00
C3 Hospital Owned Endocrinology & Diabetes Program	21,370	5,336	\$1,044,035.00	\$490,696.45	\$433,544.00	\$1,101,187.45
C4 Western Maryland Prescription Drug Program	3,846	3,788	\$120,802.00	\$56,776.94	\$26,650.00	\$150,928.94
C5 Hospital Owned Respiratory Care Outreach Program	5		\$264.00	\$124.08	\$225.00	\$163.08
C6 Hospital Owned Women's Health Program	55,253	19,498	\$3,925,296.00	\$1,844,889.12	\$3,223,533.00	\$2,546,652.12
C7 Level III Trauma Program	4,228	846	\$3,801,375.00	\$0.00	\$967,785.00	\$2,833,590.00
C8 Emergency Department Physician Subsidy			\$1,051,325.00	\$0.00		\$1,051,325.00
C9 On-Call Fees - Emergency Specialist Call			\$1,048,136.00	\$0.00		\$1,048,136.00
C10 Hospital Owned Psychiatric Practice	16,237	16,240	\$1,512,308.00	\$710,784.76	\$1,036,752.00	\$1,186,340.76
TOTAL	101,399	46,064	\$12,520,692.00	\$3,105,607.72	\$5,688,489.00	\$9,937,810.72

Hospital Name:	Washington County Hospital Association
HSCRC Hospital ID #:	21-0001
# of Employees:	
Contact Person:	Dianna V. Rounds, Cost & Reimbursement Manager
Contact Number:	301-790-8882
Contact Email:	roundsd@wchsys.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
D. RESEARCH						
D1 Clinical Research	6384	78	477235	\$159,440.45	325737	\$310,938.45
D2 Community Health Research				\$0.00		\$0.00
D3 Other (Please indicate below)				\$0.00		\$0.00
D4				\$0.00		\$0.00
D5				\$0.00		\$0.00
D6				\$0.00		\$0.00
TOTAL	6384	78	477235	159440.45	325737	310938.45

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
E. FINANCIAL CONTRIBUTIONS						
E1 Cash Donations	5	77	\$143.00	\$0.00		\$143.00
E2 Grants			\$307,823.00	\$0.00	\$288,229.00	\$19,594.00
E3 In-Kind Donations	1,869	9,029	\$137,993.00	\$0.00		\$137,993.00
E2 Cost of Fund Raising for Community Programs	80	2,165	\$3,038.00	\$1,427.86		\$4,465.86
TOTAL	1953.5	11271	\$448,997.00	\$1,427.86	\$288,229.00	\$162,195.86

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
F. COMMUNITY BUILDING ACTIVITIES						
F1 Physical Improvements/Housing				\$0.00		\$0.00
F2 Economic Development				\$0.00		\$0.00
F3 Support System Enhancements	103	103	\$3,256.00	\$1,530.32		\$4,786.32
F4 Environmental Improvements				\$0.00		\$0.00
F5 Leadership Development/Training for Community Members				\$0.00		\$0.00
F6 Coalition Building				\$0.00		\$0.00
F7 Community Health Improvement Advocacy	43	257	\$1,433.00	\$673.51		\$2,106.51
F8 Workforce Enhancement	320	1,549	\$12,788.00	\$6,010.36		\$18,798.36
F9 Other (Please indicate below)				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
TOTAL	466	1,909	17,477	8,214	0	25,691

Hospital Name: Washington County Hospital Association
HSCRC Hospital ID #: 21-0001
of Employees:

Contact Person: Dianna V. Rounds, Cost & Reimbursement Manager
Contact Number: 301-790-8882
Contact Email: roundsd@wchsys.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
G. COMMUNITY BENEFIT OPERATIONS						
G1 Dedicated Staff	210	12	\$6,989.00	\$3,284.83		\$10,273.83
G2 Community health/health assets assessments				\$0.00		\$0.00
G3 Other Resources (please indicate below)				\$0.00		\$0.00
G4				\$0.00		\$0.00
G5				\$0.00		\$0.00
G6				\$0.00		\$0.00
TOTAL	210	12	\$6,989.00	\$3,284.83	\$0.00	\$10,273.83

H. CHARITY CARE (report total only)

TOTAL \$10,480,820.00

I. FINANCIAL DATA

I1 INDIRECT COST RATIO	47.00%
I2 OPERATING REVENUE	
Net Patient Service Revenue	\$235,925,802.00
Other Revenue	\$1,564,531.00
Total Revenue	\$237,490,333.00
I3 TOTAL OPERATING EXPENSES	\$231,016,439.00
I4 NET REVENUE (LOSS) FROM OPERATIONS	\$6,473,894.00
I5 NON-OPERATING GAINS (LOSSES)	\$2,143,803.00
I6 NET REVENUE (LOSS)	\$8,617,697.00

Hospital Name:	Washington County Hospital Association
HSCRC Hospital ID #:	21-0001
# of Employees:	
Contact Person:	Dianna V. Rounds, Cost & Reimbursement Manager
Contact Number:	301-790-8882
Contact Email:	roundsd@wchsys.org

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
J FOUNDATION COMMUNITY BENEFIT						
J1 Community Services				\$0.00		\$0.00
J2 Community Building				\$0.00		\$0.00
J3 Other (Please indicate below):				\$0.00		\$0.00
J4 JRM Cancer Education Fund		11	\$13,029.58	\$0.00		\$13,029.58
J5				\$0.00		\$0.00
J6				\$0.00		\$0.00
TOTAL FOUNDATION COMMUNITY BENEFIT	0	11	\$13,029.58	\$0.00	\$0.00	\$13,029.58

	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
K TOTAL HOSPITAL COMMUNITY BENEFIT						
A Community Health Services	22,207	2,560,054	1,137,197	534,483	94,472	1,577,208
B Health Professions Education	15,732	1,598	491,042	0	75	490,967
C Mission Driven Health Care Services	101,399	46,064	12,520,692	3,105,608	5,688,489	9,937,811
D Research	6,384	78	477,235	159,440	325,737	310,938
E Financial Contributions	1,954	11,271	448,997	1,428	288,229	162,196
F Community Building Activities	466	1,909	17,477	8,214	0	25,691
G Community Benefit Operations	210	12	6,989	3,285	0	10,274
H Charity Care	N/A	N/A	N/A	N/A	N/A	\$10,480,820.00
J Foundation Funded Community Benefit	0	11	13,030	0	0	13,030
TOTAL HOSPITAL COMMUNITY BENEFIT	148,351	2,620,997	15,112,659	3,812,458	6,397,002	23,008,934

% OF OPERATING EXPENSES	9.96%
% of NET REVENUE	267.00%