

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

Name of exempt organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-).

Table with 5 rows (1a-5a) and 5 columns (Form type, Total revenue, Total tax, Tax based on investment income, Balance due) and corresponding amounts.

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] | 5/8/2012 | SENIOR VP FINANCE

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form fields for ERO's signature, firm's name, EIN, and phone number.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form fields for Paid Preparer: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>	
	HOWARD COUNTY GENERAL HOSPITAL, INC.		52-2093120	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>	
	3910 KESWICK RD, SOUTH BLDG, 4TH FL 4300A		(410) 740-7730	
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 241,260,505.		
BALTIMORE, MD 21211		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F Name and address of principal officer:</b> JAMES E. YOUNG		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> ▶ WWW.HCGH.ORG		<b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> MD		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVISION OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO INDIVIDUALS.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	23	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	2039	
	<b>6</b>	Total number of volunteers (estimate if necessary)	475	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	890.	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	3,352,160.	3,519,639.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	221,106,507.	228,869,667.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	514,967.	498,016.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,379,557.	1,378,954.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,353,191.	234,266,276.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,868,969.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	106,587,317.	106,555,348.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	115,408,786.	119,443,451.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	223,865,072.	227,048,799.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,488,119.	7,217,477.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	243,049,696.	247,206,107.
	<b>21</b>	Total liabilities (Part X, line 26)	211,814,494.	204,228,736.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	31,235,202.	42,977,371.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	JAMES E. YOUNG, SENIOR VP FINANCE			
Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: MISSION: HOWARD COUNTY GENERAL HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE, STRIVES TO PROVIDE THE HIGHEST QUALITY CARE TO IMPROVE THE HEALTH OF OUR ENTIRE COMMUNITY THROUGH INNOVATION, COLLABORATION, SERVICE EXCELLENCE, DIVERSITY AND A COMMITMENT TO PATIENT SAFETY. ITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 73615210. including grants of \$ ) (Revenue \$ 84570103.) DEPARTMENT OF MEDICINE AND SURGERY PURPOSE: HOWARD COUNTY GENERAL HOSPITAL OFFERS A BROAD SPECTRUM OF INPATIENT AND OUTPATIENT SURGICAL SERVICES FOR ADULT AND PEDIATRIC PATIENTS. A LIST OF SOME OF THE MORE COMMON TYPES OF SURGERY PERFORMED AT HCGH INCLUDE: COLORECTAL SURGERY, ENDOSCOPY, GENERAL SURGERY, MINIMALLY INVASIVE SURGERY, NEUROSURGERY, OPHTHALMOLOGY, ORAL SURGERY AND DENTISTRY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PLASTIC SURGERY, PODIATRY, UROLOGY, VASCULAR SURGERY.

HOWARD COUNTY GENERAL HOSPITAL'S INTENSIVE CARE UNIT IS A HIGHLY SPECIALIZED 16-BED UNIT DEDICATED TO THE NEEDS OF ADULT PATIENTS REQUIRING INTENSIVE MONITORING AND PATIENT CARE SERVICES INVOLVING

4b (Code: ) (Expenses \$ 20800210. including grants of \$ ) (Revenue \$ 36220732.) EMERGENCY DEPARTMENT PURPOSE: OUR 36-BED EMERGENCY DEPARTMENT (ED) IS STAFFED 24-HOURS A DAY, SEVEN DAYS A WEEK BY BOARD-CERTIFIED JOHNS HOPKINS EMERGENCY MEDICINE PHYSICIANS. THE 24,000 SQUARE UNIT EXPANSION PROVIDES STATE-OF-THE-ART COMPREHENSIVE, INDIVIDUALIZED EMERGENCY MEDICAL CARE AND URGENT CARE TO THE CITIZENS OF HOWARD COUNTY AND THE SURROUNDING AREA. UPON ARRIVAL AT THE EMERGENCY DEPARTMENT, A REGISTERED NURSE ASSESSES EVERY PATIENT TO DETERMINE TREATMENT PRIORITY NEEDS. DEPENDING ON THE PATIENT'S NEEDS, TREATMENT WILL BE PROVIDED IN ONE OF THE FOLLOWING UNITS: MAIN EMERGENCY ROOM, URGENT CARE, PEDIATRIC ED/CHILDREN'S CARE CENTER, CHEST PAIN/SHORT STAY UNIT, OR PSYCHIATRIC UNIT.

4c (Code: ) (Expenses \$ 24555270. including grants of \$ ) (Revenue \$ 34147084.) LABOR & DELIVERY/NURSERY/NICU PURPOSE: TO ACCOMMODATE THE MORE THAN 3,000 BABIES BORN IN THE HOSPITAL'S LABOR/DELIVERY/RECOVERY (LDR) UNIT EACH YEAR, HOWARD COUNTY GENERAL HOSPITAL OFFERS 12 ATTRACTIVELY DECORATED BIRTHING ROOMS. MOTHER AND BABY CAN REMAIN IN THIS PRIVATE, COMFORTABLE ROOM THROUGHOUT LABOR, DELIVERY AND RECOVERY WITH THE SECURITY OF THE HOSPITAL'S ADVANCED TECHNOLOGY. CERTAIN MEDICAL CONDITIONS MAY REQUIRE A TEMPORARY SEPARATION OF MOTHER AND BABY.

WHILE THE MAJORITY OF NEWBORN INFANTS ARE BORN HEALTHY, MORE INTENSE MONITORING AND CARE ARE SOMETIMES NECESSARY. THE HOSPITAL'S 18-BED LEVEL III+ NICU FEATURES HIGHLY SOPHISTICATED EQUIPMENT SPECIALLY

4d Other program services. (Describe in Schedule O.) (Expenses \$ 74890886. including grants of \$ 1,050,000.) (Revenue \$ 73931748.)

4e Total program service expenses 193,861,576.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		23
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		18
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**THE CORPORATION - 443-997-5724**  
**3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY L. LUNDY CHAIR/ TRUSTEE	1.00	X		X			0.	0.	0.	
EVELYN BOLDUC VICE-CHAIR/ TRUSTEE	1.00	X		X			0.	0.	0.	
VICTOR A. BROCCOLINO PRESIDENT/CEO/ASST SECRETARY	40.00	X		X			474,951.	0.	50,790.	
ANN B MECH SECRETARY/TRUSTEE	1.00	X		X			0.	0.	0.	
W. BRIAN MCGOWAN TREASURER/TRUSTEE	1.00	X		X			0.	0.	0.	
FRANCIS S CHUIDIAN, M.D. TRUSTEE	1.00	X					0.	0.	0.	
MARVIN P. DAVIS, M.D. TRUSTEE	1.00	X					0.	0.	0.	
AD DIVAKARUNI, MD TRUSTEE	1.00	X					0.	0.	0.	
GEORGE LOUIS DOETSCH, JR TRUSTEE	1.00	X					0.	0.	0.	
MIRIAM F. DUBIN TRUSTEE	1.00	X					0.	0.	0.	
ROBERT T MANFUSO TRUSTEE	1.00	X					0.	0.	0.	
RONALD R PETERSON TRUSTEE	1.00	X					0.	1,620,305.	246,617.	
DAVID POWELL TRUSTEE	1.00	X					0.	0.	0.	
PETER J ROGERS, JR TRUSTEE	1.00	X					0.	0.	0.	
ALTON J SCAVO TRUSTEE	1.00	X					0.	0.	0.	
MARY ANN SCULLY TRUSTEE	1.00	X					0.	0.	0.	
G. DANIEL SHEALER, JR TRUSTEE	1.00	X					0.	446,857.	35,525.	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUE SONG, APRN-PMH, PH D TRUSTEE	1.00	X						0.	0.	0.
BEVERLY WHITE-SEALS TRUSTEE	1.00	X						0.	95,217.	22,035.
W GILL WYLIE TRUSTEE	1.00	X						0.	415,159.	33,317.
DAVID WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
KAYODE A. WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
CLARITA FRAZIER, M.D. TRUSTEE	1.00	X						0.	0.	0.
M LYNNE BELL ASSISTANT SECRETARY	40.00			X				53,308.	0.	919.
ERIC M. ALDRICH, MD V.P. FOR MEDICAL AFFAIRS	40.00			X				133,882.	0.	49,483.
JAY H BLACKMAN EXECUTIVE VP & COO	40.00			X				331,968.	0.	38,107.
<b>1b Sub-total</b>								994,109.	2,577,538.	476,793.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,885,094.	0.	312,994.
<b>d Total (add lines 1b and 1c)</b>								2,879,203.	2,577,538.	789,787.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **56**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
HOWARD COUNTY ANESTHESIA ASSOC FKA JOHN C P 11085 LITTLE PATUXENT PARKWAY, COLUMBIA, MD	PHYSICIANS SERVICES	2,115,000.
BROADWAY SERVICES 3709 E MONUMENT ST, BALTIMORE, MD 21205	CLEANING SERVICES	1,919,137.
AMERICAN RED CROSS BLOOD SERVICES 4701 MOUNT HOPE DRIVE, BALTIMORE, MD 21215	BLOOD BANK SERVICES	1,585,049.
SIEMENS MEDICAL SOLUTIONS, INC. 51 VALLEY STREAM PARKWAY, MALVERN, PA 19355	REPAIRS SERVICES	1,476,770.
HUMANIN 6355 WOODSIDE COURT, COLUMBIA, MD 21042	PHYSICIANS SERVICES	1,335,131.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **54**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOROTHY A BRILLANTES SR. VP, HUMAN RESOURCES	40.00			X				210,903.	0.	31,125.
JUDY E. BROWN, RN, MAS SR. VP, SAFETY, QUALITY &	40.00			X				229,944.	0.	32,026.
PAUL M. GLEICHAUF SR. VP, MANAGED CARE, PLAN	40.00			X				265,299.	0.	38,537.
SHARON HADSELL SR VP, PATIENT CARE SERVIC	40.00			X				234,630.	0.	68,823.
JAMES E YOUNG SR VP, FINANCE	40.00			X				285,063.	0.	39,181.
FRANCES BLACK REGISTERED NURSE	40.00				X			134,502.	0.	20,207.
SHEEBA KOCHAKKAN REGISTERED NURSE	40.00				X			131,182.	0.	17,678.
KYE BYUN PHARMACIST II	40.00				X			129,325.	0.	15,681.
NANCY SMITH SENIOR DIRECTOR, PATIENT CARE	40.00				X			129,285.	0.	30,628.
RICHARD EDWARDS SENIOR DIRECTOR IS/CIO	40.00				X			134,961.	0.	19,108.
Total to Part VII, Section A, line 1c								1,885,094.		312,994.

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	297,556.				
	e	Government grants (contributions)	1e	480,095.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	63,984.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		351,963.				
	Program Service Revenue	2 a	DEPARTMENT OF MEDICINE	Business Code 621990	84,570,103.	84,570,103.		
b		PATIENT SERVICE REVENUE	900099	73,754,509.	73,754,509.			
c		EMERGENCY DEPARTMENT	621910	36,220,732.	36,220,732.			
d		LABOR & DELIVERY/NURSE	621990	34,147,084.	34,147,084.			
e		COMMUNITY EDU.	900099	177,239.	177,239.			
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		228,869,667.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		413,016.			413,016.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real				
				(ii) Personal				
				135,733.				
	b	Less: rental expenses						
	c	Rental income or (loss)		135,733.				
	d	Net rental income or (loss)		135,733.			135,733.	
	7 a			(i) Securities				
				(ii) Other				
		6,891,000.	1,000.					
b	Less: cost or other basis and sales expenses		6,807,000.					
c	Gain or (loss)		84,000.	1,000.				
d	Net gain or (loss)		85,000.			85,000.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
	Less: direct expenses		b					
	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19		a					
	Less: direct expenses		b					
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a	379,651.				
	Less: cost of goods sold		b	187,229.				
	Net income or (loss) from sales of inventory			192,422.			192,422.	
Miscellaneous Revenue				Business Code				
11 a	OTHER		900099	872,683.			872,683.	
	PATIENT TV & PHONE		900099	130,705.			130,705.	
	PATIENT GUEST MEAL		900099	23,485.			23,485.	
	All other revenue		900099	23,926.	890.		23,036.	
	<b>Total.</b> Add lines 11a-11d			1,050,799.				
12	<b>Total revenue.</b> See instructions.			234,266,276.	228,869,667.	890.	1,876,080.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,050,000.	1,050,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,219,949.		2,219,949.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	81,759,379.	79,194,442.	2,564,937.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,966,657.	3,510,806.	455,851.	
9 Other employee benefits	12,455,564.	11,777,359.	678,205.	
10 Payroll taxes	6,153,799.	5,875,962.	277,837.	
11 Fees for services (non-employees):				
a Management				
b Legal	54,199.		54,199.	
c Accounting	184,230.		184,230.	
d Lobbying	39,941.		39,941.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	38,259,114.	37,517,523.	741,591.	
14 Information technology				
15 Royalties				
16 Occupancy	4,405,419.	3,228,631.	1,176,788.	
17 Travel	8,517.	6,267.	2,250.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,047.	48,896.	14,151.	
20 Interest	5,726,483.	5,079,390.	647,093.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,612,906.	12,961,648.	1,651,258.	
23 Insurance	1,411,087.	1,182,320.	228,767.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PURCHASED SERVICES	33,590,992.	11,879,560.	21,711,432.	
b BAD DEBT EXPENSE	10,218,813.	10,218,813.		
c LAB SERVICES	7,462,195.	7,462,195.		
d SWAP INTEREST	1,507,839.	1,337,453.	170,386.	
e CONSULTING	659,425.	448,255.	211,170.	
f All other expenses	1,239,244.	1,082,056.	157,188.	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>227048799.</b>	<b>193861576.</b>	<b>33,187,223.</b>	<b>0.</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,447,511.	1	7,584,239.
	2	Savings and temporary cash investments	619,402.	2	53,624.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,281,059.	4	23,357,567.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,573,385.	8	3,898,501.
	9	Prepaid expenses and deferred charges	930,738.	9	1,071,147.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 248,549,074.		
		b Less: accumulated depreciation	10b 70,249,821.	10c	178,299,253.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	17,155,816.	12	22,306,114.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,832,687.	15	10,635,662.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	243,049,696.	16	247,206,107.	
Liabilities	17	Accounts payable and accrued expenses	36,097,363.	17	32,573,893.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	167,307,832.	20	162,559,376.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	8,409,299.	25	9,095,467.
	26	<b>Total liabilities.</b> Add lines 17 through 25	211,814,494.	26	204,228,736.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	31,101,215.	27	42,842,384.
	28	Temporarily restricted net assets	133,987.	28	134,987.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	31,235,202.	33	42,977,371.	
34	<b>Total liabilities and net assets/fund balances</b>	243,049,696.	34	247,206,107.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,266,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	227,048,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,217,477.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,235,202.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,524,692.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	42,977,371.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **HOWARD COUNTY GENERAL HOSPITAL, INC.** Employer identification number: **52-2093120**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
  - h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

HOWARD COUNTY GENERAL HOSPITAL, INC.

52-2093120

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vii), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

HOWARD COUNTY GENERAL HOSPITAL, INC.

52-2093120

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 405,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 11,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 20,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,504,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 51,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 43,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HOWARD COUNTY GENERAL HOSPITAL, INC.

52-2093120

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 11,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 470,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>HOWARD COUNTY GENERAL HOSPITAL, INC.</b>	Employer identification number <b>52-2093120</b>
---	---

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**HOWARD COUNTY GENERAL HOSPITAL, INC.**

**52-2093120**

**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization **HOWARD COUNTY GENERAL HOSPITAL, INC.** Employer identification number **52-2093120**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	39,941.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	39,941.													
<b>d</b> Other exempt purpose expenditures .....	227,008,858.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	227,048,799.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	68,169.	60,042.	42,537.	39,941.	210,689.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					



**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

THE HOWARD COUNTY GENERAL HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$39,941 DURING THE FISCAL YEAR ENDED JUNE 30, 2011 TO SUPPORT THEIR LOBBYING ACTIVITIES. THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS,

REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS  
AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

[This section contains multiple horizontal lines for entering supplemental information.]

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		248549074.	70,249,821.	178299253.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				178299253.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) INVESTMENT IN PREMIER	282,212.	COST
(B) HOWARD COUNTY MRI LP	2,069,765.	END-OF-YEAR MARKET VALUE
(C) U.S. T-BILLS	16,410,838.	END-OF-YEAR MARKET VALUE
(D) HCGH INVESTMENTS L/T -		
(E) MOB	1,731,626.	END-OF-YEAR MARKET VALUE
(F) INVESTMENTS CMROC, LLC	1,459,412.	END-OF-YEAR MARKET VALUE
(G) INVESTMENTS - MOB	352,261.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>22,306,114.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	500,479.
(3) ADVANCES THIRD PARTY PAYORS	8,594,988.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>9,095,467.</b>

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	234,266,276.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	227,048,799.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,217,477.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	4,524,692.
9	Total adjustments (net). Add lines 4 through 8	9	4,524,692.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,742,169.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	232206619.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	232206619.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	2,059,657.
c	Add lines 4a and 4b	4c	2,059,657.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	234266276.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	224678187.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-3.
e	Add lines 2a through 2d	2e	-3.
3	Subtract line 2e from line 1	3	224678190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	2,370,609.
c	Add lines 4a and 4b	4c	2,370,609.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	227048799.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FINANCIAL ACCOUNTING STANDARDS BOARDS (FASB)**

**GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. HCGH HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO**

**Part XIV** Supplemental Information (continued)

IMPACT ON ITS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2011  
AND 2010.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	2,203,439.
CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS	864,480.
UNREALIZED GAIN ON ALTERNATIVE INVESTMENTS	567,000.
LOSS ON IMPAIRMENT OF LONG LIVED ASSETS	890,580.
INVESTMENT IN PREMIER	-890.
ROUNDING	83.
TOTAL TO SCHEDULE D, PART XI, LINE 8	4,524,692.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS TO REVENUE	-187,229.
CONTRIBUTION TO AFFILIATES	2,162,886.
REALIZED GAIN	84,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	2,059,657.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	-3.
----------	-----

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SWAP INTEREST	1,507,838.
RECLASS OF COGS	-187,229.
CONTRIBUTION TO AFFILIATE	1,050,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	2,370,609.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **HOWARD COUNTY GENERAL HOSPITAL, INC.** Employer identification number **52-2093120**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>270</u> %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			4,259,998.	0.	4,259,998.	1.96%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			4,259,998.		4,259,998.	1.96%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			11,265,522.	646,716.	10,618,806.	4.90%
<b>f</b> Health professions education (from Worksheet 5)			861,427.	0.	861,427.	.40%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			787,265.	0.	787,265.	.36%
<b>j Total</b> Other Benefits			12,914,214.	646,716.	12,267,498.	5.66%
<b>k Total</b> Add lines 7d and 7j			17,174,212.	646,716.	16,527,496.	7.62%



Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
2 Enter the amount of the organization's bad debt expense (at cost)
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense.

Yes/No table for Section A and C. Section A row 1: Yes, No (X). Section C row 9a: Yes (X), No. Section C row 9b: Yes (X), No.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
6 Enter Medicare allowable costs of care relating to payments on line 5
7 Subtract line 6 from line 5. This is the surplus (or shortfall)
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?

Part IV Management Companies and Joint Ventures

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 HOWARD COUNTY GENERAL HOSPITAL  
5755 CEDAR LANE  
COLUMBIA, MD 21044

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
X								

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

**Part V Facility Information** (continued) N/A

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? .....		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....		
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b> <input type="checkbox"/> Income level		
<b>b</b> <input type="checkbox"/> Asset level		
<b>c</b> <input type="checkbox"/> Medical indigency		
<b>d</b> <input type="checkbox"/> Insurance status		
<b>e</b> <input type="checkbox"/> Uninsured discount		
<b>f</b> <input type="checkbox"/> Medicaid/Medicare		
<b>g</b> <input type="checkbox"/> State regulation		
<b>h</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....		
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b> <input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b> <input type="checkbox"/> The policy was available on request		
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	<b>14</b>		
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....	<b>16</b>		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....			
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission			
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge			
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
<b>d</b> <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)			

**Part V Facility Information** (continued) N/A

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

	Yes	No
<b>18</b>		

If "No," indicate the reasons why (check all that apply):

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility did not have a policy relating to emergency medical care
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Charges for Medical Care**

**19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a  The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b  The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c  The hospital facility used the Medicare rate for those services
- d  Other (describe in Part VI)

<b>20</b>		
<b>21</b>		

**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Part VI.

**21** Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO  
CALCULATE THE AMOUNTS ON LINE 7A AND 7B (CHARITY CARE AND UNREIMBURSED  
MEDICAID). THE AMOUNTS FOR LINES 7E-7I COMES FROM THE HSCRC COMMUNITY  
BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A  
COST-TO CHARGE RATIO.

PART I, LINE 7G: HOWARD COUNTY GENERAL HOSPITAL, INC. DOES NOT HAVE  
ANY SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990,  
PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING  
THE PERCENTAGE IN THIS COLUMN IS \$10,218,813.

PART II: HCGH'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE  
HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF INITIATIVES THEY  
HAVE DEVELOPED. HCGH PROMOTES THE IMPROVEMENT OF HEALTHY LIVING THROUGH  
CONSTRUCTION AND IMPROVEMENT OF COMMUNITY BASED INFRASTRUCTURES. FOR  
EXAMPLE, HCGH CONTINUES ITS SUPPORT OF THE HEALTHY CHILDRENS PLAY AREA IN  
THE COLUMBIA MALL, ONE OF THE CENTERPIECES OF THE HOWARD COUNTY COMMUNITY,

**Part VI** Supplemental Information

TO PROMOTE HEALTHY HABITS IN A FUN EDUCATIONAL MANNER.

PART III, LINE 4: BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID.

DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE.

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH) CANNOT DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE. THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES.

PART III, LINE 8: THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

PART III, LINE 9B: THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART VI, LINE 2: HCGH USES A VARIETY OF METHODS FOR DETERMINING



**Part VI** Supplemental Information

HEALTH NEEDS WITHIN ITS COMMUNITY. HCGH PERSONNEL ARE REGULARLY INVOLVED IN DATA COLLECTION AND DATA SHARING TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY HCGH. COLLECTION TAKES PLACE IN BOTH FORMAL AND INFORMAL SETTINGS, AND INCLUDES THE FOLLOWING: CONSULTATION WITH COMMUNITY LEADERS AND STAKEHOLDERS CONCERNING UNMET HEALTH NEEDS WITHIN THE HOSPITALS MARKETPLACE, REGULAR DIRECT CONTACT WITH COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATION, AND THROUGH REGULAR DISCUSSIONS WITH THE HOWARD COUNTY GOVERNMENT LEADERS AND THE HOWARD COUNTY HEALTH DEPARTMENT (HCHD) CONCERNING HEALTH NEEDS. SECONDARY DATA ARE COLLECTED FROM A VARIETY OF GOVERNMENT, ACADEMIC AND PRIVATE SOURCES TO PRESENT A COMMUNITY PROFILE OF HEALTH STATUS THROUGH A RANGE OF INDICATORS.

PART VI, LINE 3: HCGH INFORMS ITS PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING: POSTING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THE LOCAL NEWSPAPERS, SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THE FINANCIAL ASSISTANCE POLICY, A COPY OF THE FINANCIAL ASSISTANCE POLICY OR A SUMMARY THEREOF WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EVERY PATIENT UPON ADMISSION, A SUMMARY OF FINANCIAL ASSISTANCE POLICY WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PROVIDED TO EVERY PATIENT WITHOUT INSURANCE WHO PRESENTS TO THE EMERGENCY DEPARTMENT, A NOTICE OF FINANCIAL ASSISTANCE AVAILABILITY WILL BE SENT TO PATIENTS ON PATIENT BILLS, AND ALL PATIENTS INDICATING A NEED FOR FINANCIAL ASSISTANCE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS. IF THE PATIENT DOES NOT HAVE INSURANCE, HCGH FINANCIAL

**Part VI** Supplemental Information

COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION.

PART VI, LINE 4: HCGH GEOGRAPHIC SERVICE AREA IS SUBURBAN.

THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN HOWARD COUNTY, MARYLAND. THE GENERAL DATA FOR THIS PRIMARY SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 278,071 OF WHICH 49.82% WERE MALES AND 50.18% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$125,194, 5.3% OF RESIDENTS ARE UNINSURED, 5.3% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, AND 4.0% OF RESIDENTS HAVE INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 1  
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE NOT PRESENT IN THE COMMUNITY.

PART VI, LINE 5: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE, CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES

**Part VI** Supplemental Information

AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS;

REVIEW AND APPROVE HOSPITAL RATES;

COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,

MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/](http://www.hscrc.state.md.us/community_benefits/documents/cbr_fy2007_final_report.pdf) CBR FY2007 FINAL REPORT.PDF.

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

**Part VI** Supplemental Information

THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.  
MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING  
UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND  
HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO  
UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID  
REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO  
THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID  
ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS  
IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE  
RATE-SETTING SYSTEM.

LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS  
FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH  
SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A  
RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY  
THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.  
MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING  
UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND  
HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS  
EDUCATION.

PART VI, LINE 6: JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS  
INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE  
POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES.  
JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY  
FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED  
MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF  
HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER

**Part VI** Supplemental Information

INSTITUTION IN THIS COUNTRY OR ABROAD.

JHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**HOWARD COUNTY GENERAL HOSPITAL, INC.**

Employer identification number  
**52-2093120**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD HOSPITAL FOUNDATION 3910 KESWICK RD, STE. 4300A BALTIMORE, MD 21211	52-1072778	501(C)(3)	1,000,000.	0.			GENERAL OPERATIONS
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 3910 KESWICK RD, STE. 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	50,000.	0.			GENERAL OPERATIONS

**2** Enter total number of section 501(c)(3) and government organizations ..... 2.

**3** Enter total number of other organizations ..... ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

**HOWARD COUNTY GENERAL HOSPITAL, INC.**

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY HOWARD COUNTY GENERAL HOSPITAL, INC. TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2010**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010



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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 VICTOR A. BROCCOLINO	351,398.	97,803.	25,750.	25,462.	25,328.	525,741.	0.	
2 RONALD R PETERSON	105,174.	392,713.	175,852.	223,972.	22,645.	1,866,922.	0.	
3 G.DANIEL SHEALER, JR	285,188.	77,567.	84,102.	11,025.	24,500.	482,382.	0.	
4 W GILL WYLIE	199,982.	45,846.	169,331.	11,025.	22,292.	448,476.	74,884.	
5 ERIC M. ALDRICH, MD	121,223.	10,813.	1,846.	31,852.	17,631.	183,365.	0.	
6 JAY H BLACKMAN	230,729.	53,879.	47,360.	18,452.	19,655.	370,075.	0.	
7 DOROTHY A BRILLANTES	155,860.	30,710.	24,333.	13,217.	17,908.	242,028.	0.	
8 JUDY E. BROWN, RN, MAS	162,306.	31,333.	36,305.	18,638.	13,388.	261,970.	0.	
9 PAUL M.GLEICHAUF	181,195.	35,239.	48,865.	14,983.	23,554.	303,836.	9,000.	
10 SHARON HADSELL	186,551.	33,322.	14,757.	53,034.	15,789.	303,453.	0.	
11 JAMES E YOUNG	210,724.	40,469.	33,870.	17,379.	21,802.	324,244.	17,303.	
12 FRANCES BLACK	124,370.	0.	10,132.	9,723.	10,484.	154,709.	0.	
13 NANCY SMITH	126,966.	0.	2,319.	13,261.	17,367.	159,913.	0.	
14 RICHARD EDWARDS	126,268.	0.	8,693.	1,671.	17,437.	154,069.	0.	
15	0.	0.	0.	0.	0.	0.	0.	
16	0.	0.	0.	0.	0.	0.	0.	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF HOWARD COUNTY GENERAL HOSPITAL, INC. WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS HAVE APPROVED THE GROSS UP. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEES.

PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS-UP PAYMENTS ON DEPENDENT TUITION.

PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN: THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C):

RONALD R. PETERSON \$212,947.00; SHARON HADSELL \$43,560.00 AND ERIC ALDRICH \$31,852.00.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990:

JAY BLACKMAN \$32,908.00; JUDY E. BROWN \$23,296.00; DOROTHY BRILLANTES \$12,148.00; PAUL M. GLEICHAUF \$9,000.00; W. GILL WYLIE \$151,711.43; G. DANIEL SHEALER, JR \$49,518.71 AND JAMES E. YOUNG \$23,380.00.

PART I, LINE 7: THE BONUSES ARE ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT.

THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSE EMPLOYEES FOR THE MAXIMUM ANNUAL BENEFIT OF 50% OF \$20,000 OR \$10,000 FOR EACH ELIGIBLE DEPENDENT WITH A MAXIMUM OF TWO DEPENDENT CHILDREN PER EMPLOYEE AT ANY ONE TIME. THE BENEFIT IS LIMITED TO FOUR YEARS OF FULL-TIME UNDERGRADUATE STUDY.

TUITION REIMBURSEMENT IS AVAILABLE TO ELIGIBLE EMPLOYEES THAT HAVE COMPLETED SIX MONTHS OF SERVICE

AT A MINIMUM OF 40 SCHEDULED HOURS PER PAY. TO RECEIVE REIMBURSEMENT EMPLOYEES MUST ATTEND ACCREDITED COLLEGES AND UNIVERSITIES FOR

CAREER-RELATED COURSES. THE REIMBURSEMENT IS AS FOLLOWS: IF YOU ARE

SCHEDULED BETWEEN 60-80 HOURS PER PAY PERIOD YOU MAY RECEIVE UP TO \$3,000

PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR \$5,000 PER FISCAL YEAR FOR

GRADUATE COURSES. IF YOU ARE SCHEDULED BETWEEN 40-59 HOURS PER PAY PERIOD

YOU MAY RECEIVE UP TO \$1,500 PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR

\$2,000 PER FISCAL YEAR FOR GRADUATE COURSES.

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART II, COLUMN F

THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S. THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME. PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F. THE AMOUNT IN COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
 Attach to Form 990. See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

**Part I Bond Issues** SEE PART V FOR COLUMN (A) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL</b>	52-0936091574217U37	05/08/08	40,000,000.	BUILDING CONSTRUCTION				X				X
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		40,000,000.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2009						
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							



**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.17 %						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %						
<b>6</b> Total of lines 4 and 5		.17 %						
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
<b>2</b> Is the bond issue a variable rate issue?	X							
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider	GOLDMAN SACHS CAPITAL							
<b>c</b> Term of hedge	31.0000000							
<b>d</b> Was the hedge superintegrated?		X						
<b>e</b> Was the hedge terminated?		X						
<b>4a</b> Were gross proceeds invested in a GIC?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b> Did the bond issue qualify for an exception to rebate?	X							

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE K, PART I, BOND ISSUES:**  
**(A) ISSUER NAME:** MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY  
**(F) DESCRIPTION OF PURPOSE:** BUILDING CONSTRUCTION

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VISION IS TO BE THE PREMIER COMMUNITY HOSPITAL IN MARYLAND.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CARDIAC, MEDICAL AND SURGICAL CARE. STAFFED 24 HOURS A DAY BY HIGHLY  
QUALIFIED PHYSICIANS, NURSES AND TECHNICIANS, THE UNIT FEATURES  
STATE-OF-THE-ART MEDICAL EQUIPMENT INCLUDING A COMPUTERIZED MONITORING  
SYSTEM. MEDICATIONS ARE ADMINISTERED USING A COMPUTERIZED MEDICATION  
ADMINISTRATION RECORD WITH BARCODE SCANNING FOR PATIENT SAFETY. THE  
UNIT IS DESIGNED SO THAT EVERY BED IS CLEARLY VISIBLE FROM THE NURSING  
STATION.

HOWARD COUNTY GENERAL HOSPITAL HAS LAUNCHED A NEW PROGRAM FOR TOTAL  
KNEE AND HIP REPLACEMENT PATIENTS JOINT ACADEMY. IT APPROACHES THE  
JOINT REPLACEMENT SURGICAL EXPERIENCE IN A WHOLE NEW WAY, CREATING A  
PARTNERSHIP AMONG THE PATIENT, DOCTOR AND HOSPITAL. BECAUSE AN  
INFORMED PATIENT CAN MORE FULLY PARTICIPATE IN HIS OR HER OWN CARE AND  
RECOVERY, WE FOCUS ON ENGAGING AND EDUCATING OUR PATIENTS THROUGHOUT  
THE ENTIRE PROCESS FROM ADMISSION TO POST-DISCHARGE.

THE AMBULATORY CARE CENTER, LOCATED ADJACENT TO THE HOSPITAL, IS HOME  
TO THE CENTER FOR AMBULATORY SURGERY (TCAS). THIS IS THE PRIMARY  
LOCATION FOR OUTPATIENT PROCEDURES AND ADDITIONAL OUTPATIENT SERVICES,  
INCLUDING MAGNETIC RESONANCE IMAGING (MRI). TCAS OCCUPIES THE ENTIRE  
LOWER LEVEL OF THE BUILDING AND CONSISTS OF SIX OPERATING ROOMS, ONE  
MINOR PROCEDURE ROOM, A UROLOGY SUITE, AND A POST-ANESTHESIA CARE UNIT.

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

SPACE AND PROGRAMS HAVE ALSO BEEN DESIGNED TO MEET THE NEEDS OF  
PEDIATRIC SURGERY PATIENTS AND THEIR FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DESIGNED TO CARE FOR CRITICALLY-ILL NEWBORNS IN AN ENVIRONMENT THAT  
FOSTERS HEALTHY DEVELOPMENT. MOST IMPORTANTLY, NICU PATIENTS BENEFIT  
FROM THE CONTINUOUS CARE AND OBSERVATION OF JOHNS HOPKINS'  
NEONATOLOGISTS AND REGISTERED NURSES WHO ARE EXPERIENCED WITH THE  
SPECIAL NEEDS OF NEWBORN PREMATURE BABIES.

THE CENTER FOR MATERNAL AND FETAL MEDICINE AT HOWARD COUNTY GENERAL  
HOSPITAL IS EQUIPPED TO MANAGE ANY HIGH-RISK SITUATION THAT MAY ARISE  
DURING YOUR PREGNANCY AND TO PROVIDE YOU WITH COMPREHENSIVE CARE. THE  
CENTER PROVIDES:

COVERAGE BY BOARD-CERTIFIED MATERNAL FETAL SPECIALISTS

CONSULTATIVE SERVICES FOR ALL MEDICAL COMPLICATIONS OF PREGNANCY

CERTIFIED GENETIC COUNSELORS

FIRST-TRIMESTER SCREENING TO BETTER DELINEATE THE RISKS OF DOWN

SYNDROME, TRISOMY 13 AND TRISOMY 18

4D IMAGING TO STUDY YOUR BABY'S ANATOMICAL DEVELOPMENT AND FETAL GROWTH

FETAL ASSESSMENT CENTER FOR ANTENATAL TESTING PROFILES

TESTING FOR MATERNAL DIABETES AND HYPERTENSION

FETAL ECHOCARDIOGRAM PROGRAM

DIABETES IN PREGNANCY PROGRAM

THE CENTER FOR MATERNAL AND FETAL MEDICINE EMPLOYS SPECIALLY TRAINED

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

AND CERTIFIED SONOGRAPHERS TO PERFORM ROUTINE FIRST-TRIMESTER SCREENINGS AND 20-WEEK FETAL ANATOMY SCREENINGS THAT ARE MORE DETAILED THAN THOSE TYPICALLY OFFERED BY OB/GYN OFFICES. HOWARD COUNTY GENERAL HOSPITAL ENCOURAGES ANY PATIENT, HIGH-RISK OR OTHERWISE, WHO IS INTERESTED IN HAVING THESE STATE-OF-THE-ART TESTS TO GET A REFERRAL FROM HER DOCTOR.

THE CENTER FOR MATERNAL AND FETAL MEDICINE OFFERS A MULTIDISCIPLINARY TEAM APPROACH WORKING WITH THE MOTHER'S OWN OB/GYN, PERINATOLOGIST, NEONATOLOGIST, PEDIATRIC SUBSPECIALIST, GENETIC COUNSELORS AND PATIENT EDUCATIONS THROUGHOUT THE PREGNANCY AND, IF NEEDED, DURING YOUR DELIVERY AT HOWARD COUNTY GENERAL HOSPITAL. HOWARD COUNTY GENERAL HOSPITAL'S GOAL IS TO DEVELOP A HEALTH CARE PLAN THAT ADDRESSES THE NEEDS OF THE MOTHER AND BABY.

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

OTHER

EXPENSES \$ 74,890,886. INCL GRANTS OF \$ 1,050,000. REVENUE \$ 73,931,748.

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF HOWARD COUNTY GENERAL HOSPITAL, INC. ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY OF HOWARD COUNTY GENERAL HOSPITAL, INC. IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number

52-2093120

FORM 990, PART VI, SECTION B, LINE 11: A SECURED WEBSITE PROVIDES ACCESS TO A COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE. ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	2,203,439.
CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS	864,480.
UNREALIZED GAIN ON ALTERNATIVE INVESTMENTS	567,000.
LOSS ON IMPAIRMENT OF LONG LIVED ASSETS	890,580.
INVESTMENT IN PREMIER	-890.

ROUNDING

83.

Name of the organization  
HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

TOTAL TO FORM 990, PART XI, LINE 5

4,524,692.

Multiple horizontal lines for data entry.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

**2010**

Open to Public Inspection

Name of the organization

HOWARD COUNTY GENERAL HOSPITAL, INC.

Employer identification number  
52-2093120

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HCGH DIAGNOSTIC HEALTH SERVICE - 52-2326835 5755 CEDAR LANE COLUMBIA, MD 21044	HEALTHCARE SERVICES	MARYLAND			HOWARD COUNTY GENERAL HOSPITAL, INC.

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HHS, INC - 52-1576639 3910 KESWICK RD, S BLDG, STE. 4300A BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, TYPE II	N/A		X
HOWARD HOSPITAL FOUNDATION, INC. - 52-1072778, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	FUNDRAISING/SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, III FI	N/A		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. - 52-1341890, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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

Schedule R (Form 990) 2010

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 52-1467441, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21218	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
THE JOHNS HOPKINS HOSPITAL - 52-0591656 3910 KESWICK RD, S BLDG, STE. 4300A BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC. - 23-7252596, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND,		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 5755 CEDAR LANE, COLUMBIA, MD 21044	INACTIVE TAX-EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES - 53-0196602, 5255 LOUGHBORO RD NW, WASHINGTON, DC 20016	HEALTHCARE SERVICES	DISTRICT OF COLUMBIA	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC. - 52-1750383 6001 MONTROSE RD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	9	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE RD NO 1020, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	9	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC. - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, MD 33701	PEDIATRIC MEDICAL SERVICES	MARYLAND	501(C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
ALL CHILDREN'S HOSPITAL FOUNDATION INC. - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	7	ALL CHILDREN'S HEALTH SYSTEM, INC.		X





**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHEVY CHASE IMAGING, LLC - 14-1944126, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	RADIOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, S BLDG, STE. 4300A BALTIMORE, MD 21211	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL, INC.	C CORP			100.00%
HSI MEDICAL SERVICES CORPORATION - 52-1847705 3910 KESWICK RD, S BLDG, STE. 4300A BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 3910 KESWICK RD, S BLDG, STE. 4300A BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 3910 KESWICK RD, S BLDG, STE. 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ROCKVILLE IMAGING - 14-1944128, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TCAS, INC. - 52-1979344							
5759 CEDAR LANE							
COLUMBIA, MD 21044	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
SUBURBAN CONTRACTING CORP, INC. - 52-2188022							
8600 OLD GEORGETOWN ROAD	MEDICARE CONTRACTING	MD	N/A	C CORP	N/A	N/A	N/A
BETHESDA, MD 20814							
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352	MEDICAL OFFICE						
8600 OLD GEORGETOWN ROAD	LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A
BETHESDA, MD 20814							
SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011	MULTI SPECIALTY						
8600 OLD GEORGETOWN ROAD	MEDICAL PRACTICE	MD	N/A	C CORP	N/A	N/A	N/A
BETHESDA, MD 20814							
ACHPOB, INC. - 59-2427749	MEDICAL OFFICE						
501 SIXTH STREET SOUTH	BUILDING MANAGEMENT	FL	N/A	C CORP	N/A	N/A	N/A
ST. PETERSBURG, FL 33701							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses	X	
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS		.000		HY16	8,227,766.				8,227,766.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000		HY16	77,993.				77,993.	26,351.	31,544.	57,895.	
3	BUILDINGS	VARIOUS		.000		HY16	129603370.				129603370.	23799859.	4,320,112.	28119971.	
4	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	988,558.				988,558.	199,866.	29,409.	329,275.	
5	FIXED EQUIPMENT	VARIOUS		.000		HY16	16959168.				16959168.	12722952.	1,133,802.	13856754.	
6	MAJOR MOVABLE EQUIPMENT	VARIOUS		.000		HY16	54148562.				54148562.	15242759.	7,844,220.	230886979.	
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	5,008,410.				5,008,410.			0.	
9	BUILDING IMPROVEMENTS	VARIOUS		.000		HY16	32031096.				32031096.	344,297.	1,253,820.	4,598,117.	
11	BUILDING IMPROVEMENTS - CAP INT	VARIOUS		.000		HY16	1,504,151.				1,504,151.	300,830.	0.	300,830.	
	* TOTAL 990 PAGE 10 DEPR						248549074.				248549074.	55836914.	14612907.	70249821.	



**Howard County General  
Hospital, Inc.**  
Financial Statements  
June 30, 2011 and 2010

**Howard County General Hospital, Inc.**  
**Index**  
**June 30, 2011 and 2010**

---

	<u>Page(s)</u>
Report of Independent Auditors	1
Balance Sheets	2-3
Statements of Operations and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	6-26



## REPORT OF INDEPENDENT AUDITORS

---

To the Board of Trustees of  
Howard County General Hospital, Inc.:

In our opinion, the accompanying balance sheets and the related statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Howard County General Hospital, Inc. (the "Hospital") at June 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

September 28, 2011

**Howard County General Hospital, Inc.**  
**Balance Sheets**  
**June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 7,590	\$ 10,454
Short-term investments	937	1,026
Assets whose use is limited - used for current liabilities	5,677	5,614
Patient accounts receivable, net of estimated uncollectibles of \$5,115 and \$5,355 as of June 30, 2011 and 2010, respectively	23,285	23,223
Due from others	1,195	1,168
Due from affiliates	-	4
Inventories of supplies	3,899	3,573
Prepaid expenses and other current assets	1,353	1,150
Total current assets	<u>43,936</u>	<u>46,212</u>
Assets whose use is limited		
By donors or grantors for:		
Interest in net assets of Howard Hospital Foundation	14,439	13,898
Other	135	-
Total assets whose use is limited	<u>14,574</u>	<u>13,898</u>
Investments	<u>15,521</u>	<u>9,373</u>
Investments in joint ventures	<u>3,543</u>	<u>4,046</u>
Property, plant and equipment	248,550	232,692
Less: allowance for depreciation and amortization	(70,250)	(55,483)
Total property, plant and equipment, net	<u>178,300</u>	<u>177,209</u>
Net pension asset	<u>864</u>	<u>-</u>
Other assets	<u>4,907</u>	<u>6,210</u>
Total assets	<u>\$ 261,645</u>	<u>\$ 256,948</u>

See notes to the financial statements.

**Howard County General Hospital, Inc.**  
**Balance Sheets, Continued**  
**June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current portion of long-term debt	\$ 2,800	\$ 2,675
Accounts payable	4,241	10,505
Accrued liabilities	15,786	14,230
Due to affiliates	727	787
Accrued interest	2,877	2,938
Accrued vacation	5,852	5,843
Advances from third party payors	8,595	7,657
Current portion of estimated malpractice costs	79	139
Total current liabilities	<u>40,957</u>	<u>44,774</u>
Long-term debt, net of current portion	150,877	153,547
Estimated malpractice costs, net of current portion	2,565	2,314
Net pension liability	-	84
Other long-term liabilities	<u>8,882</u>	<u>11,086</u>
Total liabilities	<u>203,281</u>	<u>211,805</u>
Net assets:		
Unrestricted	43,792	29,248
Temporarily restricted	11,561	12,884
Permanently restricted	<u>3,011</u>	<u>3,011</u>
Total net assets	<u>58,364</u>	<u>45,143</u>
Total liabilities and net assets	<u>\$ 261,645</u>	<u>\$ 256,948</u>

See notes to the financial statements.

**Howard County General Hospital, Inc.**  
**Statements of Operations and Changes in Net Assets**  
**for the years ended June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
Operating revenues:		
Net patient service revenue	\$ 229,505	\$ 221,799
Other revenue	2,402	2,328
Investment income	299	802
Total operating revenues	<u>232,206</u>	<u>224,929</u>
Operating expenses:		
Salaries, wages and benefits	106,555	106,587
Purchased services	45,566	45,410
Supplies and other	40,766	40,290
Interest	5,726	5,787
Provision for bad debts	10,219	10,545
Depreciation and amortization	15,846	12,024
Total operating expenses	<u>224,678</u>	<u>220,643</u>
Income from operations	7,528	4,286
Non-operating revenues and expenses:		
Interest expense on swap agreements	(1,508)	(1,507)
Change in market value of swap agreement	2,204	(2,718)
Realized and unrealized gains (losses) on investments	975	(31)
Loss on impairment of long lived assets	0	(4,263)
Excess of revenues over (under) expenses	<u>9,199</u>	<u>(4,233)</u>
Contributions to affiliates	(579)	(1,869)
Changes in unrealized (losses) gains on investments	567	562
Change in funded status of defined benefit plans	1,800	910
Net assets released from restrictions used for purchase of property, plant and equipment	<u>3,557</u>	<u>3,500</u>
Change in unrestricted net assets	<u>14,544</u>	<u>(1,130)</u>
Changes in temporarily restricted net assets:		
Gifts, grants and bequests	1,692	1,861
Net change in Howard Hospital Foundation/Children's Garden	542	688
Net assets released from restrictions used for purchase of property, plant and equipment	<u>(3,557)</u>	<u>(3,500)</u>
Change in temporarily restricted net assets	<u>(1,323)</u>	<u>(951)</u>
Change in net assets	13,221	(2,081)
Net assets at beginning of year	45,143	47,224
Net assets at end of year	<u>\$ 58,364</u>	<u>\$ 45,143</u>

See notes to the financial statements.

**Howard County General Hospital, Inc.**  
**Statements of Cash Flows**  
for the years ended June 30, 2011 and 2010  
(in thousands)

	2011	2010
Operating activities:		
Change in net assets	\$ 13,221	\$ (2,081)
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	15,846	12,024
Provision for bad debts	10,219	10,545
Net realized and changes in unrealized gains on investments	(1,542)	(531)
Change in market value of swap agreement	(2,204)	2,718
Change in funded status of defined benefit plans	(1,800)	(910)
Restricted contributions and investment income received	(1,692)	(1,861)
Gains on and returns of equity investments	503	817
Loss on impairment of long lived assets	-	4,263
Contributions to affiliates	579	1,869
Change in assets and liabilities:		
Patient accounts receivable	(10,281)	(12,360)
Inventories of supplies, prepaid expenses and other current assets	(556)	1,866
Due to/from affiliates, net	(56)	85
Other assets	(65)	(24)
Accounts payable, accrued liabilities and accrued vacation	(6,614)	2,380
Advances from third party payors	938	215
Accrued pension benefit costs	852	-
Estimated malpractice costs	191	111
Net cash and cash equivalents provided by operating activities	<u>17,539</u>	<u>19,126</u>
Investing activities:		
Purchases of property, plant and equipment	(13,720)	(30,266)
Purchases of investment securities	(11,470)	(9,969)
Sales of investment securities	6,891	18,620
Change in interest in net assets of Howard Hospital Foundation	(542)	(688)
Other investing activities	-	(3,621)
Net cash and cash equivalents used in investing activities	<u>(18,841)</u>	<u>(25,924)</u>
Financing activities:		
Proceeds from restricted contributions and investment income received	1,692	1,861
Repayment of long-term debt	(2,675)	(2,560)
Contributions to affiliates	(579)	(1,869)
Net cash and cash equivalents used in financing activities	<u>(1,562)</u>	<u>(2,568)</u>
Decrease in cash and cash equivalents	(2,864)	(9,366)
Cash and cash equivalents at beginning of year	10,454	19,820
Cash and cash equivalents at end of year	<u>\$ 7,590</u>	<u>\$ 10,454</u>

See notes to the financial statements.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

1. Organization and Summary of Significant Accounting Policies:

*Organization.* The Johns Hopkins Health System Corporation ("JHHS") is the sole member of Howard County General Hospital, Inc. (the "Hospital" or "HCGH"). JHHS is a not-for-profit organization incorporated in the State of Maryland to, among other things, formulate policy among and provide centralized management for JHHS affiliates ("Affiliates"). In addition, JHHS provides certain shared services, including legal, coordination of marketing, and other functions for which HCGH is charged separately. The Hospital is a not-for-profit, community based health care institution governed by a board of trustees operated for the purpose of providing appropriate and effective health care services to the physically and mentally ill, the injured, obstetrical patients, and persons needing diagnostic and/or preventative services. The Hospital is committed to serve as the primary community health care resource for Howard County and adjacent communities and recognizes the need to be responsive to the needs of the population it serves. The Hospital's mission is to provide health care services, within the resources available, to all whom present themselves, regardless of race, creed, national origin, age or sex.

JHHS appoints HCGH's Board of Trustees. HCGH's Articles of Incorporation provide that JHHS' Board of Trustees will approve HCGH's annual operating budget and capital budgets, significant programmatic changes at HCGH, and other significant changes to HCGH including amendments of its articles of incorporation or bylaws, mergers, or dissolutions.

*Use of estimates.* The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

*Basis of presentation.* The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

*Cash and cash equivalents.* Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily converted to cash, with original maturities of three months or less. Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss. HCGH has not experienced such losses on these funds.

*Inventories.* Inventories of supplies are composed of medical supplies and drugs. Inventories of supplies are recorded at lower of cost or market using a first in, first out method.

*Assets whose use is limited.* Assets whose use is limited or restricted by the donor are recorded at fair value at the date of donation, which is then considered cost. Investment income or losses on investments of temporarily or permanently restricted assets is recorded as an increase or decrease in temporarily or permanently restricted net assets to the extent restricted by the donor or law. The cost of securities sold is based on the specific identification method.

Assets whose use is limited include assets held by trustees under debt agreements. These assets consist primarily of cash and short-term investments, and accrued interest. The carrying amounts reported in the Balance Sheets approximate fair value.



# Howard County General Hospital, Inc.

## Notes to Financial Statements

### for the years ended June 30, 2011 and 2010

---

*Howard Hospital Foundation.* Funds for the benefit of HCGH are owned, held and managed by Howard Hospital Foundation, Inc ("HHF"), a separate, not-for-profit Maryland corporation chartered in 1976. The affairs of HHF are managed by a Board of Trustees who is self-perpetuating. HCGH records an interest in net assets of HHF resulting from unrestricted, temporarily restricted and permanently restricted contributions that were solicited and held by HHF to be used exclusively for HCGH. HCGH records its interest in the net assets of HHF under assets whose use is limited.

*Valuation of investments.* Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the Balance Sheets. Debt and equity securities traded on a national securities and international exchange are valued as of the last reported sales price on the last business day of the fiscal year; investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Investments include equity method investments in managed funds, which include hedge funds, private partnerships and other investments which do not have readily ascertainable fair values and may be subject to withdrawal restrictions. Investments in hedge funds, private partnerships, and other investments in managed funds (collectively "alternative investments"), are accounted for under the equity method, which approximates fair value. The equity method income or loss from these alternative investments is included in the Statements of Operations as an unrealized gain or loss within excess of revenues over (under) expenses.

Alternative investments are less liquid than HCGH's other investments. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments, and nondisclosure of portfolio composition.

Investment income earned on cash balances (interest and dividends) are reported in the operating income section of the Statements of Operations under 'investment income'. Realized gains or losses related to the sale of investments, other than temporary impairments, and unrealized gains or losses on alternative investments are included in the non-operating section of the Statement of Operations included in excess of revenues over (under) expenses unless the income or loss is restricted by donor or law. Unrealized gains or losses on investments other than alternative investments are excluded from excess of revenues over (under) expenses.

On April 1, 2011, HCGH changed the classification of certain investments to a trading portfolio from available for sale. Accordingly, cumulative unrealized gains of \$410 thousand were reclassified from unrestricted net assets to non-operating income included in the 'realized and unrealized gains (losses) on investments' within the Statement of Operations and Changes in Net Assets. This change was made as management's intent with respect to the nature of the investment portfolios has changed.

Investments in companies in which HCGH does not have control, but has the ability to exercise significant influence over operating and financial policies are accounted for using the equity method of accounting, and operating results flow through the investment income on the Statements of Operations and Change in Net Assets. Dividends paid are recorded as a reduction of the carrying amount of the investment.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

*Property, plant and equipment.* Property, plant and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each asset class of depreciable asset and is computed using the straight-line method. Estimated useful lives assigned by HCGH range from 6 to 30 years. Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Repairs and maintenance costs are expensed as incurred. When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

*Impairment of long-lived assets.* Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. HCGH's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the Statement of Operations and Changes in Net Assets. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. Impairments of long-lived assets were \$4.3 million for the year ended June 30, 2010.

*Financing expenses.* Financing expenses incurred in connection with the issuance of the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") 1998 and 2008 Series Revenue Bonds have been capitalized and are included in other assets in the Balance Sheets. Unamortized financing expenses were approximately \$2.1 million and \$2.2 million as of June 30, 2011 and 2010, respectively. These expenses are being amortized over the terms of the bond issues using the effective interest method. Amortization expense of \$160 thousand and \$163 thousand was recorded in the years ended June 30, 2011 and 2010, respectively.

*Accrued vacation.* HCGH records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods.

*Estimated malpractice costs.* The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

*Swap agreement.* The value of the interest rate swap agreement entered into by HCGH is adjusted to market value monthly at the close of each accounting period based upon quotations from market makers. The change in market value, if any, is recorded in the Statements of Operations and Changes in Net Assets. Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

*Temporarily and permanently restricted net assets.* Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Income generated from these assets is available for general program support. Permanently restricted net assets consist of endowment assets included in HHF.

*Donor restricted gifts.* Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Unconditional promises to give cash to HCGH over periods exceeding one year are discounted using a rate of return that a market participant would expect to receive over such periods, which will vary based on the pledge, at the date the pledge is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Statements of Operations and Changes in Net Assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements.

*Excess of revenues over (under) expenses.* The Statements of Operations and Changes in Net Assets include excess of revenues over (under) expenses. Changes in unrestricted net assets which are excluded from excess of revenues over (under) expenses, consistent with industry practice, include changes in unrealized gains and losses on investments other than trading securities, change in funded status of defined benefit plans, cumulative effect of changes in accounting principle, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

*Income taxes.* HCGH qualifies under Section 501(c)(3) of the Internal Revenue Code and is therefore, not subject to tax under current income tax regulations.

The Financial Accounting Standards Board's ("FASB") guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits. This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements. HCGH has adopted this guidance, and there was no impact on its financial statements during the years ended June 30, 2011 and 2010.

2. Net Patient Service Revenue:

HCGH has agreements with third-party payors that provide for payments to HCGH at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Adjustments mandated by the Health Services Cost Review Commission are also included in contractual adjustments, a portion of which are also included in established rates. Contractual adjustments to gross patient service revenue were \$21.3 million and \$19.3 million for the years ended June 30, 2011 and 2010, respectively.

# Howard County General Hospital, Inc.

## Notes to Financial Statements

### for the years ended June 30, 2011 and 2010

---

HCGH provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on information obtained from the patient and subsequent analysis. Because HCGH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Charges for these services, measured at HCGH's established rates, amounted to \$4.7 million and \$3.8 million for the years ended June 30, 2011 and 2010, respectively.

Revenue from the Medicare and Medicaid programs accounted for approximately 39% and 10%, respectively, of the Hospital's net patient service revenue for the year ended June 30, 2011 and 35% and 10% respectively, of the Hospital's net patient service revenue for the year ended June 30, 2010. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to change by a material amount in the near term.

Approximately 24% and 27% of gross patient account receivables were due from the Medicare program, 15% and 9% from the Medicaid program, 17% and 16% from the Blue Cross program and 44% and 48% from health maintenance organizations, other third-party payors and individual payors as of June 30, 2011 and 2010, respectively.

### 3. Fair Value Measurements:

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value. This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in its performance indicator. The fair value option may be applied on an instrument by instrument basis. Once elected, the fair value option is irrevocable for that instrument. The fair value option can be applied only to entire instruments and not to portions thereof. HCGH has not elected fair value accounting for any asset or liability that was not currently required to be measured at fair value.

HCGH follows the guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements. This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements. Adopting this guidance did not have a material impact on HCGH's financial position and results of operations.

This guidance discusses valuation techniques such as the market approach, cost approach and income approach. This guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date. The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There are no instruments requiring Level 3 classification.

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Each of the financial instruments below has been valued utilizing the market approach.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
for the years ended June 30, 2011 and 2010

The following table presents the financial instruments carried at fair value as of June 30, 2011 grouped by hierarchy level:

<b>Assets</b>	<b>Total Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 307	\$ -	\$ 307
Certificates of deposit (1)	47	-	47
U.S. Treasuries (2)	7,798	-	7,798
Corporate bonds (2)	3,184	-	3,184
Mortgage backed securities (2)	1,980	-	1,980
Equities and equity funds (3)	4,622	-	4,622
Fixed income funds (4)	1,404	-	1,404
Totals	\$ 19,342	-	\$ 19,342
 <u>Liabilities</u>			
Interest rate swap agreement (5)	\$ 8,882	-	\$ 8,882

The following table presents the financial instruments carried at fair value as of June 30, 2010 grouped by hierarchy level:

<b>Assets</b>	<b>Total Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 917	\$ 669	\$ 248
Certificates of deposit (1)	613	-	613
U.S. Treasuries (2)	5,548	-	5,548
Corporate bonds (2)	1,104	-	1,104
Mortgage backed securities (2)	660	-	660
Equity index funds (3)	3,909	-	3,909
Totals	\$ 12,751	\$ 669	\$ 12,082
 <u>Liabilities</u>			
Interest rate swap agreement (5)	\$ 11,086	\$ -	\$ 11,086

- (1) Cash equivalents include investments with original maturities of three months or less, including certificates of deposit and overnight investments. Certificates of deposit are carried at amortized cost, which approximates fair value. Certificates of deposit that have original maturities greater than three months and are considered short-term investments. Overnight investments are rendered level 1. Computed prices and frequent evaluation versus market value render the certificates of deposit level 2.
- (2) For investments in U.S. Treasuries (notes, bonds, and bills), corporate bonds, and mortgage backed securities, fair value is based upon quotes for similar securities; therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates. Until April 1, 2011, significant changes in the credit quality of the underlying entity were analyzed and any other than temporary impairments was recorded upon that determination, if any.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

- (3) Equities include individual equities and investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The individual equities and mutual funds are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (5) The interest rate swap agreements are valued using a pricing service at net present value. These evaluated prices render these instruments level 2. The volatility in the fair value of the swap agreements change as long-term interest rates change.

During 2011, there were no transfers between level 1 and 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while HCGH believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date.

The estimated total fair value of long-term debt, based on quoted market prices for the same or similar issues, was approximately \$153.0 million and \$154.6 million as of June 30, 2011 and 2010, respectively.

HCGH holds alternative investments that are not traded on national exchanges or over-the counter markets. HCGH is provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to HCGH's alternative investments. The following table displays information by major alternative investment category as of June 30, 2011 and 2010 (in thousands):

As of June 30, 2011

<b>Description</b>	<b>Market Value</b>	<b>Liquidity</b>	<b>Notice Period</b>	<b>Receipt of Proceeds</b>
Global asset allocation	\$ 1,957	Monthly	5 to 14 days	Within 15 days, or 95% within 1 business day of the redemption date, 5% after the 12th business day of the month
Fund of funds	\$ 1,030	Monthly, quarterly or annually	30 to 60 days	Within 5 days, or 95% in 1-30 days, 5% within 60 days or after annual audit
Hedge funds	\$ 116	Quarterly - last day of the calendar quarter	60 days	95% within 30 days of redemption date, 5% within 120 days of redemption date

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
for the years ended June 30, 2011 and 2010

As of June 30, 2010

Description	Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 2,738	Monthly/manager's discretion	5 days	15-30 days
Fund of funds	\$ 772	Monthly	30 days	5 days

4. Investments and Assets Whose Use is Limited:

Investments (short and long-term) as of June 30 consisted of the following (in thousands):

	2011		2010	
	Cost	Market	Cost	Market
Investments in affiliates	\$ 3,543	\$ 3,543	\$ 4,046	\$ 4,046
U.S. Treasuries	2,086	2,121	574	603
Certificates of deposit	47	47	613	613
Corporate bonds	3,169	3,184	1,084	1,104
Mortgage backed securities	1,934	1,980	636	660
Fixed income funds	1,411	1,404	-	-
Equities and equity index funds	4,141	4,619	4,421	3,909
Alternative investments	2,801	3,103	3,792	3,510
	<u>\$ 19,132</u>	<u>\$ 20,001</u>	<u>\$ 15,166</u>	<u>\$ 14,445</u>

Included in investments as of June 30, 2011 and 2010 are \$16.7 million and \$10.0 million, respectively of investments pooled together with other JHHS affiliates.

Assets whose use is limited as of June 30 consisted of the following (in thousands):

	2011		2010	
	Cost	Market	Cost	Market
Cash equivalents	\$ -	\$ -	\$ 669	\$ 669
U.S. Treasuries	5,677	5,677	4,945	4,945
Interest in net assets of HHF/Childrens Garden	14,574	14,574	13,898	13,898
	<u>\$ 20,251</u>	<u>\$ 20,251</u>	<u>\$ 19,512</u>	<u>\$ 19,512</u>

The following table shows the unrealized losses and fair value of the HCGH investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that the individual securities have been in a continuous unrealized loss position, as of June 30, 2010 (in thousands):

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
for the years ended June 30, 2011 and 2010

As of June 30, 2011	Less Than 12 Months		12 Months or More		Total	
	Unrealized		Unrealized		Unrealized	
	Fair Value	Losses	Fair Value	Losses	Fair Value	Losses
U.S. Treasuries	\$ 430	\$ 6	\$ 136	\$ 7	\$ 566	\$ 13
Corporate bonds	554	5	28	1	582	6
Mortgage backed securities	380	1	84	3	464	4
Fixed income funds	674	10	-	-	674	10
Equities and equity funds	631	1	-	-	631	1
Alternative investments	-	-	474	24	474	24
	<u>\$ 2,669</u>	<u>\$ 23</u>	<u>\$ 722</u>	<u>\$ 35</u>	<u>\$ 3,391</u>	<u>\$ 58</u>

There were 37 investment positions in an unrealized loss position as of June 30, 2010. The unrealized loss on the government obligations, corporate bonds, and mortgaged backed securities were caused by interest rate increases. The contractual terms of these investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. For debt securities in an unrealized loss position, HCGH does not have the intent nor requirement to sell them; therefore, HCGH does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. The equities are invested in broad based index funds and have fluctuated from an unrealized gain and loss position since acquisition and based on management's impairment policy, HCGH does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. Starting April 1, 2011, HCGH discontinued its evaluation of investments for other than temporary impairment due to its change in investment portfolio classification.

Realized and unrealized gains (losses) on investments for the years ended June 30, 2011 and 2010, included in non-operating revenues and expenses section of the Statement of Operations consisted of the following:

	2011	2010
Realized gains (losses) on investments	\$ 84	\$ (298)
Unrealized gains on trading investments	891	267
Total	<u>\$ 975</u>	<u>\$ (31)</u>

5. Investments in Joint Ventures:

HCGH has a 25% investment interest in Ten Acres Medical Center, LLC ("Ten Acres") obtained in exchange for contributed land with an original cost of \$4.0 million. The 75% member is Columbia Investment Properties, LLC ("CIP"). Ten Acres is a Maryland Limited Liability Company formed to develop, own, operate, manage or dispose of a medical office building (the "Project") on a portion of the HCGH campus in Howard County, Maryland. The Project consists of approximately a 170,000 square foot medical office building that was completed in August 2009. The term of the joint venture shall continue perpetually unless otherwise agreed upon pursuant to the operating agreement.

Ten Acres is managed by a Board of Managers consisting of one HCGH appointed manager and three CIP appointed members. Profits and losses, as well as additional contributed capital, shall be allocated to the members equal to each members' percentage ownership interest. Distributions shall be made in accordance with the provisions of the operating agreement as determined by the Board of Managers. Ten Acres began operations in August 2009. Ten Acres is accounted for under the equity method of



**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

accounting. HCGH's investment in Ten Acres was \$2.1 million and \$2.5 million as of June 30, 2011 and 2010, respectively. HCGH's gain on this investment was \$352 thousand and \$129 thousand for the year ended June 30, 2011, and 2010, respectively. In addition, HCGH received cash dividends from Ten Acres of \$600 thousand and \$1.7 million for the year ended June 30, 2011 and 2010, respectively.

HCGH had a 25% interest in Howard County Limited MRI Partnership ("MRI"). In fiscal year 2010, HCGH paid \$3.0 million to the 75% majority members to exit from MRI prior to its contractual termination date of June 30, 2013, in return for all of the future revenues. The price paid is being amortized over the remaining life of the contractual partnership agreement, and is included in other assets in the Balance Sheets. Income earned on this investment amounted to \$261 thousand for the year ended June 30, 2010. Dividends distributed amounted to \$445 thousand for the year ended June 30, 2010. HCGH accounted for this investment under the equity method of accounting. Subsequent to the purchase of the interest from the majority members, HCGH is entitled to all of the patient revenue associated with MRI services at the hospital.

In fiscal year 2010, HCGH invested \$1.6 million for a 20% interest in the Central Maryland Radiation Oncology Center, LLC ("CMROC") which is located in the new Ten Acres building. HCGH's investment in CMROC was \$1.5 million and \$1.6 million for the years ended June 30, 2011 and 2010 respectively. The operating losses were \$123 thousand and \$0 during the years ended June 30, 2011 and 2010, respectively. HCGH has guaranteed 50% of the total debt of CMROC that amounts to \$1.8 million as of June 30, 2011.

6. Property, Plant and Equipment:

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30 (in thousands):

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	\$ 8,306	\$ 58	\$ 8,260	\$ 26
Building and improvements	164,127	33,248	143,498	27,494
Fixed and moveable equipment	71,108	36,944	61,795	27,963
Construction in progress	5,009	-	19,139	-
	<u>\$ 248,550</u>	<u>\$ 70,250</u>	<u>\$ 232,692</u>	<u>\$ 55,483</u>

Accruals for purchases of property, plant and equipment as of June 30, 2011 and 2010 amounted to \$3.3 million and \$1.3 million, respectively, and are included in accounts payable in the Balance Sheet. Depreciation and amortization expense for years ended June 30, 2011 and 2010 was \$15.8 million and \$12.0 million, respectively.

There was no impairment charges recorded for the year ended June 30, 2011. During the year ended June 30, 2010, pursuant to the completion of several phases of its campus development plan, HCGH determined that certain long-lived assets had no remaining future value. HCGH recorded impairment charges on long-lived assets of \$4.3 million, which are included in the non-operating section of the Statement of Operations included in excess of revenues over (under) expenses. The original cost of the impaired assets removed from the books was \$7.9 million, with a corresponding accumulated depreciation of \$3.6 million.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

There was no retirement of long lived assets for the year ended June 30, 2011. During the year ended June 30, 2010, HCGH retired long-lived assets determined to have no future value and a zero net book value. The original cost and corresponding accumulated depreciation of these long-lived assets was \$39.6 million, respectively. No proceeds from retirement were received.

7. Debt:

Debt as of June 30 is summarized as follows (in thousands):

MHHEFA Bonds and Notes:	2011		2010	
	Current Portion	Long-term Portion	Current Portion	Long-term Portion
1998 Series Revenue Bonds – net of original issue discount of \$1,703 and \$1,833 as of June 30, 2011 and 2010, respectively	\$ 2,800	\$ 110,877	\$ 2,675	\$ 113,547
2008 Series Revenue Bonds	-	40,000	-	40,000
	<u>\$ 2,800</u>	<u>\$ 150,877</u>	<u>\$ 2,675</u>	<u>\$ 153,547</u>

1998 Series-Revenue Bonds

In June 1998, Howard County Acquisition Corporation (now known as HCGH) borrowed \$133.9 million through the issuance by MHHEFA of its 1998 Johns Hopkins Medicine Howard County General Hospital Series Revenue Bonds with stated interest rates ranging from 4.15% to 5.00%. Annual principal payments totaling \$8.8 million as of June 30, 2011, ranging from \$2.8 million to \$3.1 million, are due July 1 of each year until 2013. The bonds include three series of term bonds - \$21.9 million due July 1, 2019, \$54.3 million due July 1, 2029, and \$30.3 million due July 1, 2033. The annual sinking fund payments on these term bonds range from \$3.2 million on July 1, 2014 to \$8.1 million on July 1, 2033. The Johns Hopkins Hospital (“JHH”) and Johns Hopkins University (“JHU”) have each guaranteed 4.5% of the aggregate principal amount of the 1998 Bonds together with accrued interest limited to the regularly scheduled payments of principal and interest.

2008 Series-Revenue Bonds

In May 2008, HCGH borrowed \$40.0 million through the issuance of its 2008 Series Revenue Bonds (“2008 Bonds”) to finance the expansion, renovation and equipping of HCGH’s acute care hospital. The 2008 Bonds are due July 1, 2046, and pay interest monthly at a variable rate based on the bonds sold by a designated re-marketing agent on a weekly basis. The rates for the years ended June 30, 2011 and 2010 were approximately 0.23% and 0.23%, respectively. Mandatory annual sinking fund installments begin July 1, 2034, ranging from \$2.3 million to \$3.9 million. The 2008 Bonds are collateralized by a pledge of the receipts of HCGH and guaranteed by the Johns Hopkins Health System Obligated Group.

In connection with the 2008 Bonds, HCGH entered into a \$40.5 million direct-pay letter of credit agreement with PNC Bank, National Association to provide for the payment of principal and interest on the 2008 Bonds. This agreement includes the principal amount of the debt plus 42 days of interest at the maximum rate of 10%, and expires on May 8, 2013, subject to extension or earlier termination. The advances are repayable on the earliest of the date that is 367 days from the date of such advance, the date of termination, the date of receipts by HCGH of the proceeds of any subsequent issuances of notes and the final due date. There have been no amounts drawn on the letter of credit as of June 30, 2011 or 2010.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

Total maturities of debt and the sinking fund requirements during the next five fiscal years and thereafter are as follows as of June 30, 2011 (in thousands):

2012	\$ 2,800
2013	2,930
2014	3,070
2015	3,225
2016	3,385
Thereafter	139,970
	<u>\$ 155,380</u>

Interest costs incurred related to debt in the amount of \$7.7 million was paid during the year ended June 30, 2011, of which \$434 thousand was capitalized and \$7.2 million was expensed. Interest costs incurred relating to debt in the amount of \$7.8 million was paid during the year ended June 30, 2010, of which \$478 thousand was capitalized and \$7.3 million was expensed.

8. Derivative Financial Instruments:

HCGH's primary objective for holding derivative financial instruments is to manage interest rate risk. Derivative financial instruments are recorded at fair value and are included in other long-term liabilities. The total notional amount of interest rate swap agreements was \$40.0 million as of June 30, 2011 and 2010.

HCGH follows accounting guidance on derivative financial instruments that is based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges. The criteria for designating a derivative as a hedge include the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur. All of HCGH's derivative financial instruments are interest rate swap agreements without hedge accounting designation.

The value of interest rate swap agreements entered into by HCGH are adjusted to market value monthly at the close of each accounting period based upon quotations from market makers. Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates. HCGH does not hold derivative instruments for the purpose of managing credit risk, limits the amount of credit exposure to any one counterparty and enters into derivative transactions with high quality counterparties. HCGH recognizes gains and losses from changes in fair values of interest rate swap agreements as a non-operating revenue or expense within the performance indicator excess of revenues over expenses on the Statements of Operations.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

Fair value of derivative instruments as of June 30 (in thousands):

	Derivatives reported as liabilities			
	Balance Sheet Caption	2011 Fair Value	Balance Sheet Caption	2010 Fair Value
Interest rate swaps not designated as hedging instruments	Other long-term liabilities	\$ 8,882	Other long-term liabilities	\$ 11,086

Derivatives not designated as hedging instruments as of June 30 (in thousands):

Classification of derivative gain (loss) in the Statement of Operations	Amount of gain (loss) recognized in change in unrestricted net assets	
	2011	2010
Interest rate swaps:		
Change in market value of swap agreement	\$ 2,204	\$ (2,718)

The following is a description of HCGH's interest rate swap agreement:

In connection with the 2008 Bonds, in May 2006, HCGH entered into a fixed payor interest rate swap agreement with Goldman, Sachs & Co. The notional amount of this swap agreement is \$40.0 million and carries a term of 32 years. HCGH will pay Goldman, Sachs & Co. a fixed annual rate of 3.946% on the notional amount of the swap agreement in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate. The floating rate payments from the interest rate swap agreement are intended to substantially offset the floating rate of the 2008 Bonds. The floating rates as of June 30, 2011 and 2010 were 0.13% and 0.23%, respectively. JHHS has guaranteed the prompt payment of this interest rate swap agreement.

This swap agreement has certain collateral thresholds whereby, on a daily basis, if the market value of the swap agreement declines such that its devaluation exceeds the threshold, cash must be deposited by HCGH with the swap counterparty for the difference between the threshold amount and the fair value. As of June 30, 2011 and 2010 no collateral was required to be posted to the swap counter party.

9. Temporarily and Permanently Restricted Net Assets:

Temporarily restricted net assets as of June 30 (in thousands), are restricted to:

	2011	2010
Health care services	\$ 5,832	\$ 4,625
Purchase of property, plant and equipment	5,729	8,259
	<u>\$ 11,561</u>	<u>\$ 12,884</u>

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

Permanently restricted net assets as of June 30 (in thousands), are restricted to:

	2011	2010
Health care services	\$ 3,011	\$ 3,011

10. Pension Plan:

HCGH sponsors a cash balance defined benefit pension plan (the "Plan"). HCGH contributed 7.5% of each employee's base compensation up to \$25 thousand and 11.3% of base compensation in excess of \$25 thousand. The Plan's assets are invested in a diversified portfolio of stocks, bonds and money market certificates managed by a bank trust department. As of January 1, 1996, accruals under the Plan were frozen. Employees now participate in a 401(k) plan. Effective for the year ended June 30, 2007, HCGH adopted the provisions of statement of financial accounting standards employer's accounting for defined benefit pension and other postretirement plans. This guidance requires that the funded status of defined benefit postretirement plans be recognized on HCGH's Balance Sheet, and changes in the funded status be reflected as a change in net assets.

The change in benefit obligation, plan assets, and funded status of the Plan is shown below (in thousands):

	2011	2010
<u>Change in benefit obligation</u>		
Benefit obligation at beginning of year	\$ 10,173	\$ 9,490
Interest cost	550	596
Actuarial gain (loss)	91	487
Benefits paid	(715)	(400)
Benefit obligation as of June 30	<u>\$ 10,099</u>	<u>\$ 10,173</u>
<u>Change in plan assets</u>		
Fair value of plan assets at beginning of year	\$ 10,089	\$ 9,260
Actual return on plan assets	1,616	1,229
Benefits paid	(742)	(400)
Fair value of plan assets as of June 30	<u>\$ 10,963</u>	<u>\$ 10,089</u>
<u>Funded status as of June 30,</u>		
Fair value of plan assets	\$ 10,963	\$ 10,089
Projected benefit obligation	10,099	10,173
Funded status	<u>\$ 864</u>	<u>\$ (84)</u>
Amounts recognized in the Balance Sheets consist of (in thousands):		
Net pension asset (liability)	<u>\$ 864</u>	<u>\$ (84)</u>

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of (in thousands):

	2011	2010
Actuarial net loss	<u>\$ 3,913</u>	<u>\$ 5,714</u>
Accumulated benefit obligation	<u>\$ 10,099</u>	<u>\$ 10,173</u>

Net periodic pension benefit cost

	2011	2010
Components of net periodic pension cost (in thousands):		
Interest cost	\$ 550	\$ 596
Expected return on plan assets	(627)	(577)
Amortization of prior service cost	649	745
Net periodic pension benefit expense	<u>\$ 572</u>	<u>\$ 764</u>

The actuarial net loss for the defined benefit plans that will be amortized from unrestricted net assets into net periodic benefit costs in 2012 is \$400 thousand.

The assumptions used in determining net periodic pension cost for the plan are as follows for the year ended June 30:

	2011	2010
Discount rate	6.04%	7.10%
Expected return on plan assets	8.25%	8.25%

The assumptions used in determining the benefit obligation for the plan are as follows as of July 1:

	2011	2010
Discount rate	6.03%	6.04%
Expected return on plan assets	8.25%	8.25%

The expected rate of return on the plan assets assumption was developed based on historical returns for the major asset classes. This review also considered both current market conditions and projected future conditions.

Plan Assets

HCGH's pension plan weighted average asset allocations as of June 30 by asset category are as follows:

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
for the years ended June 30, 2011 and 2010

Asset category

Cash and cash equivalents	4.44%	5.01%
Equities and equity funds	35.98%	34.47%
Fixed income funds	15.57%	19.11%
Alternatives	44.01%	41.41%
Total	<u>100.00%</u>	<u>100.00%</u>

The Plan's assets are invested, along with JHHS plan assets in a Master Trust, among and within various asset classes in order to achieve sufficient diversification in accordance with HCGH risk tolerance. This is achieved through the utilization of asset managers and systematic allocation to investment management style(s), providing a broad exposure to different segments of the fixed income and equity markets. The Plan strives to allocate assets between equity securities (including global asset allocation) and debt securities at a target rate of approximately 75% and 25%, respectively.

Fair Value of Plan Assets

Fair value is the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between a market participant at the measurement date. The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions.

The following table presents the plan assets carried at fair value as of June 30, 2011 and 2010, grouped by hierarchy level (in thousands):

As of June 30, 2011

<b>Assets</b>	<b>Total Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 487	\$ -	\$ 487
Equities and equity funds (2)	3,944	-	3,944
Fixed income funds (3)	1,707	1,568	139
Alternatives (4)	4,825	-	4,825
Totals	<u>\$ 10,963</u>	<u>\$ 1,568</u>	<u>\$ 9,395</u>

As of June 30, 2010

<b>Assets</b>	<b>Total Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 505	\$ -	\$ 505
Equities and equity funds (2)	3,477	477	3,000
Fixed income funds (3)	1,929	1,783	146
Alternatives (4)	4,178	-	4,178
Totals	<u>\$ 10,089</u>	<u>\$ 2,260</u>	<u>\$ 7,829</u>

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
for the years ended June 30, 2011 and 2010

- (1) Cash equivalents include investments with original maturities of three months or less and overnight investments. Overnight investments are rendered level 1. Computed prices and frequent evaluation versus market value render the other investments level 2.
- (2) Equities include individual equities. Equity funds include investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The individual equities and mutual funds are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued at using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that the underlying investments be measured at fair value. This valuation technique renders these investments level 2.

The Plans hold alternative investments that are not traded on national exchanges or over-the counter markets. The Plans are provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitment related to the Plans' alternative investments. The following table displays information by major alternative investment category as of June 30, 2011 and 2010 (in thousands):

June 30, 2011

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 2,116	Monthly	5 - 30 days	(1)
Fund of funds	1,505	Monthly, quarterly or annually	30 - 65 days	(2)
Hedge funds	562	Monthly or quarterly	30 - 65 days	(3)
Credit funds	433	Annual	60 - 90 days	(4)
Distressed credit	209	December 31, 2013		

- (1) Within 15 days, or 95% on redemption date and 5% on third business day
- (2) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit
- (3) 90-95% within 30 days, 5-10% after 10 days or after annual audit
- (4) Within 30 days, or 90% within 10 days, 10% after annual audit

June 30, 2010

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 1,593	Monthly	5 days	15 days
Fund of funds	1,556	Monthly or quarterly	30 to 65 days	(1)
Hedge funds	220	Quarterly	30 days	(2)
Credit funds	447	Annual	30 to 90 days	(3)
Distressed credit	362	December 31, 2013		



**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

- (1) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit
- (2) 95% within 30 days, 5% after annual audit
- (3) Within 30 days, or 90% within 10 days, 10% after annual audit

Contributions and Estimated Future Benefit Payments (Unaudited):

HCGH is not required to contribute to its pension plan in 2012.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the following fiscal years as of June 30, 2011 (in thousands):

2012	\$	2,217
2013		950
2014		797
2015		854
2016		880
2017-2020		4,284

HCGH also has a 401(k) savings Plan available to all employees. The revised plan provides that HCGH will contribute 1% to 2% of each employee's total compensation in addition to contributing from fifty cents to one dollar and fifty cents, based on years of service, for each dollar contributed by the employee. HCGH's contribution match basis is limited to 6% of the employee's total compensation. HCGH funded \$2.9 million and \$2.8 million for the years ended June 30, 2011 and 2010, respectively.

11. Maryland Health Services Cost Review Commission:

HCGH's charges are subject to review and approval by the Maryland Health Services Cost Review Commission ("HSCRC"). HCGH management has filed the required forms with the HSCRC and believes HCGH to be in compliance with HSCRC requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an arrangement between the Center for Medicare and Medicaid Services and the HSCRC. Management believes that this program will remain in effect at least through June 30, 2012. Effective April 1, 1999, the HSCRC developed a methodology to control inpatient hospital charges and the HCGH elected to be paid under the new methodology. The methodology established a charge per admission cap for each hospital. The hospital specific charge per admission is adjusted annually to reflect cost inflation, and is also adjusted for changes in the hospital's case mix index.

Effective July 1, 2008, the HSCRC developed a new methodology to establish a charge per visit (CPV) for certain types of outpatient services. The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix. Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology.

The HSCRC approves hospital rates on a departmental unit rate basis. Individual unit rates are the basis for hospital reimbursement for inpatient excluded cases and for hospital outpatient excluded services. Under the HSCRC rate methodology, amounts collected for services to patients under Medicare and Medicaid are computed at approximately 94% of HSCRC approved rates. Other payors are eligible to receive up to a 2.25% discount based on prompt payment of claims.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

12. Professional and General Liability Insurance:

JHU, JHHS and its affiliates, including HCGH, participate in an agreement with four other medical institutions to provide a program of professional and general liability insurance for each member institution. As part of this program, the participating medical institutions have formed a risk retention group ("RRG") and a captive insurance company to provide self-insurance for a portion of their risk.

JHH and JHU each have a 10% ownership interest in the RRG and the captive insurance company. The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of the primary coverage retained by the RRG and the captive. Primary retentions are \$1.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy; premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes cost associated with settling claims. Projected losses were discounted at 1.2% and 2.0% as of June 30, 2011 and 2010, respectively.

HCGH's participation in the RRG and the captive insurance company does not extend to claims incurred prior to its purchase by JHHS. HCGH is self insured for these claims unless they were reported to HCGH's previous insurance company prior to its purchase by JHHS. HCGH has established an additional loss accrual and is funding a separate deposit account with the RRG to cover estimated liabilities related to these claims.

Professional and general liability insurance expense incurred by HCGH was \$1.2 million, and \$1.3 million for years ended June 30, 2011 and 2010, respectively, and is included in purchased services on the Statements of Operations and Changes in Net Assets. Reserves were \$2.6 million, and \$2.5 million for years ended June 30, 2011 and 2010, respectively.

13. Transactions with Related Parties:

During the years ended June 30, 2011 and 2010, HCGH engaged in transactions with JHHS, and its affiliates, JHH, JHCP, Johns Hopkins HealthCare, LLC ("JHHC"), and Johns Hopkins Medicine International, LLC ("JHI").

Expense transactions (in thousands):

	2011	2010
JHH blood lab services	\$ 7,462	\$ 7,091
Purchasing, legal, and other services provided by JHHS	5,986	4,891
JHH clinical engineering services	674	573

Due from (to) related party balances as of June 30 (in thousands):

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

Due to JHHS	\$ (327)	\$ (172)
Due to JHHC	(4)	(2)
Due to JHH	(267)	(600)
Due to JHI	(21)	(13)
Due to JHCP	(108)	-
Total due to Affiliates	<u>\$ (727)</u>	<u>\$ (787)</u>

Broadway Services, Inc. ("BSI"), a related organization, is a wholly-owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHS and JHU. BSI provides the HCGH with security and manages its housekeeping services. During the years ended June 30, 2011 and 2010, HCGH incurred expenses of approximately \$1.8 million and \$1.8 million, respectively for these services.

14. Contracts, Commitments and Contingencies:

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. The following is a schedule by year of the future minimum lease payments under operating leases as of June 30, 2011, that have initial or remaining lease terms in excess of one year (in thousands).

2012	\$ 1,265
2013	861
2014	883
2015	905
2016	929

Rental expense for all operating leases for years ended June 30, 2011 and 2010 were \$1.2 million and \$1.2 million, respectively.

15. Functional Expenses:

HCGH provides general health care services to residents within its geographic location. Expenses relating to these services were \$191.7 million and \$194.2 million for health care services, and \$33.0 million and \$26.4 million for general and administrative services for the years ended June 30, 2011 and 2010, respectively.

16. Howard Hospital Foundation:

Interest in net assets of HHF of \$14.4 million and \$13.9 million as of June 30, 2011 and 2010 respectively, are presented in long-term assets on the Balance Sheets of HCGH.

HHF assets consist of cash and cash equivalents of \$874 thousand and \$687 thousand, marketable securities of \$7.8 million and \$6.7 million, and other assets of \$5.9 million and \$6.8 million as of June 30, 2011 and 2010, respectively.

Liabilities of HHF were \$163 thousand and \$212 thousand and net assets were \$14.4 million and \$13.9 million as of June 30, 2011 and 2010, respectively. The changes in net assets were \$542 thousand and \$688 thousand for the years ended June 30, 2011 and 2010, respectively.

**Howard County General Hospital, Inc.**  
**Notes to Financial Statements**  
**for the years ended June 30, 2011 and 2010**

---

HCGH made transfers to HHF in the amounts of \$1.0 million, and \$1.0 million for the years ended June 30, 2011 and 2010, respectively. HHF made transfers to HCGH to reimburse HCGH for operating costs and other program support paid by HCGH on behalf of HHF amounting to \$1.0 million, and \$1.0 million for the years ended June 30, 2011 and 2010, respectively.

17. Subsequent Events:

HCGH has performed an evaluation of subsequent events through September 28, 2011, which is the date the financial statements were issued.