

PUBLIC DISCLOSURE COPY

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

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 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

| | | | |
|---|--|---|---|
| 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 | Please use IRS label or print or type. See Specific Instructions. | C Name of organization ANNE ARUNDEL MEDICAL CENTER, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2001 MEDICAL PARKWAY City or town, state or country, and ZIP + 4 ANNAPOLIS, MD 21401 | D Employer identification number 52-1169362 |
| | | E Telephone number (443) 481-6554 | G Gross receipts \$ 414,289,351. |
| | | F Name and address of principal officer: ROBERT REILLY SAME AS C ABOVE | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| | | J Website: ▶ WWW.AAHS.ORG | |
| | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1902 M State of legal domicile: MD |

Part I Summary

| | | | | |
|-----------------------------|---------|--|---|--------------|
| | 1 | Briefly describe the organization's mission or most significant activities: TO ENHANCE THE COMPREHENSIVE HEALTH CARE WE PROVIDE TO THE LOCAL AND REGIONAL COMMUNITY WE SERVE. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 3134 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 450 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 8,731,666. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -568,857. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 1,188,537. | 902,049. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 373,527,544. | 392,121,382. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,658,078. | 6,454,723. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,084,677. | 14,464,331. |
| | | | 398,458,836. | 413,942,485. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 197,851,671. | 195,216,314. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 177,010,963. | 198,410,238. |
| Net Assets or Fund Balances | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 374,862,634. | 393,626,552. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 23,596,202. | 20,315,933. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 772,752,339. | 844,739,672. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 471,681,915. | 513,204,421. |
| | | 301,070,424. | 331,535,251. | |

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.

Sign Here ▶ Signature of officer Date **5/13/11**
 ▶ **ROBERT REILLY, CFO**
 Type or print name and title

| | | | | |
|---------------------------------|---|----------------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ LORI S. BURGHAUSER Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SC&H TAX & ADVISORY SERVICES, LLC 910 RIDGEBROOK ROAD SPARKS, MARYLAND 21152 | Date 05/13/11 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (410) 403-1500 |
|---------------------------------|---|----------------------|---|--|

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

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

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization ANNE ARUNDEL MEDICAL CENTER, INC. | Employer identification number 52-1169362 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MEDICAL PARKWAY | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

SANDRA HUFFER

- The books are in the care of ▶ **2001 MEDICAL PARKWAY - ANNAPOLIS, MD 21401**
Telephone No. ▶ **(443) 481-6555** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|----|---|----|---------------|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c | Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

| | |
|---|---|
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Type or print Name of Exempt Organization ANNE ARUNDEL MEDICAL CENTER, INC. | Employer identification number 52-1169362 |
| File by the extended due date for filing the return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MEDICAL PARKWAY | For IRS use only |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401 | |

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SANDRA HUFFER

• The books are in the care of **2001 MEDICAL PARKWAY - ANNAPOLIS, MD 21401**
 Telephone No. **(443) 481-6555** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**.

5 For calendar year _____ , or other tax year beginning **JUL 1, 2009** , and ending **JUN 30, 2010**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND AN ACCURATE RETURN.

| | | | | |
|----|---|----|----|------------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | |
| c | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Sandra Huffer* Title *CPA* Date *1/18/11*

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION ANNE ARUNDEL MEDICAL CENTER'S ("AAMC") MISSION IS TO ENHANCE THE HEALTH OF THE PEOPLE IT SERVES AND AAMC'S VISION IS TO BE THE DESTINATION HEALTH SYSTEM IN ITS REGION. IN ADDITION TO TRADITIONAL PATIENT SERVICES LIKE DIAGNOSIS, TREATMENT AND REHABILITATION, AAMC

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 349237091. including grants of \$ 0.) (Revenue \$ 394201577.) INPATIENT

THE AAMC WOMEN'S AND CHILDREN'S CENTER OFFERS MULTIGENERATIONAL PROGRAMS TO SUPPORT A WOMAN FROM THE TIME SHE BEGINS GYNECOLOGICAL CARE THROUGH THE CHILDBEARING YEARS AND BEYOND. WE OFFER THE MOST COMPREHENSIVE WOMEN'S SERVICES; ALL-INCLUSIVE MATERNITY, NEWBORN AND PEDIATRIC CARE; ADVANCED TREATMENTS FOR ANY HEALTH CHALLENGES WOMEN AND THEIR FAMILIES MAY ENCOUNTER; AND EXTENSIVE SCREENING, PREVENTION AND WELLNESS PROGRAMS TO HELP THEM LEAD LONGER, HEALTHIER AND MORE FULFILLING LIVES.

AAMC IS KNOWN FOR EXCELLENCE IN OBSTETRICAL SERVICES, AND WE OFFER MOMS MANY OPTIONS AS THEY MAKE INFORMED CHOICES DURING LABOR AND DELIVERY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 349,237,091.

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 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • 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> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | 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 |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," 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 | |
| 14b | 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, Part I</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, Part II</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, Part III</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 |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 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 |
| 22 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 |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a 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 | |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 24c 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 |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b 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 |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 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 |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 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 |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 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 | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| | 1a 259 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 3134 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| b | If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | 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 | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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 | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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.

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| | 1a | | 19 |
| b | Enter the number of voting members that are independent | | |
| | 1b | | 16 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| 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? | | |
| 10b | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 12c | | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| 15a | | X | |
| b | Other officers or key employees of the organization | X | |
| 15b | | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16a | | | X |
| 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? | | |
| 16b | | | |

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: **SANDRA L. HUFFER - (443) 481-6554**
2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

| (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 | | | |
| JAMES L. MYERS CHAIRMAN | 1.00 | X | | | | | 0. | 0. | 0. | |
| GEORGE T. MORAN VICE CHAIRMAN | 1.00 | X | | | | | 0. | 0. | 0. | |
| PATRICIA ROCHE SECRETARY | 1.00 | X | | | | | 0. | 0. | 0. | |
| RICHARD J. MORGAN TREASURER | 1.00 | X | | | | | 0. | 0. | 0. | |
| KENT MCNEW ASSISTANT SECRETARY | 1.00 | X | | | | | 0. | 0. | 0. | |
| CHARLES R. LARSON ASSISTANT TREASURER | 1.00 | X | | | | | 0. | 0. | 0. | |
| MARTIN L. DOORDAN CEO | 40.00 | X | | X | | | 782,159. | 0. | 237,340. | |
| VICTORIA BAYLESS PRESIDENT | 40.00 | X | | X | | | 458,085. | 0. | 30,514. | |
| BIANA J. ARENTZ BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| DOROTHY ELDER BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| PAUL ELDER, M.D. BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| JAMES ELLERSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| ED GOSSELIN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| JASON GROVES BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| BARRY JACKSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| GARY JOBSON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| DOUG MITCHELL, M.D. BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |

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 | | | |
| CHRIS O'NEARA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | |
| JAN W. WOOD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | |
| ROBERT REILLY CFO - CURRENT | 40.00 | | | X | | | | 297,429. | 18,711. | |
| DOUGLAS A. ABEL CHIEF INFO. OFFICER | 40.00 | | | | X | | | 296,348. | 19,363. | |
| SHERRY PERKINS CHIEF NURSING OFFICER | 40.00 | | | | X | | | 282,385. | 10,930. | |
| PAULA WADLEY VP-CLINICAL & SUPP. SVCS | 40.00 | | | | X | | | 254,575. | 26,284. | |
| JOSEPH D. MOSER, M.D. VP OF MEDICAL AFFAIRS | 40.00 | | | | | X | | 427,912. | 69,726. | |
| LORRAINE TAFRA, M.D. DIRECTOR - BREAST CENTER | 40.00 | | | | | X | | 357,669. | 27,445. | |
| CAROLYN CORE VP OF STRATEGIC PLAN | 40.00 | | | | | X | | 363,857. | 44,268. | |
| FRANK LIN, M.D. PHYSICIAN | 40.00 | | | | | X | | 275,051. | 24,587. | |
| 1b Total | | | | | | | | 4,663,011. | 0. | |

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 **209**

| | 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 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 |
|---|---------------------------------|---------------------|
| GILBANE BUILDING COMPANY P.O. BOX 6128, PROVIDENCE, RI 02940 | CONSTRUCTION PROJECT MANAGEMENT | 1,820,354. |
| ACS CONSULTANT CO., INC. P.O. BOX 202617, DALLAS, TX 75320 | CONSULTING | 1,286,681. |
| VENABLE, LLP P.O. BOX 630798, BALTIMORE, MD 21263-0798 | LEGAL FEES | 1,209,491. |
| SLEEP SERVICES OF AMERICA, INC., 890 AIRPORT PARK ROAD, SUITE 119, GLEN BURNIE, INFORMED, LLC | SLEEP STUDIES | 1,116,374. |
| 1596 WHITEHALL ROAD, ANNAPOLIS, MD 21409 | MEDICAL PLAN SVCS | 1,084,828. |

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 **46**

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 | 902,049. | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 902,049. | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2 a | | ANCILLIARY SERVICES | 621500 | 287954704. | 281149204. | 6805500. | | |
| b | | ADMISSION/ROOM CHARGES | 621990 | 73998024. | 73998024. | | | |
| c | | EMERGENCY ROOM CHARGES | 621990 | 26772305. | 26772305. | | | |
| d | | CAFETERIA | 722210 | 2,604,414. | | | 2604414. | |
| e | | PATIENT EDUCATION/MISC | 624100 | 791,935. | 791,935. | | | |
| f | | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f | | 392121382. | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,454,723. | | | 6454723. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | | | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | Gross Rents | | 177,717. | 155,686. | | | |
| | | Less: rental expenses | | | 155,686. | | | |
| | c | Rental income or (loss) | | 177,717. | 0. | | | |
| | d | Net rental income or (loss) | | 177,717. | | | 177,717. | |
| | 7 a | | | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | | | | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| d | Net gain or (loss) | | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | 159,644. | | | | |
| | Less: direct expenses | | b | 191,180. | | | | |
| | Net income or (loss) from fundraising events | | | -31,536. | | | -31,536. | |
| 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 | | | | | |
| | Less: cost of goods sold | | b | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| 11 a | MANAGEMENT SERVICES | | 812900 | 13023215. | 11352197. | 1671018. | | |
| | PREMIER PURCHASING PAR | | 525990 | 891,654. | | 38,916. | 852,738. | |
| | ANSWERING/PAGING SERVI | | 812900 | 216,232. | | 216,232. | | |
| | All other revenue | | 900099 | 187,049. | 137,912. | | 49,137. | |
| | Total. Add lines 11a-11d | | | 14318150. | | | | |
| 12 | Total revenue. See instructions. | | | 413942485. | 394201577. | 8731666. | 10107193. | |

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 | | | | |
| 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 | 2,707,777. | | 2,707,777. | |
| 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 | 161,298,949. | 146,234,946. | 15,064,003. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 626,192. | 626,192. | | |
| 9 Other employee benefits | 19,291,476. | 17,285,715. | 2,005,761. | |
| 10 Payroll taxes | 11,291,920. | 10,089,045. | 1,202,875. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 802,269. | | 802,269. | |
| c Accounting | 180,151. | | 180,151. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 150,999. | | 150,999. | |
| g Other | 31,000,986. | 20,826,967. | 10,174,019. | |
| 12 Advertising and promotion | 739,736. | 739,736. | | |
| 13 Office expenses | 13,276,247. | 10,527,887. | 2,748,360. | |
| 14 Information technology | 4,597,620. | 1,381,033. | 3,216,587. | |
| 15 Royalties | | | | |
| 16 Occupancy | 9,034,342. | 6,278,976. | 2,755,366. | |
| 17 Travel | 763,076. | 699,313. | 63,763. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 623,967. | 469,471. | 154,496. | |
| 20 Interest | 11,846,465. | 11,846,465. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 18,568,818. | 18,568,818. | | |
| 23 Insurance | 6,295,474. | 5,665,927. | 629,547. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MEDICAL SUPPLIES | 81,004,177. | 81,004,177. | | |
| b BAD DEBT EXPENSE | 15,769,041. | 15,769,041. | | |
| c DEBT REFINANCING COSTS | 1,966,667. | | 1,966,667. | |
| d TEMPORARY AGENCY | 1,790,203. | 1,223,382. | 566,821. | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 393,626,552. | 349,237,091. | 44,389,461. | 0. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|--|--|------------------|--------------------|
| Assets | 1 | Cash - non-interest-bearing | | 1 |
| | 2 | Savings and temporary cash investments | 7,184,323. | 2 17,847,607. |
| | 3 | Pledges and grants receivable, net | | 3 |
| | 4 | Accounts receivable, net | 38,264,513. | 4 50,238,125. |
| | 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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 |
| | 7 | Notes and loans receivable, net | | 7 |
| | 8 | Inventories for sale or use | 6,449,549. | 8 7,806,490. |
| | 9 | Prepaid expenses and deferred charges | 4,467,169. | 9 3,596,328. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 479,634,036. | |
| | 10b | Less: accumulated depreciation | 10b 148,950,344. | |
| | | | 264,852,045. | 10c 330,683,692. |
| | 11 | Investments - publicly traded securities | 150,800,100. | 11 173,194,089. |
| | 12 | Investments - other securities. See Part IV, line 11 | 32,957,354. | 12 37,414,888. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 |
| | 14 | Intangible assets | | 14 |
| 15 | Other assets. See Part IV, line 11 | 267,777,286. | 15 223,958,453. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 772,752,339. | 16 844,739,672. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 81,146,601. | 17 102,496,551. |
| | 18 | Grants payable | | 18 |
| | 19 | Deferred revenue | | 19 |
| | 20 | Tax-exempt bond liabilities | 336,733,202. | 20 343,636,986. |
| | 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 | 5,974,782. | 23 4,747,911. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 |
| | 25 | Other liabilities. Complete Part X of Schedule D | 47,827,330. | 25 62,322,973. |
| | 26 | Total liabilities. Add lines 17 through 25 | 471,681,915. | 26 513,204,421. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | 268,900,158. | 27 303,097,056. |
| | 28 | Temporarily restricted net assets | 20,558,266. | 28 16,690,195. |
| | 29 | Permanently restricted net assets | 11,612,000. | 29 11,748,000. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 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 | Total net assets or fund balances | 301,070,424. | 33 331,535,251. |
| 34 | Total liabilities and net assets/fund balances | 772,752,339. | 34 844,739,672. | |

Part XI Financial Statements and Reporting

| | 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? | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c 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. | 2c | 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 consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input 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? | 3a | X |
| b 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. | 3b | |

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **ANNE ARUNDEL MEDICAL CENTER, INC.** Employer identification number **52-1169362**

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)(vi). (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? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- 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 | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's 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

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. 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 33 1/3% support test - 2008. 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"/> |
| 17a 10% -facts-and-circumstances test - 2009. 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 10% -facts-and-circumstances test - 2008. 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"/> |
| 18 Private foundation. 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

Name of the organization

Employer identification number

ANNE ARUNDEL MEDICAL CENTER, INC.

52-1169362

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)(vi), 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

2009

Open to Public Inspection

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 pleasure) 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 | 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, 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, 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 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 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 Investments - 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 | | 9,077,780. | | 9,077,780. |
| b Buildings | | 178,470,503. | 41,497,682. | 136,972,821. |
| c Leasehold improvements | | 7,670,646. | 3,188,145. | 4,482,501. |
| d Equipment | | 156,026,101. | 102,802,175. | 53,223,926. |
| e Other | | 128,389,006. | 1,462,342. | 126,926,664. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 330,683,692. |

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

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

Table with 2 columns: (a) Description, (b) Book value. Rows include LIMITED USE ASSETS, DEFERRED DEBT ISSUE COSTS, DUE FROM AFFILIATES, NOTES RECEIVABLE FROM AFFILIATES, BENEFICIAL INTEREST IN AAMC FOUNDATION, FAIR VALUE OF INTEREST RATE SWAP DERIVATIVE CONTRACTS.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes, THIRD PARTY ADVANCE LIABILITIES, FAIR VALUE OF INTEREST RATE SWAP DERIVATIVE CONTRACTS.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 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.

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 | 413,942,485. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 393,626,552. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 20,315,933. |
| 4 | Net unrealized gains (losses) on investments | 4 | 18,321,289. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -8,172,395. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 10,148,894. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 30,464,827. |

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 | |
| 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 | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |

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

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

Part 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: ANNE ARUNDEL MEDICAL CENTER, INC. IS A SUBSIDIARY OF

THE CONSOLIDATED GROUP KNOWN AS ANNE ARUNDEL HEALTH SYSTEM, INC.

("GROUP"). AN AUDIT WAS PERFORMED AND AUDITED FINANCIAL STATEMENTS WERE

ISSUED FOR ANNE ARUNDEL HEALTH SYSTEM, INC. AND ITS SUBSIDIARIES ON A

CONSOLIDATED BASIS. IN THE NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR

ANNE ARUNDEL HEALTH SYSTEM, INC., IT IS NOTED THAT THE GROUP ADOPTED ASC

740 ON JULY 1, 2007 AND THAT THE GROUP HAS DETERMINED THAT IT DOES NOT

HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2010.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN AAMC FOUNDATION, INC.: -3671283.

ADDITIONAL PAID IN CAPITAL - COTTAGE INSURANCE COMPANY, LTD: -200000.

TRANSFER FROM AAMC FOUNDATION, INC. TO AAMC, INC.: 11948794.

CHANGE IN ACCRUED PENSION LIABILITY: -10184774.

UNREALIZED LOSS FOR CONTRACTS UNDER SFAS 133: -10385287.

CHANGE IN INVESTMENT IN SUBSIDIARIES ON THE EQUITY METHOD: 4360022.

UNREALIZED LOSS FROM INVESTMENT IN PREMIER PURCHASING LP: -112377.

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICY: 72510.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

ANNE ARUNDEL MEDICAL CENTER, INC.

52-1169362

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 1 | REINSURANCE EXPENSES | | 4,885,000. |
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| Totals | 0 | 1 | | | 4,885,000. |

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

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
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SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**Open To Public
Inspection**

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC. Employer identification number 52-1169362

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|---|--------------|------------------------|---|
| | | LIGHTS ON THE BAY (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 159,644. | | 159,644. |
| | 2 | Less: Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 159,644. | | 159,644. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 191,180. | | 191,180. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (191,180.) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | -31,536. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 | Net gaming income summary. Combine line 1, column (d), and line 7 | | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? _____ | 9a | |
| b If "No," explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b If "Yes," explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12 | |

13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

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 **ANNE ARUNDEL MEDICAL CENTER, INC.** Employer identification number **52-1169362**

Part I Charity Care and Certain Other Community Benefits at Cost

| | | Yes | No |
|--|-----------|----------|----------|
| 1a Does the organization have a charity care policy? If "No," skip to question 6a | 1a | X | |
| b If "Yes," is it a written policy? | 1b | X | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals | | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. | | | |
| a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: | 3a | X | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | | |
| b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: | 3b | X | |
| <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>330</u> % | | | |
| c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. | | | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | X | |
| 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | X | |
| b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | X | |
| c 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? | 5c | | X |
| 6a Does the organization prepare an annual community benefit report? | 6a | X | |
| b If "Yes," does the organization make it available to the public? | 6b | X | |

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

| | (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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| 7 Charity Care and Certain Other Community Benefits at Cost | | | | | | |
| Charity Care and Means-Tested Government Programs | | | | | | |
| a Charity care at cost (from Worksheets 1 and 2) | | | 5258518. | 0. | 5258518. | 1.39% |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | | | | |
| c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | | | 5258518. | | 5258518. | 1.39% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 2323354. | 103,466. | 2219888. | .59% |
| f Health professions education (from Worksheet 5) | | | 976,322. | | 976,322. | .26% |
| g Subsidized health services (from Worksheet 6) | | | 1041155. | | 1041155. | .28% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 171,239. | | 171,239. | .05% |
| j Total. Other Benefits | | | 4512070. | 103,466. | 4408604. | 1.18% |
| k Total. Add lines 7d and 7j | | | 9770588. | 103,466. | 9667122. | 2.57% |

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | 3,782. | | 3,782. | .00% |
| 3 Community support | | | 91,620. | | 91,620. | .02% |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | 88,347. | | 88,347. | .02% |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | 19,922. | | 19,922. | .01% |
| 10 Total | | | 203,671. | | 203,671. | .05% |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|---|---------------|----|
| 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 X | |
| 2 Enter the amount of the organization's bad debt expense (at cost) | 2 12,674,364. | |
| 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 1,851,189. | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. | | |

Section B. Medicare

| | |
|---|----------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 127,246,169. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 112,944,842. |
| 7 Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 14,301,327. |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | |

Section C. Collection Practices

| | |
|---|------|
| 9a Does the organization have a written debt collection policy? | 9a X |
| b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b X |

Part IV Management Companies and Joint Ventures

| (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 % |
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Part V Facility Information

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
| | | | | | | | | | |
| ANNE ARUNDEL MEDICAL CENTER, INC. 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 | X | X | | | | | X | | |
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Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 7: CHARITY CARE REPORTED IN LINE 7A WAS CALCULATED USING
A COST TO CHARGE RATIO DERIVED USING THE RATIO OF PATIENT CARE COST TO
CHARGES AND THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS. OTHER COST
AMOUNTS INCLUDED IN LINE 7 RELATING TO COMMUNITY BENEFITS AND COMMUNITY
BUILDING ACTIVITIES WERE OBTAINED FROM THE ORGANIZATION'S COMMUNITY
BENEFIT REPORT FILING WITH THE HSCRC IN THE STATE OF MARYLAND. THESE
COSTS WERE DETERMINED USING A VARIETY OF SOURCES, INCLUDING PAYROLL
INFORMATION (FOR DIRECT LABOR COSTS) AND THE ORGANIZATION'S GENERAL LEDGER
SYSTEM DETAIL (FOR OTHER DIRECT COSTS E.G. SUPPLIES). INDIRECT COSTS IN
THESE AREAS OF BENEFIT WERE DETERMINED BY APPLYING AN INDIRECT COST RATIO
TO THE DIRECT COST AMOUNTS OBTAINED. THIS RATIO IS CALCULATED USING
SCHEDULE M OF THE HOSPITAL'S ANNUAL COST REPORT FILING WITH THE HSCRC IN
THE STATE OF MARYLAND.
TOTAL COMMUNITY BENEFIT EXPENSE REPORTED DOES NOT INCLUDE COSTS INCURRED
BY ENTITIES RELATED TO ANNE ARUNDEL MEDICAL CENTER (WHOLLY-OWNED
SUBSIDIARIES OF ANNE ARUNDEL HEALTH SYSTEM). ADDITIONAL COMMUNITY BENEFIT
EXPENSES OF \$3,830,849 INCURRED BY RELATED ENTITIES ARE AS FOLLOWS:
RESEARCH EXPENSE - \$1,628,824 INCURRED BY ANNE ARUNDEL HEALTH SYSTEM
RESEARCH INSTITUTE, INC.
SUBSIDIZED HEALTH SERVICES - \$2,202,025 INCURRED BY ANNE ARUNDEL HEALTH
CARE SERVICES, INC.

Part VI Supplemental Information

WHEN CONSIDERING THIS ADDITIONAL EXPENSE IN COMBINATION WITH THE COST REPORTED AT PART I, LINE 7, TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF AAMC EXPENSES WOULD BE 3.57%.

PART I, LINE 7A, COLUMN (D) AND LINE 7F, COLUMNS (C) AND (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 UNCOMPENSATED CARE.

PART I, LINE 7B, COLUMN (C) THROUGH (F): 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 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.

Part VI Supplemental Information

PART I, LINE 7G: ANNAPOLIS OUTREACH CLINIC - THE ANNE ARUNDEL MEDICAL CENTER SPONSORS A FREE MEDICAL AND DENTAL CLINIC AT THE STANTON COMMUNITY CENTER, WHICH IS SUPPORTED BY A NETWORK OF DEDICATED PHYSICIAN VOLUNTEERS, NURSES, AND OTHER PROFESSIONALS IN THE COMMUNITY. THE ANNAPOLIS OUTREACH CENTER OFFERS A "SAFETY-NET OF CARE" TO THOSE WHO DO NOT HAVE HEALTH INSURANCE, HAVE LIMITED HEALTH COVERAGE, OR DO NOT HAVE ACCESS TO HEALTH SERVICES FOR A VARIETY OF OTHERS REASONS. THE CENTER'S HEALTH CARE TEAM CONSISTS OF A NURSE COORDINATOR, CASE MANAGER, NUTRITION COUNSELOR, AND SPANISH SPEAKING PATIENT ADVOCATE. THEY SUPPORT THE DOCTORS WHO VOLUNTEER THEIR TIME AND TALENTS TO OFFER WEEKLY HEALTH CLINICS, CHILDREN'S HEALTH CLINICS, AND OTHER SPECIALTY CLINICS THROUGHOUT THE MONTH. THE CENTER'S CARE TEAM WORKS WITH CLIENTS TO IMPROVE LIFESTYLES AND PREVENT ILLNESS; THERE ARE SPECIAL PROGRAMS FOR PEOPLE WITH DIABETES AND/OR HYPERTENSION. ALL SERVICES PROVIDED BY THE DOCTORS, NURSES AND COUNSELORS AT THE CENTER ARE FREE OF CHARGE. COST (INCLUDED IN I LINE 7G - \$359,217)

KENT ISLAND URGENT CARE FACILITY - JOHNS HOPKINS COMMUNITY PHYSICIANS, IN PARTNERSHIP WITH AAMC, OFFERS BOTH PRIMARY CARE AND EXTENDED-HOURS URGENT CARE IN AAMC HEALTH SERVICES - KENT ISLAND. THIS VALUABLE SERVICE CURRENTLY TREATS HUNDREDS OF URGENT CARE CASES EACH MONTH. THE FACILITY FEATURES A WALK-IN, AFTER HOURS URGENT CARE CENTER, A FULL-SERVICE DIAGNOSTIC RADIOLOGY CENTER, LAB SERVICES, AND SPECIALTY AND PRIMARY CARE PHYSICIANS. COST (INCLUDED IN I LINE 7G - \$50,000)

PART I, LINE 7F: THE PORTION OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 AND REMOVED FROM LINE 7 COLUMN F IS \$15,769,041.

PART III, LINE 4: THE HOSPITAL HAS ADOPTED HEALTHCARE FINANCIAL

Part VI Supplemental Information

MANAGEMENT ASSOCIATION STATEMENT #15. THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS OBTAINED FOR ACCOUNTS RECEIVABLE. BAD DEBT EXPENSE AT COST WAS DETERMINED BY USING A COST TO CHARGE RATIO. THE BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED BY SPECIFIC IDENTIFICATION REVIEWING BAD DEBT RECORDS AND DETERMINING WHO WOULD HAVE BECOME ELIGIBLE FOR CHARITY CARE IF ALL INFORMATION HAD BEEN OBTAINED FROM THE PATIENTS.

PART III, LINE 8: COMMUNITY BENEFIT QUESTION IS NOT APPLICABLE IN MARYLAND AS MARYLAND HOSPITALS ARE REIMBURSED UNDER THE HSCRC WAIVER PROGRAM WHEREIN NET REVENUE (REIMBURSEMENT) IS BASED ON A PERCENTAGE OF REGULATED CHARGES. COSTING METHODOLOGY BASED ON TRIAL BALANCE EXPENSES ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH MEDICARE COST REPORTING RULES AND REGULATIONS.

PART III, LINE 9B: EACH AAMS PATIENT BILL INCLUDES CONTACT INFORMATION FOR FINANCIAL ASSISTANCE AND STATES WHERE TO CALL TO REQUEST A PAYMENT PLAN. SHORT AND LONG TERM INTEREST FREE PAYMENTS PLANS ARE AVAILABLE. THE HOSPITAL TAKES INTO ACCOUNT THE BALANCE OF THE BILL AND THE PATIENT'S FINANCIAL CIRCUMSTANCES IN DETERMINING THE APPROPRIATE AGREEMENT. SHOULD THE PATIENT CONTACT PATIENT FINANCIAL SERVICES CUSTOMER SERVICE UNIT REGARDING INABILITY TO PAY, FINANCIAL ASSISTANCE IS OFFERED, THE AMOUNT OF WHICH IS BASED ON THE FINANCIAL ASSISTANCE SCREENING PROCESS. IF THERE IS NO INDICATION FROM THE PATIENT OR A REPRESENTATIVE THAT THEY

Part VI Supplemental Information

CANNOT PAY AND NO ATTEMPT AT PAYMENT OR REASONABLE PAYMENT ARRANGEMENTS ARE MADE, THE ACCOUNT IS REFERRED TO A COLLECTION AGENCY. THE COLLECTION AGENCY IS EDUCATED ON HOW TO MAKE REFERRALS TO AAMC'S FINANCIAL COUNSELING DEPARTMENT FOR INDIVIDUALS INDICATING THEY HAVE AN INABILITY TO PAY. THE HOSPITAL COLLECTION POLICY ALLOWS THE HOSPITAL TO TAKE INTO ACCOUNT PATIENT CIRCUMSTANCES SUCH AS THE AMOUNT OF THE BILL AND AMOUNTS OWED TO OTHER PROVIDERS IN DETERMINATION OF ULTIMATE AMOUNT TO BE PAID.

PART VI, LINE 2: THE HOSPITAL'S COMMUNITY BENEFIT INITIATIVES REFLECT THE EVIDENCE-BASED NEEDS OF OUR COMMUNITY. COMMUNITY NEEDS ARE ALSO DETERMINED BY COUNTY-SPECIFIC ASSESSMENTS AND RESEARCH. THE FOLLOWING ARE RESOURCES UTILIZED IN COLLECTING AND ANALYZING DATA FOR FY10; ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S LOCAL HEALTH PLAN 2010, DEPARTMENT OF HEALTH'S 13TH ANNUAL (2010) REPORT CARD OF COMMUNITY HEALTH INDICATORS AND THE 2010 "POVERTY AMIDST PLENTY: A GUIDE TO ACTION".

DETERMINING THE HEALTH STATUS AND NEEDS OF COMMUNITY MEMBERS IS DONE IN A VARIETY OF WAYS. ONE OF THE BEST WAYS TO UNDERSTAND COMMUNITY NEEDS IS BY GIVING OUR COMMUNITY MEMBERS A VOICE, AND THEN LISTENING TO THEM.

FOR EXAMPLE: THE HOSPITAL CURRENTLY SPONSORS 43 MONTHLY SUPPORT GROUPS TO MEET A VARIETY OF COMMUNITY NEEDS. THE GROUPS OFFER SUPPORT TO THOSE DEALING WITH ACUTE ILLNESS SUCH AS CANCER, AS WELL AS CHRONIC DISEASE SUCH AS DIABETES AND HYPERTENSION. THE HOSPITAL ALSO SPONSORS A WEEKLY SUPPORT GROUP TO MEET THE UNIQUE NEEDS OF HISPANIC WOMEN IN THE COMMUNITY.

EVIDENCE-BASED COMMUNITY NEEDS ARE ALSO ELICITED BY CUSTOMER SATISFACTION SURVEYS, CUSTOMER CALL CENTER INQUIRIES, EVALUATIONS FROM COMMUNITY

Part VI Supplemental Information

CLASSES, AND COMMUNITY OUTREACH AND EDUCATIONAL PRESENTATIONS.

THE HOSPITAL'S ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCILS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFITS PLANNING PROCESS.

THE HOSPITAL WEBSITE, AND EMAIL MAGAZINE: "NEIGHBOR NEWS", OFFERS OUR COMMUNITY THE OPPORTUNITY TO MAKE INQUIRIES OR PROVIDE THE HOSPITAL WITH FEEDBACK VIA THE INTERNET.

COMMUNITY ACCESS IS ALWAYS AVAILABLE THROUGH THE HOSPITAL'S ASK-A-NURSE PROGRAM CALLED ASKAAMC. THE ASK-A-NURSE PROGRAM PROVIDES THE COMMUNITY AROUND THE CLOCK TELEPHONE ACCESS TO REGISTERED NURSES.

MYCHART ELECTRONIC HEALTH RECORD IS A SECURE ON-LINE ACCESS TO PORTIONS OF MEDICAL RECORDS. PATIENTS CAN REQUEST MEDICAL APPOINTMENTS, VIEW THEIR HEALTH SUMMARY FROM THE MYCHART ELECTRONIC HEALTH RECORD, VIEW TEST RESULTS, REQUEST PRESCRIPTION RENEWAL, ACCESS TRUSTED HEALTH INFORMATION RESOURCES AND COMMUNICATE ELECTRONICALLY AND SECURELY WITH THEIR MEDICAL TEAM. CURRENTLY THERE ARE 3,147 ACTIVE USERS. OUT OF THE ACTIVE USERS, THERE HAVE BEEN 31,149 LOG-INS LEADING TO 307,499 FEATURES (TEST RESULTS, REPORTS, APPOINTMENTS, ETC.) BEING ACCESSED. ACCESS HAS INCREASED FROM APPROXIMATELY 1000 FEATURES BEING ACCESSED PER WEEK IN JULY 2009 TO 9000 IN JUNE 2010.

PART VI, LINE 3: PUBLIC NOTICE AND INFORMATION REGARDING THE ANNE ARUNDEL MEDICAL CENTER'S CHARITY CARE POLICY SHALL INCLUDE THE FOLLOWING:

Part VI Supplemental Information

A) ANNUAL NOTICE THAT CHARITY CARE IS PROVIDED AND THE CRITERIA UNDER WHICH IT WILL BE PROVIDED WILL BE PUBLISHED IN THE LOCAL NEWSPAPER, THE CAPITAL.

B) THE NOTICE PROVIDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY IS POSTED AT THE POINT OF ADMISSION, THE BUSINESS OFFICE, CASHIER, AND EMERGENCY ROOM.

C) INDIVIDUAL NOTICE IS PROVIDED TO EACH PERSON SEEKING SERVICE AT THE TIME OF ADMISSION OR PRE-ADMISSION TESTING.

PART VI, LINE 4: THE COMMUNITY OF ANNE ARUNDEL COUNTY HAS A CURRENT POPULATION OF 512,790 RESIDENTS. IT IS A DIVERSE COMMUNITY, WITH A CONTINUOUSLY EVOLVING BLEND OF AGE GROUPS, ETHNIC GROUPS, OCCUPATIONS, AND SOCIAL AND ECONOMIC CONDITIONS. RESIDENTS LIVE IN SETTINGS THAT RANGE FROM URBAN TO AGRICULTURAL. ETHNICITY BREAKS DOWN AS FOLLOWS: WHITE 78.4%; BLACK 15.1%, ASIAN 3.1%; AMERICAN INDIAN 0.2%; AND HISPANIC 4.5%. THE NON-ENGLISH SPEAKING POPULATION IN THE COUNTY IS EXPECTED TO EXPERIENCE SIGNIFICANT GROWTH OVER THE NEXT DECADE. THE POPULATION EXPECTED TO EXPERIENCE THE GREATEST GROWTH (38%) OVER THE NEXT DECADE IS AMONG THOSE AGE 65 AND OVER. CLEARLY, COMMUNITY HEALTH INITIATIVES OVER THE NEXT DECADE WILL NEED TO FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES AMONG THE AGED AS WELL AS THOSE THAT DISPROPORTIONATELY AFFECT THE GROWING MINORITY POPULATIONS.

THE MEDIAN HOUSEHOLD INCOME OF THE COMMUNITY IS \$83,285. DATA SHOWS THAT

Part VI Supplemental Information

2.3% OF FAMILIES, AND 4.1% OF INDIVIDUALS, ARE LIVING BELOW POVERTY LEVEL. THE UNEMPLOYMENT RATE IN JANUARY 2010 WAS 7.6%, AND THE PERCENTAGE OF UNINSURED RESIDENTS (AGE 18-64) WAS 8.2%. THE NUMBER OF UNINSURED RESIDENTS IN ANNE ARUNDEL COUNTY IS GROWING AS THE ECONOMY CONTINUES TO STRUGGLE THROUGH 2010.

THE GEOGRAPHY OF ANNE ARUNDEL COUNTY CREATES SOMEWHAT OF A CHALLENGE IN ACCESSING HEALTHCARE. PARTS OF THE COUNTY CONSIST OF A SERIES OF PENINSULAS MAKING A COMPREHENSIVE PUBLIC TRANSPORTATION SYSTEM TOO EXPENSIVE TO MAINTAIN. ACCORDING TO THE REPORT "POVERTY AMIDST PLENTY", ONLY 3 PERCENT OF ANNE ARUNDEL COUNTY RESIDENTS UTILIZED PUBLIC TRANSPORTATION TO GET WORK. INADEQUATE TRANSPORTATION IS NOT ONLY A BARRIER TO GETTING TO WORK, IT IS ALSO A BARRIER TO OTHER NEEDED SERVICES.

LASTLY, THE COUNTY IS CONSIDERED A HIGH RISK AREA FOR BIOTERRORISM AS ITS GEOGRAPHY CONTAINS THE NATIONAL SECURITY AGENCY, THE US NAVAL ACADEMY, THE BALTIMORE-WASHINGTON THURGOOD INTERNATIONAL AIRPORT, AND FORT MEADE.

PART VI, LINE 5: SUPPORT SYSTEMS ENHANCEMENT INCLUDES EMERGENCY MANAGEMENT ACTIVITIES, ALTERNATE CARE SITE NAVAL SUPPORT ACTIVITY, OTHER DRILLS AND REAL TIME ACTIVITIES. THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE FOR STAFF TRAINING, COORDINATING DISASTER DRILLS AND KEEPING THE HOSPITAL'S DISASTER PREPAREDNESS INVENTORY UP TO DATE. IN FYE 2010, 5 ADDITIONAL EMPLOYEES COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY. THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS.

Part VI Supplemental Information

COALITION BUILDING INCLUDES HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS, COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS TO IMPROVE COMMUNITY HEALTH, COMMUNITY MEETING COSTS, VISIONING SESSIONS AND COSTS FOR TASK FORCE SPECIFIC PROJECTS AND INITIATIVES. THE HOSPITALS ONGOING WORK WITH COMMUNITY GROUPS AND PARTICIPATION IN ADVISORY COMMITTEES AND COUNCELS CREATE A CONTINUOUS COMMUNICATIONS PROCESS, BRINGING NEW IDEAS FROM ANNE ARUNDEL COUNTY RESIDENTS AND ORGANIZATIONS INTO THE HOSPITAL'S COMMUNITY BENEFIT PLANNING PROCESS.

MYCHART ELECTRONIC HEALTH RECORD IS A SECURE ON-LINE ACCESS TO PORTIONS OF MEDICAL RECORDS. PATIENTS CAN REQUEST MEDICAL APPOINTMENTS, VIEW THEIR HEALTH SUMMARY FROM THE MYCHART ELECTRONIC HEALTH RECORD, VIEW TEST RESULTS, REQUEST PRESCRIPTION RENEWAL, ACCESS TRUSTED HEALTH INFORMATION RESOURCES AND COMMUNICATE ELECTRONICALLY AND SECURELY WITH THEIR MEDICAL TEAM. CURRENTLY THERE ARE 3,147 ACTIVE USERS.

PART VI, LINE 6: THE HOSPITAL HAS ACTIVITIES AND INITIATIVES IN EACH OF THE FIVE AREAS IDENTIFIED BY THE COUNTY HEALTH DEPARTMENT. HERE ARE SEVERAL EXAMPLES.

THE HOSPITAL HAS RUN A FREE MEDICAL CLINIC FOR OUR UNDERSERVED AND UNINSURED COMMUNITY FOR THE PAST 15 YEARS. THE ANNAPOLIS OUTREACH CENTER, LOCATED IN THE HISTORIC STANTON CENTER IN ANNAPOLIS' CLAY STREET COMMUNITY, SEES THOUSANDS OF INDIVIDUALS EACH YEAR IN ITS MEDICAL AND SPECIALTY CLINICS. THIS YEAR 62 PHYSICIAN VOLUNTEERS STAFFED APPROXIMATELY 250 MEDICAL OR SPECIALTY CLINICS AT THE ANNAPOLIS OUTREACH CENTER. ANOTHER 175 PHYSICIANS ACCEPTED REFERRALS FROM THE OUTREACH CENTER

Part VI Supplemental Information

AND SAW THE REFERRED PATIENTS AT NO COST, UP TO AND INCLUDING LABORATORY TESTING, DIAGNOSTIC TESTING, AND SURGICAL PROCEDURES. THE OUTREACH CENTER HOLDS MONTHLY PEDIATRIC CLINICS AND WEEKLY MENTAL HEALTH CLINICS. IN ADDITION, THE OUTREACH CENTER PROVIDES A FREE ADULT DENTAL CLINIC. SIXTY DENTIST VOLUNTEERS HAVE PROVIDED FREE DENTAL CARE FOR HUNDREDS OF COMMUNITY MEMBERS IN THIS (10) FISCAL YEAR. AS NOTED IN THE 2010 REPORT "POVERTY AMIDST PLENTY" THE OUTREACH CENTER WAS ABLE TO INAUGURATE A BI-LINGUAL PROGRAM THANKS TO A GRANT FROM THE WEINBERG FOUNDATION. IN ADDITION, A MASTERS DEGREE DIETETIC CANDIDATE PRODUCED A SPANISH LANGUAGE COOKBOOK FOR DIABETICS AT THE CENTER. PRIVATE PHYSICIANS VOLUNTEERED 6500 HOURS (\$812,000) IN FY10 TO THE OUTREACH CENTER.

THE HOSPITAL HAS DOCTOR ON-CALL ROTATIONS IN EVERY SPECIALTY FOR WHICH THERE MAY BE AN EMERGENCY OR INPATIENT NEED. ON-CALL COVERAGE IS PROVIDED TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS. THERE ARE NO GAPS IN AVAILABILITY OF ANY SPECIALTY FOR UNINSURED OR UNDERSERVED PATIENTS. IN ADDITION, THE HOSPITAL HAS HOSPITALIST PROGRAMS IN MEDICINE, PEDIATRICS, GENERAL SURGERY, OBSTETRICS AND AN INTENSIVIST PROGRAM. THESE PHYSICIANS PROVIDE 24-HOUR IN-HOUSE COVERAGE FOR EACH OF THESE AREAS FOR ALL PATIENTS REGARDLESS OF INSURANCE STATUS.

THE HOSPITAL AND MANY OF ITS PHYSICIANS SUPPORT THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT'S REACH PROGRAM (RESIDENTS ACCESS TO A COALITION OF HEALTH), WHICH OFFERS ACCESS TO AFFORDABLE HEALTH SERVICES FOR LOW-INCOME UNINSURED INDIVIDUALS IN ANNE ARUNDEL COUNTY.

THE HOSPITAL COLLABORATES WITH THE COUNTY HEALTH DEPARTMENT ON THE HEALTH SMART CHURCH PROGRAM. THIS GRANT-FUNDED PROGRAM PROVIDES HEALTH EDUCATION

Part VI Supplemental Information

AND BLOOD PRESSURE MONITORING AT MINORITY CHURCHES THROUGHOUT THE COUNTY.

THE HOSPITAL COLLABORATES WITH THE COUNTY HEALTH DEPARTMENT ON THE LEARN TO LIVE PROGRAM. THIS GRANT-FUNDED PROGRAM PROVIDES IN-PERSON POINT-OF-PURCHASE NUTRITION EDUCATION AT HEALTH DEPARTMENT-TARGETED GROCERY STORES THROUGHOUT THE COUNTY.

THE HOSPITAL HAS A DISASTER PREPAREDNESS COORDINATOR THAT IS RESPONSIBLE TO PROVIDE STAFF TRAINING, COORDINATE DISASTER DRILLS, AND KEEP THE HOSPITAL'S DISASTER PREPAREDNESS SUPPLY INVENTORY UP TO DATE. IN FY10, 5 ADDITIONAL HOSPITAL EMPLOYEES COMPLETED FEMA EMERGENCY PREPARATION COURSES TO BETTER COLLABORATE WITH OTHER COUNTY SERVICE PROVIDERS TO BETTER SERVE THE COMMUNITY. THESE STAFF MEMBERS PARTICIPATED IN A NUMBER OF COLLABORATIVE PLANNING MEETINGS AND DRILLS WITH DESIGNATED COUNTY SERVICES AND FIRST RESPONDERS.

THE HOSPITAL WILL BE OPENING A "PATIENT-CENTERED MEDICAL HOME" IN DECEMBER 2010. THE AAMC COMMUNITY HEALTH CENTER IS DESIGNED TO BE A "PATIENT-CENTERED MEDICAL HOME" WHERE A TEAM OF HEALTH PROFESSIONALS PROVIDES CONTINUOUS, COMPREHENSIVE, AND COORDINATED CARE THROUGHOUT THE PATIENT'S LIFETIME. OUR TEAM MEETS THE NEEDS OF THE UNINSURED AND UNDERINSURED BY PROVIDING ACCESS TO AFFORDABLE PRIMARY HEALTH CARE SERVICES, RIGHT HERE IN OUR OWN COMMUNITY. THE CENTER IS CONVENIENTLY LOCATED ON LOCAL BUS ROUTES.

DUE TO THE GROWING LATINO POPULATION WE ARE INCREASING THE AVAILABILITY OF INTERPRETERS AND CURRENTLY EMPLOY A FULL-TIME BILINGUAL PATIENT ADVOCATE.

Part VI Supplemental Information

PART VI, LINE 7: THE HEALTH SYSTEM'S COMMUNITY HEALTH AND WELLNESS DEPARTMENT PARTNERS WITH THE ANNAPOLIS AND ANNE ARUNDEL COUNTY COALITION TO END HOMELESSNESS TO ORGANIZE THE COUNTY'S HOMELESS RESOURCE DAY. THE ANNUAL MARCH EVENT, NOW IN ITS SECOND YEAR, ASSISTED APPROXIMATELY 500 OF THE AREAS HOMELESS RESIDENTS TO GAIN ACCESS TO NEEDED HEALTH AND HUMAN SERVICES THIS PAST YEAR. THE COMMUNITY HEALTH AND WELLNESS DEPARTMENT RECRUITS HEALTHCARE PROVIDERS FROM THE PUBLIC AND PRIVATE SECTORS - OTHER COUNTY HOSPITALS, CLINICS, UNIVERSITIES, AND COLLEGES TO PROVIDE HEALTHCARE SERVICES AT THE ANNUAL EVENT.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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 checked="" 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 checked="" 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 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?
- 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 Regs. 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 |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

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

| (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)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (i) MARTIN L. DOORDAN | 609,043. | 145,819. | 27,297. | 217,858. | 19,482. | 1,019,499. | 0. |
| (ii) MARTIN L. DOORDAN | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) VICTORIA BAYLESS | 348,312. | 88,253. | 21,520. | 25,517. | 4,997. | 488,599. | 0. |
| (ii) VICTORIA BAYLESS | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) ROBERT REILLY | 206,894. | 69,500. | 21,035. | 8,145. | 10,566. | 316,140. | 0. |
| (ii) ROBERT REILLY | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) DOUGLAS A. ABEL | 231,400. | 44,999. | 19,949. | 5,670. | 13,693. | 315,711. | 0. |
| (ii) DOUGLAS A. ABEL | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) SHERRY PERKINS | 224,886. | 37,841. | 19,658. | 9,086. | 1,844. | 293,315. | 0. |
| (ii) SHERRY PERKINS | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) PAULA WADLEY | 215,671. | 18,876. | 20,028. | 21,831. | 4,453. | 280,859. | 0. |
| (ii) PAULA WADLEY | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) JOSEPH D. MOSER, M.D. | 350,262. | 46,781. | 30,869. | 53,769. | 15,957. | 497,638. | 0. |
| (ii) JOSEPH D. MOSER, M.D. | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) LORRAINE TAPPA, M.D. | 312,669. | 45,000. | 0. | 10,794. | 16,651. | 385,114. | 0. |
| (ii) LORRAINE TAPPA, M.D. | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) CAROLYN CORE | 261,424. | 52,200. | 50,233. | 35,401. | 8,867. | 408,125. | 25,821. |
| (ii) CAROLYN CORE | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) FRANK LTN, M.D. | 261,488. | 13,563. | 0. | 7,177. | 17,410. | 299,638. | 0. |
| (ii) FRANK LTN, M.D. | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) TIMOTHY G. WOODS, M.D. | 287,293. | 15,675. | 0. | 6,850. | 15,215. | 325,033. | 0. |
| (ii) TIMOTHY G. WOODS, M.D. | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) WILLIAM L. HUGHES | 229,567. | 0. | 335,006. | 13,899. | 10,805. | 589,277. | 108,176. |
| (ii) WILLIAM L. HUGHES | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |

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: MARTIN DOORDAN AND VICTORIA BAYLESS'S EMPLOYMENT CONTRACTS PROVIDE FOR THE TRAVEL/SOCIAL CLUB BENEFITS NOTED ABOVE. THEY ARE INCLUDED AS PART OF THEIR COMPENSATION PACKAGE AS WELL AS REPORTED ON THEIR 2009 FORM W-2.

EIGHT OFFICERS/KEY EMPLOYEES WERE PROVIDED ADDITIONAL COMPENSATION TO OFFSET THE IMPACT OF EXECUTIVE LIFE INSURANCE PREMIUMS MADE ON THEIR BEHALF. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS.

PART I, LINE 4A: WILLIAM L. HUGHES RECEIVED \$213,069 OF SEVERENCE PAY.

PART I, LINE 4B: THE FOLLOWING PARTICIPATED IN THE ORGANIZATION'S 457(F) PLAN:

| | |
|-------------------|-----------|
| MARTIN L. DOORDAN | \$181,188 |
| VICTORIA BAYLESS | \$21,451 |
| ROBERT REILLY | \$2,085 |
| DOUGLAS A. ABEL | \$100 |
| SHERRY PERKINS | \$3,826 |

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.

PAULA WADLEY \$1,563

JOSEPH D. MOSER, M.D. \$24,431

CAROLYN CORE \$8,730

WILLIAM L. HUGHES \$3,125

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the Organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer Identification number
52-1169362

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

| (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 | | | |
| TIMOTHY G. WOODS, M.D. PHYSICIAN | 40.00 | | | | X | | | 302,968. | 0. | 22,065. |
| WILLIAM L. HUGHES FORMER CFO | 0.00 | | | | | X | | 564,573. | 0. | 24,704. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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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 on Schedule O (Form 990).
▶ Attach to Form 990. See separate instructions.

Name of the organization: **ANNE ARUNDEL MEDICAL CENTER, INC.**
Employer identification number: **52-1169362**

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) 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 | |
|---|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES | 52-0936091 | 574217NZ4 | 02/19/04 | 25729005 | FINANCE ACQUISITION/CONSTRU | | X | | X |
| MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES | 52-0936091 | 5742173U7 | 01/29/09 | 115182636 | FINANCE ACQUISITION/CONSTRU | | X | | X |
| MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES | 52-0936091 | 5742173V5 | 02/19/09 | 60000000 | FINANCE ACQUISITION/CONSTRU | | X | | X |
| MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES | 52-0936091 | 5742176G5 | 02/03/10 | 83903060 | FINANCE ACQUISITION/CONSTRU | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | | E | |
|---|-----|------------|-----|-------------|-----|------------|-----|------------|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total proceeds of issue | | 25,729,005 | | 115,182,636 | | 60,000,000 | | 83,903,060 | | |
| 2 Gross proceeds in reserve funds | | | | 6,463,135 | | 3,741,749 | | 1,870,961 | | |
| 3 Proceeds in refunding or defeasance escrows | | | | | | | | 73,583,333 | | |
| 4 Other unspent proceeds | | 1,061,301 | | 2,246,061 | | 40,104,732 | | 4,253,590 | | |
| 5 Issuance costs from proceeds | | | | | | 1,430,642 | | 1,448,766 | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | | |
| 7 Capital expenditures from proceeds | | 24,667,704 | | 90,739,290 | | 14,722,877 | | 2,746,410 | | |
| 8 Year of substantial completion | | 2005 | | 2010 | | 2011 | | 2011 | | |
| 9 Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X | | |
| 11 Has the final allocation of proceeds been made? | | X | | X | | X | | X | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | | X | | X | | X | | |

Part III Private Business Use

| | A | | B | | C | | D | | E | |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | 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 | | X | | X | | X | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | X | | X | | X | | X | | |

Part III Private Business Use (Continued)

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

Part IV Arbitrage

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 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 | | X | | X | | X | | |
| 2 Is the bond issue a variable rate issue? | | X | | X | | X | | X | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | | X | | X | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | X | | X | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X | | |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | X | | |

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Complete to provide information for responses to specific questions on
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ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

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

ALSO STRENGTHENS COMMUNITY HEALTH THROUGH COMPREHENSIVE HEALTH
MAINTENANCE AND EDUCATION OUTREACH.

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

OUR GOAL IS FOR EACH MOTHER AND HER FAMILY TO FEEL RESPECTED AND TO
EXPERIENCE THE BIRTHING PROCESS AND POSTPARTUM EXPERIENCE THEY DESIRE.
AAMC DELIVERS APPROXIMATELY 5,300 BABIES EACH YEAR, THE SECOND HIGHEST
NUMBER OF DELIVERIES IN THE STATE OF MARYLAND.

ANNE ARUNDEL MEDICAL CENTER'S NEONATAL INTENSIVE CARE UNIT (NICU) IS
DESIGNATED AS A LEVEL IIIB NICU, AND IS ABLE TO CARE FOR THE MOST
CRITICALLY ILL NEWBORNS, ALLOWING BABIES BORN EARLY OR WITH
COMPLICATIONS TO STAY WITH THEIR MOTHERS AT AAMC. HOSPITALS THAT DO NOT
HAVE THIS LEVEL OF NICU CARE OFTEN MUST TRANSFER BABIES TO OTHER HEALTH
CARE FACILITIES, MEANING THAT MOTHERS AND BABIES CANNOT REMAIN
TOGETHER.

THE AAMC NICU, ALSO KNOWN AS "TEDDY'S PLACE," IS A STATE-OF-THE-ART
26-BED UNIT, EQUIPPED WITH LIFE-SAVING TECHNOLOGY AND STAFFED BY FULL-
AND PART-TIME NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS, AND NURSES
WITH SPECIALIZED NICU TRAINING. ON AVERAGE, 18 BABIES A DAY ARE CARED
FOR IN OUR NICU, AND APPROXIMATELY 10 PERCENT OF ALL BABIES DELIVERED
AT AAMC WILL SPEND SOME TIME IN THE NICU.

AT AAMC, THE CENTER FOR MATERNAL-FETAL MEDICINE OFFERS WOMEN THE

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HIGHEST LEVEL OF OBSTETRIC CARE, WITH THREE HIGHLY TRAINED PHYSICIANS
ABLE TO PERFORM AND OVERSEE A WIDE RANGE OF COMPLICATIONS. SOME 85-100
PATIENTS PER DAY COME TO THE AAMC CENTER FOR MATERNAL-FETAL MEDICINE,
WHICH OFFERS REGIONAL CARE TO WOMEN FROM AS FAR AWAY AS DELAWARE AND
CALVERT COUNTY, TO AS CLOSE AS ANNE ARUNDEL AND BALTIMORE COUNTIES.
TYPICAL PATIENTS INCLUDE WOMEN WHO ARE CARRYING TWINS OR TRIPLETS,
WOMEN REQUIRING DIABETES EDUCATION OR AMNIOCENTESIS, OR WOMEN WHO WILL
BE 35 OR OLDER AT THE TIME OF DELIVERY. APPROXIMATELY 60 ULTRASOUNDS
ARE PERFORMED AT THE ANNAPOLIS OFFICE EACH DAY.

THE AAMC WOMEN'S CENTER FOR PELVIC HEALTH PROVIDES COMPREHENSIVE AND
INNOVATIVE PELVIC HEALTH CARE FOR WOMEN OF ALL AGES SUFFERING FROM
PROBLEMS AND DISORDERS OF THE PELVIC REGION. OUR EXPERIENCED
SPECIALISTS EMPLOY A COMPASSIONATE AND PROFESSIONAL APPROACH TO
DIAGNOSE AND TREAT ALL COMPONENTS OF PELVIC PROBLEMS, WITH THE GOAL OF
ENSURING WELLNESS AND MAINTAINING DIGNITY. THE AAMC WOMEN'S CENTER FOR
PELVIC HEALTH ADDRESSES ISSUES INCLUDING: URINARY INCONTINENCE, PELVIC
SUPPORT PROBLEMS, FECAL INCONTINENCE, CHILDBIRTH AND PREGNANCY RELATED
PELVIC FLOOR DISORDERS, INCONTINENCE CLEARLY LINKED TO PROLAPSE OR
PELVIC FLOOR DYSFUNCTION, AND PELVIC ORGAN PROLAPSE (CYSTOCELE,
RECTOCELE, UTERINE, VAGINAL VAULT, PERINEAL).

STROKE - ANNE ARUNDEL MEDICAL CENTER HAS EARNED CERTIFICATION AS A
PRIMARY STROKE CENTER FROM THE JOINT COMMISSION, AND WAS THE FIRST
HOSPITAL IN THE REGION -- AND ONE OF THE FIRST EIGHT IN THE STATE -- TO
HAVE EARNED THIS HIGHLY SPECIALIZED DESIGNATION. BECAUSE SUCCESSFUL

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

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TREATMENT OF STROKE PATIENTS IS SO TIME-CRITICAL, THE PRESENCE OF A
CERTIFIED STROKE CENTER IN ANNE ARUNDEL COUNTY IS SIGNIFICANT FOR THE
RESIDENTS OF THE REGION BECAUSE THEY NO LONGER HAVE TO WASTE PRECIOUS
TIME AND TRAVEL 30 OR MORE MILES TO GET LIFE-SAVING TREATMENT.

THE JOINT COMMISSION CERTIFICATION MEANS AAMC HAS DEMONSTRATED THAT ITS
STROKE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN
SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS. IN MARYLAND,
SOMEONE IS HOSPITALIZED FOR A STROKE EVERY 30 MINUTES AND SOMEONE DIES
EVERY THREE HOURS, ACCORDING TO THE MARYLAND INSTITUTE FOR EMERGENCY
MEDICAL SERVICES SYSTEMS (MIEMSS).

AAMC OFFERS TREATMENT WITH TPA - TISSUE PLASMINOGEN ACTIVATOR, A
CLOT-BUSTING MEDICATION APPROVED FOR USE IN CERTAIN PATIENTS HAVING
HEART ATTACK OR STROKE. ACCORDING TO THE AMERICAN HEART ASSOCIATION,
TPA MUST BE GIVEN WITHIN A FEW HOURS AFTER SYMPTOMS BEGIN. THE
PROCEDURE IS COMPLEX AND DONE THROUGH AN INTRAVENOUS (IV) LINE BY
SPECIALLY TRAINED HOSPITAL PERSONNEL.

AAMC TREATS BETWEEN 400 AND 500 STROKE PATIENTS A YEAR.

SURGICAL SERVICES - AAMC SURGEONS PERFORM A VARIETY OF INPATIENT AND
OUTPATIENT SURGICAL PROCEDURES FROM THE ROUTINE TO THE TECHNOLOGICALLY
ADVANCED. IN ADDITION TO GENERAL SURGERIES, THEY SPECIALIZE IN BREAST,
COLON AND RECTAL, ORTHOPEDIC, PEDIATRIC, RETINAL, THORACIC AND
VASCULAR, UROLOGY AND EAR, NOSE AND THROAT SURGERY, AS WELL AS

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NEUROSURGERY AND PLASTIC SURGERY. BOARD-CERTIFIED ANESTHESIOLOGISTS

PLAN AND SUPERVISE ANESTHESIA CARE FOR ALL PATIENTS. IN ADDITION,

24-HOUR PHYSICIAN CARE THROUGH THE HOSPITALIST AND INTENSIVIST PROGRAMS

MEANS A DOCTOR IS ALWAYS NEARBY TO MAKE SURE RECOVERY FOR INPATIENTS IS

PROGRESSING SMOOTHLY.

AT THE AAMC JOINT CENTER, OUR SURGEONS HOLD SUPERIOR CREDENTIALS AND

MANY OF OUR SURGEONS SPECIALIZE IN KNEE AND HIP REPLACEMENT. OUR VOLUME

OF SURGERY ALSO CONTRIBUTES TO OUR MEDICAL EXPERTISE. AAMC PERFORMS

NEARLY 1,300 JOINT REPLACEMENTS PER YEAR, WHICH MAKES US CONSISTENTLY

ONE OF THE HIGHEST VOLUME JOINT REPLACEMENT CENTERS IN THE STATE. FROM

2006-2008, AAMC PERFORMED MORE JOINT REPLACEMENTS THAN ANY OTHER

HOSPITAL IN THE STATE.

JOINT CAMP - ANOTHER UNIQUE PART OF THE AAMC JOINT CENTER IS OUR "JOINT

CAMP." AN IMPORTANT PART OF THE PROGRAM, THE JOINT CAMP GETS ITS NAME

IN PART FROM THE SENSE OF SHARED EXPERIENCES, CAMARADERIE AND

COMPANIONSHIP MANY PATIENTS FEEL TOWARD ONE ANOTHER. THE PHILOSOPHY OF

JOINT CAMP IS THAT YOU AND YOUR FAMILY ARE NOT BYSTANDERS, BUT RATHER

ACTIVE PARTICIPANTS WITH A COMMON GOAL. A TRAINED COORDINATOR HELPS

GUIDE AND ASSIST YOU EVERY STEP OF THE WAY.

OUTPATIENT

THE AAMC GEATON AND JOANN DECESARIS CANCER INSTITUTE AT ANNE ARUNDEL

MEDICAL CENTER ENCOMPASSES A LARGE ARRAY OF SERVICES RANGING FROM

PREVENTION, SCREENING, DIAGNOSIS AND TREATMENT THROUGH SURVIVORSHIP.

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MANY DIFFERENT TYPES OF PROFESSIONALS CONTRIBUTE TO THE CARE OF
PATIENTS IN OUR PROGRAMS. IT IS OUR GOAL TO PROVIDE THE BEST EXPERIENCE
POSSIBLE, NO MATTER WHERE OR HOW A PERSON ENCOUNTERS OUR CANCER CENTER
SERVICES.

THE DECESARIS CANCER INSTITUTE WAS AWARDED THE COMMISSION ON CANCER
(COC) OUTSTANDING ACHIEVEMENT AWARD FOR 2008 FOLLOWING AN INTENSIVE
ON-SITE SURVEY COMPLETED IN NOVEMBER 2008.

IT IS ONE OF ONLY FOUR CANCER PROGRAMS IN MARYLAND - AND ONE OF ONLY 95
PROGRAMS NATIONWIDE - TO RECEIVE THE PRESTIGIOUS AWARD FROM THE COC, AN
ORGANIZATION ESTABLISHED BY THE AMERICAN COLLEGE OF SURGEONS. THE
AWARD WAS ESTABLISHED IN 1994 TO RECOGNIZE CANCER PROGRAMS
DEMONSTRATING EXCELLENCE IN PROVIDING QUALITY CARE TO CANCER PATIENTS.
A FACILITY RECEIVES THE AWARD ONLY IF DEMONSTRATING A "COMMENDATION"
LEVEL OF COMPLIANCE WITH SEVEN COC-ESTABLISHED STANDARDS OF CARE. AAMC
DEMONSTRATED COMMENDATION-LEVEL COMPLIANCE IN SIX AREAS; CANCER
COMMITTEE LEADERSHIP, CANCER DATA MANAGEMENT, CLINICAL SERVICES,
RESEARCH, COMMUNITY OUTREACH, AND QUALITY IMPROVEMENT.

THE AAMC BREAST CENTER IS NATIONALLY RECOGNIZED FOR ITS OUTSTANDING
CARE, RESEARCH AND COMPREHENSIVE PROGRAMS. IT OFFERS KIND, SENSITIVE,
AND TAILORED BREAST DISEASE TREATMENT AND CARE FOR WOMEN. WITH OUR
HIGHLY EXPERIENCED BREAST SPECIALISTS AND SPECIALTY TRAINED STAFF PLUS
STATE-OF-THE-ART FACILITIES, WE ARE A BREAST CENTER DEDICATED TO GIVING
YOU NEW HOPE AND GOOD HEALTH.

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IN THE SUMMER OF 2009, AAMC MADE A COMMITMENT TO FURTHER SERVE BREAST PATIENTS IN THE REGION BY OPENING A NEW, EXPANDED BREAST CENTER UNDER THE UMBRELLA OF THE DECESARIS CANCER INSTITUTE, AND ADDING A THIRD FELLOWSHIP-TRAINED BREAST SURGEON TO THE CARE TEAM.

THE CANCER INSTITUTE OFFERS A WIDE RANGE OF SUPPORT GROUPS TO PATIENTS AS A SOURCE OF COMFORT, ENCOURAGEMENT AND INFORMATION, AND AS A WAY TO CONNECT WITH OTHERS WHO KNOW WHAT THE PATIENTS ARE GOING THROUGH AS A PATIENT, FAMILY MEMBER OR CAREGIVER. SOME OF OUR SUPPORT GROUPS INCLUDE: GENERAL CANCER SUPPORT GROUP; MONTHLY LUNG CANCER SUPPORT GROUP; MOVING FORWARD, A MONTHLY MEETING FOR WOMEN DIAGNOSED WITH BREAST CANCER WITHIN THE LAST TWO YEARS; SISTER TO SISTER, PROVIDING SPECIALIZED SUPPORT FOR AFRICAN-AMERICAN WOMEN; AND SURVIVORS OFFERING SUPPORT, WHERE BREAST CANCER SURVIVORS ARE TRAINED TO PROVIDE ONE ON ONE MENTORING TO NEWLY DIAGNOSED PATIENTS THROUGH THEIR FIRST YEAR OF TREATMENT.

EMERGENCY SERVICES

THE AAMC EMERGENCY ROOM IS ONE OF THE BUSIEST IN THE AREA, SERVING MORE THAN 77,000 PATIENTS EACH YEAR. AAMC'S EMERGENCY DEPARTMENT EMPLOYS TRAINED PHYSICIANS, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS WHO ARE ON DUTY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND SPECIALISTS ARE ON CALL FOR CONSULTATION.

FORM 990, PART VI, SECTION A, LINE 2: DR. PAUL ELDER AND DOROTHY ELDER,

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

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WHO ARE HUSBAND AND WIFE, ARE BOTH BOARD MEMBERS OF ANNE ARUNDEL MEDICAL CENTER, INC.

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM.

FORM 990, PART VI, SECTION A, LINE 7A: THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO ELECT AND REMOVE THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE SOLE STOCKHOLDER OF THE ORGANIZATION IS THE ANNE ARUNDEL HEALTH SYSTEM, INC. ("AAHS"), A SECTION 501(C)(3) ENTITY THAT SERVES AS THE PARENT CORPORATION OF THE INTEGRATED HEALTH SYSTEM. AAHS HAS THE EXPRESS POWER AND RESPONSIBILITY TO APPROVE DECISIONS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD HAS ASSIGNED RESPONSIBILITY FOR THE DETAILED REVIEW OF THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE OF ANNE ARUNDEL HEALTH SYSTEM, INC. (PARENT). THE FINANCE AND AUDIT COMMITTEE REVIEWS THE FORM 990 AND PROVIDES SUMMARY INFORMATION TO THE FULL BOARD. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING.

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FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THAT EACH MEMBER OF THE BOARD REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND RETURN AN ACKNOWLEDGEMENT OF RECEIPT AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD, MANAGEMENT AND THE ACCOUNTS PAYABLE FUNCTION MONITOR TRANSACTIONS FOR POTENTIAL EXCESS BENEFIT TRANSACTIONS/PRIVATE INUREMENT.

FORM 990, PART VI, SECTION B, LINE 15: ANNE ARUNDEL MEDICAL CENTER'S EXECUTIVE COMPENSATION COMMITTEE DETERMINES THE PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION FOLLOWING THE IRC SECTION 4958 REBUTTABLE PRESUMPTION TEST. ALL OTHER COMPENSATION IS DETERMINED THROUGH CONSULTATION WITH AN INDEPENDENT OUTSIDE COMPENSATION CONSULTING FIRM.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE RETAINED IN THE FINANCE OFFICE AND ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS AVAILABLE BY REQUEST TO THE FINANCIAL SERVICES OFFICE OR CAN BE OBTAINED ONLINE AT GUIDESTAR.ORG.

FORM 990, PAGE 12, PART XI, LINE 2C:
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

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(B) DESCRIPTION OF PURPOSE: FINANCE ACQUISITION/CONSTRUCTION/EQUIPMENT

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/CONSTRUCT./RENOVATION/EQUIP.OF NEW & EXISTING FACILITIE

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/CONSTRUCT./RENOVATION/EQUIP.OF NEW & EXISTING FACILITIE

(A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE ACQUISITION/CONSTRUCT./RENOVATION/EQUIP.OF NEW & EXISTING FACILITIE

FORM 990, PAGE 9, PART VIII, LINE 11

PAYROLL AND BENEFITS FOR ALL OFFICERS, DIRECTORS AND EMPLOYEES OF THE

CONSOLIDATED GROUP KNOWN AS ANNE ARUNDEL HEALTH SYSTEM, INC. IS

ADMINISTERED THROUGH ANNE ARUNDEL MEDICAL CENTER, INC. (AAMC) AAMC

SUBSEQUENTLY BILLS EACH ENTITY FOR THE AMOUNT OF WAGE AND BENEFIT

EXPENSE INCURRED BY THEM. THIS IS REPORTED ON THE FORM 990 AS

"MANAGEMENT SERVICES" ON PAGE 9.

FORM 990, PAGE 2, PART III, LINE 4A - CONTINUATION

AAMC'S EMERGENCY DEPARTMENT INCLUDES:

EMERGENCY TRAINED NURSES AND MEDICAL TECHNICIANS WHO PROVIDE NURSING

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ANNE ARUNDEL MEDICAL CENTER, INC.

Employer identification number

52-1169362

CARE AND MONITOR PATIENT CONDITIONS THROUGHOUT THE EPISODE OF CARE. ALL PATIENTS ARE TRIAGED BY NURSING STAFF AND ASSIGNED A PRIORITY BASED ON THE ASSESSED MEDICAL NEED. THOSE PATIENTS WITH MORE SERIOUS CONDITIONS ARE TREATED IN THE MAIN ED AREA WHILE PATIENTS WITH LESS ACUTE CONDITIONS ARE TREATED IN THE MINOR TREATMENT AREA. EIGHTEEN ROOMS ARE DESIGNATED FOR ACUTELY ILL PATIENTS, TWO FOR TRAUMA CARE, ONE FOR OB-GYN, AND EIGHT FOR NON-URGENT CARE. TEN ADDITIONAL ROOMS ARE DESIGNATED FOR CLINICAL DECISION-MAKING.

SUTURING AND CASTING SERVICES AVAILABLE FOR MINOR TRAUMA.

HIGH-LEVEL TRAUMA PATIENTS ARE STABILIZED AND TRANSFERRED TO NEARBY TRAUMA CENTERS.

X-RAY SERVICES AVAILABLE WITHIN THE ED TO EXPEDITE DIAGNOSIS AND TREATMENT. A FULL-SERVICE RADIOLOGY DEPARTMENT IS LOCATED ON THE SAME FLOOR FOR MORE EXTENSIVE DIAGNOSTIC TESTING. NEW TECHNOLOGY ALLOWS X-RAYS BE TRANSMITTED ELECTRONICALLY ENABLING THE ED DOCTORS, SPECIALISTS, AND PRIMARY CARE PHYSICIANS TO VIEW X-RAYS AND OTHER DIAGNOSTIC TESTS ON A COMPUTER WITHIN MINUTES OF BEING TAKEN.

HOSPITALISTS AND INTENSIVISTS (DOCTORS SPECIALLY TRAINED IN CRITICAL CARE AND INPATIENT CARE) ADMIT PATIENTS TO THE ACUTE CARE PAVILION ONCE THE DETERMINATION IS MADE THAT FURTHER MEDICAL AND NURSING ARE NEEDED.

MENTAL HEALTH ASSESSMENT AND PLACEMENT SERVICES ARE PROVIDED BY LICENSED MENTAL HEALTH CLINICIANS.

DOMESTIC VIOLENCE ASSESSMENT AND SUPPORT SERVICES ARE PROVIDED BY TRAINED COUNSELORS.

PATIENT ADVOCATES AND VOLUNTEERS ARE AVAILABLE TO ASSIST FAMILIES WITH

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

Schedule O (Form 990) 2009

932211
02-03-10

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PERSONAL NEEDS AND COMFORT CARE.

COMMUNITY HEALTH EDUCATION AND SUPPORT

COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND
DISEASE PREVENTION. IN MOST CASES, AAMC PROVIDED THESE SERVICES AT
MINIMAL OR NO COST. THE FOLLOWING SERVICES WERE OFFERED IN FY10:

INDIVIDUAL NUTRITION COUNSELING WITH REGISTERED DIETITIANS WAS PROVIDED
AT A NOMINAL COST. IN FY10, AAMC DIETICIANS SPENT MORE THAN 593 HOURS
IN DIETARY CONSULTATIONS.

NUTRITION EDUCATION WAS OFFERED IN EIGHT GROCERY STORES THROUGHOUT THE
COUNTY, FUNDED BY A GRANT FROM THE ANNE ARUNDEL COUNTY HEALTH
DEPARTMENT. APPROXIMATELY 10,150 CONSUMERS WERE GREETED AND MORE THAN
50,750 PIECES OF EDUCATIONAL MATERIAL WERE DISTRIBUTED DURING THESE
SESSIONS.

APPROXIMATELY 291 MASSAGE, HEALING TOUCH, AND REIKI SESSIONS WERE GIVEN
AT A MODERATE COST TO THE COMMUNITY.

AAMC PHYSICIANS, PHARMACISTS, REGISTERED NURSES, DIETITIANS AND OTHER
PROFESSIONALS VOLUNTEER THEIR TIME AND EXPERTISE TO PROVIDE UP-TO-DATE
INFORMATION ON DISEASE PREVENTION AND OTHER HEALTH-RELATED ISSUES
THROUGH FREE SEMINARS AND PROGRAMS. THESE PROGRAMS, DESIGNED TO MEET
THE HEALTH NEEDS OF THE COMMUNITY AND COORDINATED BY THE DEPARTMENTS OF
PUBLIC RELATIONS AND COMMUNITY HEALTH AND WELLNESS, ARE OFFERED TO

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LOCAL CLUBS, SCHOOLS, CORPORATIONS, CIVIC ORGANIZATIONS AND THE GENERAL
PUBLIC. CLASS TOPICS ARE BASED ON COMMUNITY HEALTH ASSESSMENTS,
RESULTS OF CUSTOMER INTEREST SURVEYS, FOCUS GROUPS, AND FEEDBACK
PROVIDED ON PROGRAM EVALUATIONS. TOPICS INCLUDE PROSTATE CANCER,
CARDIAC RISK, VASCULAR DISEASE, BACK CARE, BREAST CANCER, ARTHRITIS,
PAIN MANAGEMENT, REFLUX DISEASE, DIABETES AND MENOPAUSE. MORE THAN
35,000 PEOPLE PARTICIPATED IN AAMC CLASSES AND SPECIAL EDUCATION EVENTS
DURING FY10. MOST CLASSES WERE OFFERED AT A BREAK-EVEN COST OR A LOSS
TO THE MEDICAL CENTER.

A SAMPLING OF THE MORE THAN 60 CLASSES INCLUDES THE FOLLOWING:

ADOLESCENT CHILDBIRTH/PARENTING CLASSES WITH A PREGNANCY-PREVENTION
COMPONENT.

OPR CLASSES WITH CPR TECHNIQUES FOR CHILDREN AND INFANTS. ABOUT 400
HOURS A YEAR ARE SPENT ON CPR INSTRUCTION.

SPECIAL PROGRAMS AND SEMINARS FEATURING CRITICAL ISSUES IN WOMEN'S
HEALTH, INCLUDING MENOPAUSE, OSTEOPOROSIS PREVENTION, CORONARY RISK,
PRECONCEPTION PLANNING AND BREAST CANCER TREATMENT AND RECOVERY AS WELL
AS PARENTING PROGRAMS FOR WOMEN.

CLASSES IN BIRTH EDUCATION, BREASTFEEDING PREPARATION, INFANT CARE AND
CHILD PASSENGER SAFETY ALONG WITH PROGRAMS FOR DADS, GRANDPARENTS AND
SIBLINGS THAT PREPARE FAMILIES FOR THE ARRIVAL OF A NEW BABY. MORE THAN

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**2,000 FAMILIES ATTENDED NEARLY 1,000 PERINATAL EDUCATION CLASSES
OFFERED BY WOMEN'S EDUCATION IN FY10.**

**CLASSES IN COMPLEMENTARY PRACTICES FOR MIND/BODY WELLNESS. THESE
CLASSES INCLUDE MASSAGE, YOGA, TAI CHI, REIKI, MEDITATION, AND
MINDFULNESS, AND A NATIONALLY RECOGNIZED WEIGHT TRAINING PROGRAM FOR
WOMEN KNOW AS "STRONG WOMEN".**

**CLASSES TO PROMOTE HEALTHY LIFESTYLE CHOICES, SUCH AS "BECOMING
SMOKE-FREE", AND "THE LEARN PROGRAM", WHICH PROVIDES A COMPREHENSIVE
APPROACH TOWARDS WEIGHT LOSS AND WEIGHT MANAGEMENT.**

**STROKE EDUCATION OUTREACH AND CONTINUED EDUCATION -- A VITAL COMPONENT
OF THE AAMC STROKE CENTER MISSION.**

**SUPPORT GROUPS ARE ORGANIZED IN CONJUNCTION WITH SEVERAL HEALTH
ORGANIZATIONS AND COMMUNITY GROUPS. THEY INCLUDE: ANNAPOLIS HOMEOPATHY
STUDY GROUP, ALZHEIMERS SUPPORT, BREAST CANCER SUPPORT, CARDIAC
SUPPORT, CANCER SUPPORT, CELIAC SUPPORT, CROHNS/COLITIS/IBD SUPPORT,
DIABETES SUPPORT, DOWNS SYNDROME, LIVER SUPPORT, NICOTINE DEPENDENCE
SUPPORT, OSTOMY SUPPORT, PROSTATE CANCER SUPPORT, SICKLE CELL SUPPORT,
AND STROKE SUPPORT. THERE IS ALSO A BETTER BREATHING CLUB AND THE
HISPANIC WOMEN MENTAL HEALTH GROUP. WOMEN'S EDUCATION AT AAMC SPONSORS
A BREASTFEEDING SUPPORT GROUP, MOMMY AND ME PLAYGROUP, AND POSTPARTUM
DEPRESSION SUPPORT GROUP.**

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Employer identification number

52-1169362

**COMMUNITY HEALTH EDUCATION SERVICES ENCOURAGE HEALTHY LIFESTYLES AND
DISEASE PREVENTION. IN MOST CASES, AAMC PROVIDES THESE SERVICES AT NO
COST TO PARTICIPANTS.**

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.

Name of the organization ANNE ARUNDEL MEDICAL CENTER, INC. **Employer identification number** 52-1169362

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 |
|---|---|--|----------------------------|---|-----------------------------------|
| ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC. - 52-1722088, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | ALCOHOL & DRUG ABUSE TREATMENT SERVICES | MARYLAND | 501(C)(3) | 3 | ANNE ARUNDEL MEDICAL CENTER, INC. |
| ANNE ARUNDEL HEALTH CARE SERVICES, INC. - 52-1467734, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | OUTPATIENT DIAGNOSTICS AND IMAGING SERVICES | MARYLAND | 501(C)(3) | 3 | ANNE ARUNDEL MEDICAL CENTER, INC. |
| ANNE ARUNDEL HEALTH SYSTEMS, INC. - 52-1622253, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | SUPPORT HEALTH CARE RELATED ENTITIES | MARYLAND | 501(C)(3) | 9 | N/A |
| ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. - 52-1331298, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | SUPPORTING ORGANIZATION OF RAHS, INC AND SUBSIDIARIES | MARYLAND | 501(C)(3) | 11, TYPE II | ANNE ARUNDEL HEALTH SYSTEM, INC. |

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) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |
|--|---|---|-------------------------------------|---|---------------------------------|--|--|-----|---|---|
| | | | | | | | Yes | No | | |
| MEDICAL OFFICE, LLC - 20-2290229, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | COMMERCIAL MEDICAL REAL ESTATE LEASING | MD | N/A | N/A | N/A | N/A | | N/A | N/A | N/A |
| ANNAPOLIS EXCHANGE, LOF IV, LLC - 52-2020156, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | COMMERCIAL MEDICAL REAL ESTATE LEASING | MD | N/A | N/A | N/A | N/A | | N/A | N/A | N/A |
| ANNAPOLIS EXCHANGE, LOT V, LLC - 52-2020157, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | COMMERCIAL MEDICAL REAL ESTATE LEASING | MD | N/A | N/A | N/A | N/A | | N/A | N/A | N/A |
| KENT ISLAND MEDICAL ARTS, LLC - 26-0623450, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | COMMERCIAL MEDICAL REAL ESTATE LEASING | MD | 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 |
|--|--|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC. - 52-1646304, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | MEDICAL SERVICES | MD | N/A | C CORP | N/A | N/A | N/A |
| PAVILION PARK, INC. - 52-1890034 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401 | REAL ESTATE LEASING | MD | N/A | C CORP | N/A | N/A | N/A |
| COTTAGE INSURANCE COMPANY, LTD. - 98-0461499 P.O. BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ KY1-110 | CAPTIVE INSURER - PROFESSIONAL LIABILITY INSURANCE | CAYMAN ISLANDS | | C CORP | 5037589. | 31483471. | 100% |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | X | |
| d Loans or loan guarantees to or for other organization(s) | X | |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | | X |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | X | |
| j Lease of facilities, equipment, or other assets from other organization(s) | X | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | | X |
| n Sharing of paid employees | | X |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | X | |
| q Other transfer of cash or property to other organization(s) | | X |
| r 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(s) | (b) Transaction type (a-r) | (c) Amount involved |
|---|-------------------------------|------------------------|
| (1) ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. | C | 902,049. |
| (2) ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC. | I | 83,100. |
| (3) PAVILLION PARK, INC. | I | 155,686. |
| (4) ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC. | I | 40,800. |
| (5) KENT ISLAND MEDICAL ARTS, LLC | J | 101,812. |
| (6) PAVILLION PARK, INC. | J | 1,085,268. |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of- year assets | (f) Dispropor- tionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|--|-------------------------|--|--|----|--|--|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |
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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, ex- cluded 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 on box 20 of K-1 | (j) General or managing partner? |
|--|---|---|-------------------------------------|--|---------------------------------|--|---|-----|---|---|
| | | | | | | | Yes | No | | |
| BLUE BUILDING, LLC - 26-3525250, 2001 MEDICAL PARKWAY, ANNAPOLIS, MD 21401 | COMMERCIAL MEDICAL REAL ESTATE LEASING | MD | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| | (a) Name of other organization | (b) Transaction type (e-f) | (c) Amount involved |
|------|---|-------------------------------|------------------------|
| (7) | BLUE BUILDING, LLC | J | 910,340. |
| (8) | ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC. | O | 852,685. |
| (9) | ANNE ARUNDEL HEALTH CARE ENTERPRISES, INC. | P | 112,000. |
| (10) | ANNE ARUNDEL HEALTH CARE SERVICES, INC. | P | 6,122,069. |
| (11) | ANNE ARUNDEL GENERAL TREATMENT SERVICES, INC. | P | 3,648,469. |
| (12) | PAVILION PARK, INC. | P | 289,799. |
| (13) | ANNE ARUNDEL MEDICAL CENTER FOUNDATION, INC. | P | 872,478. |
| (14) | ANNE ARUNDEL HEALTH SYSTEM RESEARCH INSTITUTE, INC. | P | 1,315,171. |
| (15) | COTTAGE INSURANCE COMPANY, LTD. | Q | 4,885,000. |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
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