Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2009	calen	dar year, or tax year beginning , 2009, and ending			, 20	<u>) </u>	
B c	heck if app	plicable:		C Name of organization HARFORD MEMORIAL HOSPITAL, INC.	D Emp	ployer identific	cation nur	nber	
	Addre: chang		use IRS label or	Doing Business As	52	-0591484	4		
	7 1	change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Tele	ephone number			
	Initial i	return	type. See	501 SOUTH UNION AVENUE	(410	877-3	700		
	Termir	- 1	Specific	City or town, state or country, and ZIP + 4	, -	,			
	Amen		Instruc- tions.	HAVRE DE GRACE, MD 21078	G Groot	ss receipts \$	0.0	601	,765.
	return Applic	Ļ		me and address of principal officer: LYLE E SHELDON		this a group return		_	<u> </u>
	pendir	ng			aff	iliates?	_	Yes	-
			520	UPPER CHESAPEAKE DR., STE. 405 BEL AIR, MD 21014	H(b) Ar	e all affiliates inclu	uded?	Yes	No
<u> </u>	Tax-ex	empt sta	itus:	X 501(c) (03) ◀ (insert no.) 4947(a)(1) or 527	If'	"No," attach a list.	(see instru	ctions)	
J	Websi	te: 🕨 🕽	. WWW	UCHS.ORG	H(c) Gro	oup exemption nu	ımber		
K	Form o	of organiz	zation:	X Corporation Trust Association Other ▶ L Year of	formation: 19	11 M State	of legal de	omicile	: MD
Pa	rt I	Sun	nmary						
	1	-		ne the organization's mission or most significant activities: SPITAL CARE					
9		ACO1		5111AD CARE					
ă									
ern									
Governance	2	Check	this bo	x > if the organization discontinued its operations or disposed of more than 2	5% of its net a	assets.			
≪	3	Numbe	er of vo	ting members of the governing body (Part VI, line 1a)		3			15
	4	Numbe	er of inc	lependent voting members of the governing body (Part VI, line 1b)					10
Activities	1			of employees (Part V, line 2a)					946
Ę	1								146
٩	1			of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12		1_ 1			0
		U				7a			0
	D	net un	related	business taxable income from Form 990-T, line 34		7b			
Revenue						r Year	Cur	rent Y	
	8	Contrib	outions	and grants (Part VIII, line 1h)		12,939.			,418.
	9	Progra	m serv	ice revenue (Part VIII, line 2g)	90,41	12,519.	88	,214	, 775.
				come (Part VIII, column (A), lines 3, 4, and 7d)	-1,89	93,011.	-2	,406	,105.
Ľ	11	Other r	evenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9!	54,722.		587	,814.
				- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,725.	86		,902.
				milar amounts paid (Part IX, column (A), lines 1-3)		966.			744.
						0.			0
	4-			to or for members (Part IX, column (A), line 4)	42.01			700	
es	15			r compensation, employee benefits (Part IX, column (A), lines 5-10)		59,157.	43,	, /86	<u>,173.</u>
Expenses	16 a			undraising fees (Part IX, column (A), line 11e)		0.			0
ă.	b			ing expenses, Part IX, column (D), line 25)					
ш	17	Other 6	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	48,52	24,156.	42	, 800	,996.
	18	Total e	xpense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,58	84,279.	86,	,590	,913.
	19	Reveni	ue less	expenses. Subtract line 18 from line 12	4	93,446.		-134	,011.
or					Beginnir	ng of Year	En	d of Y	ear
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)		01,506.	94	969	,551.
\ss Ba	21			c (Part X, line 26)		65,985.			,315.
et/	21								
				fund balances. Subtract line 21 from line 20	3,3.	35,521.	14,	, 627	, 236.
Pa	rt II	Sig	nature	Block					
		Under	penaltie	es of perjury, I declare that I have examined this return, including accompanying schedul	es and stateme	ents, and to the	ne best of	f my k	nowledge
		and be	elief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on a	II information	of which prep	arer has	any kr	nowledge.
S	ign								
	ere	7 5	Signatur	e of officer		Date			
			-						
		•	Type or	print name and title					
				Date Che	∽k if	Preparer's	identifying	numb	er
Paid	ı	Prepa		self-		(see instru		, mumb	U 1
	oarer's	signat			loyed 🕨				
	Only	Firm's	name (c employe	or yours GRANT THORNTON LLP	EIN	 3	6-605	<u>555</u> 8	3
J36	Jiny		s, and z		Phone r	10. 🕨 2	15-56	1 - 42	200
May	the IF	RS disci	uss this	return with the preparer shown above? (see instructions)			Х	es/	No

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Pa	rt Statement o	of Program Serv	rice Accomplis	shments				
	Briefly describe the ACUTE HOSPITAI	organization's n						
	Did the organization the prior Form 990 o	or 990-EZ?						X No
3	If "Yes," describe the Did the organization	cease conduct	ting, or make	significant chang				
	services? If "Yes," describe the	ese changes on	Schedule O.					X No
4	Describe the exemposition Section 501(c)(3) are allocations to others	nd 501(c)(4) org	anizations and	d section 4947(a)(1) trusts are rec	quired to report the	es by expenses. amount of grants and	d
4a	(Code:ATTACHMENT	_		-	of \$	3, ₇₄₄) (Revenue \$	88,214,775.	_)
	ATTACHMENT							
4b	(Code:) (Expenses \$ _		including grants	of \$) (Revenue \$	S	_)
4c	(Code:) (Expenses \$ _		including grants of	of \$) (Revenue \$		_)
	-		0 1 1 1 7 1					
	Other program service (Expenses \$	includi	ng grants of \$) (Revenue \$)	
<u>4e</u>	Total program servi	ce expenses	60,2	43,281.				200
							Form	990 (2009)

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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	X	
5	Sections 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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	· · · · · · · · · · · · · · · · · · ·	_		37
-	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>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 separate of consolidated financial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12		4.0		3.7
40.4	complete Schedule D, Parts XI, XII, and XIII.	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
р	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? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Х	

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

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Part	Statements Regarding Other IRS Filings and Tax Compliance			
	<u> </u>		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 946			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4 a	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			37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
. .	and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	35		21
C	Prohibited Tax Shelter Transaction?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
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	8		
9	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- U.S		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h	If "Yes" enter the amount of tax-exempt interest received or accrued during the year			

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_		
b	Enter the number of voting members that are independent)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
	sind odda,		Yes	No
10 2	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
b	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	105		
• • •		11	X	
44 A	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40h	X	
	rise to conflicts?	12b	- 21	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	X	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	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		
Sect	tion 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 onl			
	available for public inspection. Indicate how you make these available. Check all that apply.	- /		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	ŀ		
	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			
20	organization: JOSEPH E. HOFFMAN 520 UPPER CHESAPEAKE DRIVE, STE 405 BEL AIR, MD	2101	4	
	443-643-3340			

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	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
Name and Tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
H WILLIAM ACKER											
VICE-CHAIRMAN/DIRECTOR	5.00	Х		Х				0.	0.	0.	
JOHN H CAIN											
DIRECTOR	1.00	Х						0.	0.	0.	
DIANE K FORD DIRECTOR	1.00	Х						0.	0.	0.	
ROBERT F HOOFNAGLE JR MD											
DIRECTOR	1.00	Х						0.	34,167.	0.	
M SCOT KAUFMAN											
SECRETARY/DIRECTOR	5.00	Х		Х				0.	0.	0.	
ANDREW KLEIN											
DIRECTOR	1.00	Х						0.	0.	0.	
JAMES LAMBDIN											
DIRECTOR	1.00	Х						0.	0.	0.	
PETER J LOPRESTI DO											
DIRECTOR	1.00	Х						0.	14,825.	0.	
ANTHONY J MEOLI											
TREASURER/DIRECTOR	5.00	Х		Х				0.	0.	0.	
ROGER E SCHNEIDER MD											
CHAIRMAN/DIRECTOR	5.00	Х		Х				0.	0.	0.	
LYLE E SHELDON											
PRESIDENT/CEO/DIRECTOR	5.00	Х		Х				0.	788,265.	209 , 979.	
RICHARD P STREETT JR VMD											
DIRECTOR	1.00	Х						0.	0.	0.	
ADELE A WILZACK RN MS											
DIRECTOR	1.00	X						0.	0.	0.	
ALBERT J A YOUNG											
DIRECTOR	1.00	X						0.	0.	0.	
FAHEEM YOUNUS MD											
DIRECTOR	1.00	X						0.	152,242.	0.	
JOSEPH E HOFFMAN III											
SR VP/CFO	5.00				Χ			0.	390,203.	92,929.	

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Part VII Section A. Officers, Directors, Tr		ey En	nplo			and	Hig		ted Employees(c	ontinued)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	P or director	nstitutional trustee	Officer	all Key employee	Highest compensated employee	ly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOYCE FOX VP PATIENT SERVICES/CNO	20.00				Х			201,950.	0.	32,323.
MARGARET M. VAUGHAN SR VP/CHIEF MEDICAL OFFICER	5.00				X			0.	403,662.	108,701.
KENNETH D KOZEL SR VP/CHIEF OPERATING OFFICER	5.00				Х			0.	391,188.	84,148.
DEAN_C_KASTERSR_VP/CORP_STRATEGY/PLANNING	5.00				Х			0.	274,512.	76 , 801.
TONI M SHIVERY VP - HUMAN RESOURCES	5.00				Х			0.	202,472.	56 , 256.
E SCOTT CONOVER SR VP/GENERAL COUNSEL	5.00				Х			0.	273,971.	41,285.
EUGENE CURROTTO VP - OPERATIONS	40.00					Х		173,884.	0.	50,887.
RICHARD CASTEEL VP - MIS	40.00					Х		171,635.	0.	29 , 709.
KIMBERLY SHERIN PHARMACIST	40.00					X		142,060.	0.	28 , 976.
STEPHEN LOW DIR - PHARMACEUTICAL SERVICES	40.00					X		132,656.	0.	31,835.
BEVERLY WEHMER ADMINISTRATIVE DIRECTOR	40.00					Х		108,186.	0.	27,024.
1b Total								930,371.		870 , 853.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization
 33

			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	3		Χ
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	4	Х	
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	5		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
ATTACHMENT 3		

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 ▶ 16

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<u>'art</u>	VIII	Statement of Revenue			52-0591484		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ß	1a	Federated campaigns	1a				
ğ	b		1b				
am	С		1c				
ia.	d	Troidica organizations I I I I I I I I	1d 60,418.				
sim	е	Covernment grante (contributions)	1e				
her	f	All other contributions, gifts, grants,	1f				
and other similar amounts	~	and similar amounts not included above					
a	y h	Total. Add lines 1a-1f		60,418.			
e n			Business Code	·			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	621400	88,214,775.	88,214,775.		
8 8	b						
<u> </u>	С		_				
Ser	d						
lan	е		_				
rog	f	All other program service revenue					
- ⊢	g_	Total. Add lines 2a-2f		88,214,775.			
	3	Investment income (including dividends, in		996,220.	0.	0.	996,220
	4	other similar amounts)		0.	0.	0.	330,22
	5	Royalties • • • • • • • • • • • • • • • • • • •		0.			
	·	(i) Rea					
	6a	Gross Rents 470,	563.				
	b	Less: rental expenses 593,	309.				
	С	Rental income or (loss)	746.				
	d	Net rental income or (loss)		-122,746.			-122,746
	7a	Gross amount from sales of (i) Securit	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		assets other than inventory 8,063,	025. 86,204.				
	b	Less: cost or other basis					
		and sales expenses 11,551,					
		Gain or (loss)		-3,402,325.			-3,402,325
as l	8a	Gross income from fundraising		-3,402,323.			-3,402,323
בַּ	oa	events (not including \$					
Š		of contributions reported on line 1c).					
צַ		See Part IV, line 18	. a				
Otner Revenue	b	Less: direct expenses	. b				
5	С	Net income or (loss) from fundraising ever	ts	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses		0.			
	C 10a	Net income or (loss) from gaming activities Gross sales of inventory, less	,	0.			
1	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventor	y ▶	0.			
		Miscellaneous Revenue	Business Code				
1	11a	CAFETERIA SALES/MISC	900099	705,160.			705,160
	b	INTEREST INCOME - ACCTS RECEIVABLE	_	5,400.			5,40
	С		_				
	d	All other revenue					
	е	Total. Add lines 11a-11d		710,560.			

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	All other organizations must complete not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,744.	3,744.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.	0.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	35,389,954.	25,618,778.	9,771,176.	
7	Other salaries and wages	33,369,934.	23,010,770.	9,771,170.	
8	Pension plan contributions (include section 401(k)	1,676,445.	1,213,578.	462,867.	
o	and section 403(b) employer contributions)	4,108,952.	2,973,436.	1,135,516.	
9	Other employee benefits	2,610,822.	1,889,973.	720,849.	
10 11	Fees for services (non-employees):	2,010,022.	1,000,010.	720,047.	
	` ' ' '	0.			
	Management	0.			
	Accounting	393,978.		393,978.	
	Lobbying	0.		330/3701	
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	2,632,339.	1,773,964.	858,375.	
12	Advertising and promotion	3,574.	3,495.	79.	
13	Office expenses	12,300,090.	11,080,410.	1,219,680.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	1,398,316.	32,772.	1,365,544.	
17	Travel	39,764.	8,237.	31,527.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	49,448.	12,131.	37,317.	
20	Interest	1,511,723.	1,093,804.	417,919.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	2,921,283.	2,099,325.	821,958.	
23	Insurance	1,166,367.	16,033.	1,150,334.	
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.)	0.701.064	0.701.064		
	PROVISION FOR BAD DEBT	9,721,864.	9,721,864.	2 015 170	
	EQUIPMENT RENTAL	4,165,460. 2,964,617.	1,150,282.	3,015,178.	
	CORPORATE FEES		1 156 151	2,964,617.	
	PURCHASED_SERVICES	3,019,025. 333,097.	1,156,151. 306,433.	1,862,874.	
	TEMPORARY_STAFFING	180,051.	88,871.	91,180.	
	All other expenses	86,590,913.	60,243,281.	26,347,632.	0
	Total functional expenses. Add lines 1 through 24f	00,090,913.	00,243,201.	20,341,032.	0
26	Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
JSA	fundraising solicitation				- 000 (oooo

JSA 9E1052 1.000

Part X **Balance Sheet**

ГС	irt X	balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,358,307.	1	11,927,701.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,375,170.	4	10,297,674.
	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	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	2,995,614.	9	3,633,861.
	10 a	Land, buildings, and equipment: cost or 10a 93,081,250.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 62,329,968.	30,771,178.	10c	30,751,282.
	11	Investments - publicly traded securities	29,459,397.	11	36,688,064.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,641,840.	15	1,670,969.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	84,601,506.	16	94,969,551.
	17	Accounts payable and accrued expenses	24,857,776.	17	20,089,549.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	28,597,321.	20	28,446,349.
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	27,610,888.	25	31,806,417.
	26	Total liabilities. Add lines 17 through 25	81,065,985.	26	80,342,315.
		Organizations that follow SFAS 117, check here Complete lines 27 through 29, and lines 33 and 34.			
ces	0.7		2 525 521		14 607 006
<u>a</u> n	27	Unrestricted net assets	3,535,521.	27	14,627,236.
Ва	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	3,535,521.	33	14,627,236.
_	34	Total liabilities and net assets/fund balances	84,601,506.	34	94,969,551.

Form **990** (2009)

Page **12** Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
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:			
	Separate basis X Consolidated basis 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		Х
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)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

HARFOR	D MEMORIA	AL HOSPITAL,	INC.						52-05	91484
Part I	Reason fo	or Public Char	ity Status (All organi	zations m	ust compl	ete this p	oart.) Se	e instruc	tions.	
The orga	nization is no	t a private founda	ation because it is: (For	lines 1 thro	ugh 11, ch	eck only c	ne box.)			
1	A church, co	onvention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(ʻ	1)(A)(i).		
2	A school des	scribed in section	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3 X	A hospital or	r a cooperative he	ospital service organiza	ation descril	bed in se	ction 170	(b)(1)(A)(iii).		
4	A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ate:							
5	An organiza	ation operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)							
6	A federal, st	ate, or local gove	ernment or government	al unit desc	ribed in	section 17	70(b)(1)(A	(v).		
7	An organiza	ation that normal	lly receives a substant	tial part of	its support	from a	governme	ntal unit	or from t	the general public
	described in	section 170(b)(1)(A)(vi). (Complete F	Part II.)			_			-
8	A communit	y trust described	in section 170(b)(1)(/	A)(vi). (Co	mplete Part	t II.)				
9	An organiza	tion that normal	ly receives: (1) more	than 33 1/3	% of its su	pport froi	m contrib	utions, n	nembershi	p fees, and gross
	_		ted to its exempt fun-							
	-		nent income and un		-		-			
		_	after June 30, 1975.				-		,	
10	-	_	nd operated exclusively					-		
11	_	_	and operated exclusi	-		=			ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations	described i	n section	509(a)(1	l) or sect	tion 509(a	a)(2). See section
	509(a)(3).	Check the box that	at describes the type of	of supportin	g organiza	tion and o	complete	lines 11e	through	11h.
	а Тур	el b	Type II c	: Птур	e III - Func	tionally in	tegrated		d Ty	pe III - Other
е	By checking	g this box, I ce	rtify that the organiz	ation is no	ot controlle	d directl	y or indi	rectly by	one or	more disqualified
	persons oth	er than foundati	on managers and oth	er than on	e or more	publicly s	supported	lorganiza	ations de	scribed in section
	509(a)(1) or	section 509(a)(2	2).							
f	If the organ	nization received	a written determinat	ion from t	the IRS tha	at it is a	Type I, 1	Type II, o	r Type III	supporting
	organization	, check this box								
g	Since Augus	st 17, 2006, has t	he organization accept	ed any gift	or contribut	ion from a	any of the			
	following pe	rsons?								
	(i) A perso	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	oorted orga	nization?					11g(i)
	(ii) A family	y member of a pe	erson described in (i) ab	ove?						11g(ii)
	(iii) A 35%	controlled entity	of a person described in	n (i) or (ii) a	bove?					11g(iii)
h	Provide the	following informa	tion about the supporte	d organiza	tion(s).					
	of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
orga	anization		(described on lines 1-9 above or IRC section	in col. (i) lis governing			nization in of your		ion in col. zed in the	support
			(see instructions))	govorning	accarriont.	sup	port?	U.		
				Yes	No	Yes	No	Yes	No	
Total										

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 52-0591484 Page **2**

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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is 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) 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) Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 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 ▶ 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, 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 52-0591484 Page **3**

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

((Complete	only if	vou che	cked the	box on	line 9	of Part I.)

Sec	tion A. Public Support						
Ca	alendar 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.")	ı					
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						+
	Amounts included on lines 1, 2, and 3						
_i a	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.						
_	for the year						1
8	Add lines 7a and 7b Public support (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		(1)		(1)	(1)	(,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b Net income from unrelated business						
11	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						
13	(Explain in Part IV.) Total support. (Add lines 9, 10c, 11,						+
13							
11	and 12.) First five years. If the Form 990 is for	the organization	n's first seemed	third fourth an	fifth tay year	l soction FO	1(0)(3)
14	organization, check this box and stop here	-			-		
Sec.	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2009 (line 8, co			(f))		15	%
16	Public support percentage for 2009 (line 8, co					16	% %
	tion D. Computation of Investmen					10	70
	Investment income percentage for 2009 (lin			column (f))		17	%
17 18							% %
18 10 a	Investment income percentage from 2008 3					18 ro than 224/2.9/	
19 a	33 1/3 % support tests - 2009. If the or	-					
1.	17 is not more than 33 1/3 %, check th		-				
b	33 1/3 % support tests - 2008. If the organization 40 is not made than 2004 0 % should						
20	line 18 is not more than 331/3 %, check		-	•	. ,	•	. —
20	Private foundation. If the organization	uiu iioi check	a bux un ime	14. 19a. OI 190	i. Check this D	ox and see ins	แนบแบบร 🚩 📗

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Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B

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

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
HARFORD MEMORIAL HOSPI	TAL, INC.	52-0591484
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ		
	4947(a)(1) nonexempt charitable trust not treated as a private foun	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	١
	501(c)(3) taxable private foundation	
, ,	red by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See
_	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mocontributor. Complete Parts I and II.	ore (in money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3 % support test 170(b)(1)(A)(vi), and received from any one contributor, during the year, a confidence of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	contribution of the greater
the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any outributions of more than \$1,000 for use exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, and I	e, scientific, literary, or
the year, contributions for aggregate to more than year for an exclusively rapplies to this organizat	(8), or (10) organization filing Form 990 or 990-EZ that received from any or use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions. \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ion because it received nonexclusively religious, charitable, etc., contribution	outions did not eceived during the the General Rule ons of \$5,000 or more
990-EZ, or 990-PF), but it must a	ot covered by the General Rule and/or the Special Rules does not file Schenswer "No" on Part IV, line 2 of its Form 990, or check the box on line H of certify that it does not meet the filing requirements of Schedule B (Form 990)	its Form 990-EZ,
For Privacy Act and Paperwork Reductio	n Act Notice, see the Instructions Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2009)

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)

age	of	of Part I

Name of organization HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number 52-0591484

Part I Contributors (see instructions)

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 520 UPPER CHESAPEAKE DRIVE, SUITE 405 BEL AIR, MD 21014	\$60,418.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number						
HARFORD MEMORIAL HOSPITAL, INC.	52-0591484						
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
1 Provide a description of the organization's direct and indirect political campaign activities in Part	IV.						

Pa	t I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2	Political expenditures
3	Volunteer hours
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955
2	Enter the amount of any excise tax incurred by organization managers under section 4955
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a	Was a correction made?
b	If "Yes," describe in Part IV.
Pa	rt I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function
	activities \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section
	527 exempt function activities
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
	line 17b
4	Did the filing organization file Form 1120-POL for this year?
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments
	were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of
	political contributions received that were promptly and directly delivered to a separate political organization, such as a separate
	segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

JSA 9E1264 2.000 Schedule C (Form 990 or 990-EZ) 2009

Sch	edule C (Form 990 or 990-EZ) 2009				52-05	91484	Page	2
Pa	art II-A Complete if the or under section 501		n is exem	pt under section (501(c)(3) and fil	ed Form 5768 (elec	tion:	
				an affiliated group ox A and "limited o		ns apply.		
			ying Expen ans amoun	ditures ts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to	influence p	ublic opinio	n (grass roots lobbyir	ng)			
b	Total lobbying expenditures to	influence a	legislative b	oody (direct lobbying)			
С	Total lobbying expenditures (a	dd lines 1a	and 1b)					
d	Other exempt purpose expend	litures						
е	Total exempt purpose expend	itures (add I	ines 1c and	1d)				
f	Lobbying nontaxable amount. columns.	Enter the a	mount from	the following table in	both			
	If the amount on line 1e, column	(a) or (b) is:	The lobbyin	g nontaxable amount i	s:			
	Not over \$500,000		20% of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000	0,000	\$100,000 plu	us 15% of the excess o	ver \$500,000.			
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 plu	us 10% of the excess o	ver \$1,000,000.			
	Over \$1,500,000 but not over \$17,	,000,000	\$225,000 plu	us 5% of the excess over	er \$1,500,000.			
	Over \$17,000,000		\$1,000,000.					
g	Grassroots nontaxable amoun	t (enter 25%	of line 1f)					
h	Subtract line 1g from line 1a. I							
i	Subtract line 1f from line 1c. If							
j	If these is an amount other that section 4911 tax for this year?					m 4720 reporting	. Yes No	o
		ations that lumns belo	made a sec w. See the	instructions for line	do not have to co s 2a through 2f o			
		Lobi	bying Exper	nditures During 4-Ye	ear Averaging Per	iod	Т	_
	Calendar year (or fiscal year beginning in)	(a) 2	006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2 a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 52-0591484 Page **3**

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

		(a)		(b)		
		Yes	No	Amou	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of: Volunteers?		Х			
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	37	X			0.4.4
i i	Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i	X				044.
j 2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		4,	044.
- a b	If "Yes," enter the amount of any tax incurred under section 4912		21			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or se	ction		,
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
<u> </u>	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
ıaı	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I					
	"Yes."			0110100		
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	politic	al			
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			2c 3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	_		3		
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	and political expenditure next year?		3	4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par	t IV Supplemental Information			·		
Com	uplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	i, line	5; and	d Part II-B, lir	ne 1i.	
Also	complete this part for any additional information.	, -	-, -	,		
LOE	BYING ACTIVITIES					
aar	URDILLE C. DADE II D. LINE 11					
SCF	HEDULE, C, PART II-B, LINE 1I					
T.OF	BBYING EXPENSES IN THE AMOUNT OF \$4,044 FOR 12/31/09 REPRESENT A					
	DELING DATEMODE IN THE INCOME OF \$1,011 FOR 12,31,03 INDIVIDUAL IN					
POF	RTION OF THE DUES PAID TO AMERICAN HOSPITAL ASSOCIATION AND MARYLA	ND				
HOS	SPITAL ASSOCIATION. THESE ASSOCIATIONS ALLOCATE A PORTION OF MEMB	ER				
DUE	S TO LOBBYING ACTIVITY.					

Schedule C (Fo	orm 990 or 990-EZ) 2009	52-0591484	Page 4
Part IV	Supplemental Information (continued)		
	11		

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**09**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► 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.

Open to Public Inspection

	or the organization				1 -	nuncation number
	FORD MEMORIAL HOSPITAL, INC.				52-05	
Pa	tl Organizations Maintaining Donor Adv the organization answered "Yes" to For			milar Funds or	Accounts	Complete if
		(a) Donor advi	sed f	unds	(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 ad	vicere in writing that the	2006	eta hald in danar	advisad	
5	=	_				Yes No
6	funds are the organization's property, subject to the	=	_			L res L No
0	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be					
	purpose conferring impermissible private benefit?			-		
Do	<u> </u>	the ergonization and		od "Voo" to For	m 000 Dor	Yes No
Pa	Purpose(s) of conservation easements held by the c				m 990, Pan	IV, IIIIe 7.
1		= :	iai a	1		
	Preservation of land for public use (e.g., recre	ation or pleasure)			-	important land area
	Protection of natural habitat			Preservation of	a certified his	toric structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation	on co	ontribution in the	form of a cons	servation
	easement on the last day of the tax year.			١	llald.	at the End of the Year
						at the End of the Year
а					2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified hi		in (a	a)	2c	
d	Number of conservation easements included in (c) a	•	_	l	2d	
3	Number of conservation easements modified, transf	ferred, released, extingu	ishe	d, or terminated I	by the organiz	ation during
	the tax year ▶					
4	Number of states where property subject to conserv	ration easement is locate	ed	>		
5	Does the organization have a written policy regarding	ng the periodic monitorin	g, in	spection, handlin	g of	
	violations, and enforcement of the conservation eas	ements it holds?				LYes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing o	ons	ervation easemei	nts during the	year
	>					
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conse	ervat	ion easements d	uring the year	•
	> \$					
8	Does each conservation easement reported on line	2(d) above satisfy the re	quir	ements of section	า	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?					Yes No
9	In Part XIV, describe how the organization reports of	conservation easements	in its	s revenue and ex	pense statem	ent, and
	balance sheet, and include, if applicable, the text of	the footnote to the orga	nizat	tion's financial sta	atements that	describes
	the organization's accounting for conservation ease					
Pa	t III Organizations Maintaining Collection				r Similar As	sets.
	Complete if the organization answered	"Yes" to Form 990, F	art	IV, line 8.		
1a	If the organization elected, as permitted under S	SFAS 116, not to repo	rt ir	n its revenue sta	atement and	balance sheet works of
	art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	eld for public exhibition	, ec	lucation, or rese	arch in furthe	erance of public service,
h	•					unas abaat warks of ort
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held					
	provide the following amounts relating to these ite		cuu	oddon, or reced		rance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1					▶\$
	(ii) Assets included in Form 990, Part X					> \$
2	If the organization received or held works of a					
_	following amounts required to be reported under s					ე, թ
а	Revenues included in Form 990, Part VIII, line 1					▶ \$
b	Assets included in Form 990, Part X					► \$
						,

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

Schedule D (Form 990) 2009

Sched	ule D (Form 990) 2009		5	2-05	91484	Page 2
Par	Organizations Maintaining Coll	ections of Art, Histo	orical Treasure	s, or	Other Similar	Assets(continued)
_						
3	Using the organization's acquisition, access	sion, and other records,	check any of the	follow	ing that are a sig	nificant use of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	cnange	e programs	
b	Scholarly research	e	Other			
C	Preservation for future generations					
4	Provide a description of the organization's or Part XIV.	collections and explain i	now they further t	ne org	anization's exem	ipt purpose in
5	During the year, did the organization solici $\ t$	or receive donations of	art, historical trea	asures	s, or other similar	
	assets to be sold to raise funds rather than	to be maintained as pa	rt of the organizat	ion's c	collection?	Yes No
Par	Escrow and Custodial Arrange IV, line 9, or reported an amount			answ	vered "Yes" to F	Form 990, Part
1a	Is the organization an agent, trustee, custo of	lian or other intermedia	rv for contribution	ns or o	ther assets not	
	included on Form 990, Part X?		=			Yes No
b	If "Yes," explain the arrangement in Part XI \					
-			g		A	mount
С	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					Yes No
	If "Yes," explain the arrangement in Part XI \					
Par			red "Yes" to Fo	rm 99	n Part IV line	10
	,	rent Year (b) Prior ye				
1a	Beginning of year balance	(1, 1)	(1)		(1)	(1)
b	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
ď	End of year balance					
2	Provide the estimated percentage of the y e	ar and halance held as	•			
a		%	•			
b	Board designated or quasi-endowment ► Permanent endowment ► %					
	Term endowment ▶% Are there endowment funds not in the pos s	soccion of the organizat	tion that are hold	and a	aministared for th	0
Ju		session of the organization	lion that are neid	anu at	aministered for th	Yes No
	organization by: (i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizati or					3b
_		•				35
4	Describe in Part XIV the intended uses of the	-		4 V 1	no 10	
Par	Investments - Land, Buildings,					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value
1a	Land		9,269,46			9,269,463.
b	Buildings		27,028,66		13,956,822.	13,071,844.
С	Leasehold improvements		130,95		19,755	111,196.
d	Equipment		54,959,48	32.	47,569,823.	7,389,659.
е	Other		1,692,68		783 , 568.	909,120.
Tota	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	e 10(c,) <i>.</i>)	30,751,282.
						Schedule D (Form 990) 2009

Part VII Investments - Other Sec	urities. See Fo	orm 990, Part X, line	e 12.	
(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Financial derivatives				
Closely-held equity interests	[
Other				
Total. (Column (b) must equal Form 990, Part X, col.		000 D ()/ I	10	
Part VIII Investments - Program I				
(a) Description of investment ty	pe	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 13.)			
Part IX Other Assets. See Form		ne 15		
Cilci Assets: Occ 1 oill		Description		(b) Book value
		'		. ,
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X Other Liabilities. See Fo	rm 990, Part X,	line 25.		
1. (a) Description of liability		(b) Amount		
Federal income taxes				
ADVANCES FROM THIRD PARTIES		1,412,471.		
DUE TO AFFILIATES		28,986,850.		
LIABILITY FOR ASBESTOS REMO	VAL	1,407,096.		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)	31,806,417.		

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.

	e D (Form 990) 2009 32 - 0.391464			Page 4
Part	•		}	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		86,456,902.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		86,590,913.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-134,011.
4	Net unrealized gains (losses) on investments	4		9,885,506.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		1,340,219.
9	Total adjustments (net). Add lines 4 through 8	9		11,225,725.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		11,091,714.
Part		turn		
1	Total revenue, gains, and other support per audited financial statements		1	98,057,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
а	Net unrealized gains on investments 2a 9,885,50	6.		
b	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.) 2d 1,121,58	39.		
e	Add lines 2a through 2d		2e	11,007,095.
3	Subtract line 2e from line 1	• • ⊢	3	87,050,211.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			01/000/2221
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.) 4b -593,30	19		
C			4c	-593,309.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	–	5	86,456,902.
Part			-	00,430,302.
	Total expenses and losses per audited financial statements	Vetui	1	86,965,592.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •	-	00, 303, 332.
2	Department of the state of the			
a	Donated services and use of facilities 2a	-		
b	Prior year adjustments 2b	-		
C	Other losses 2c			
d	Other (Describe in Part XIV.) 2d 593, 30	_	_	F02 200
е	Add lines 2a through 2d	-	2e	593,309.
3	Subtract line 2e from line 1	٠ ٠ 📙	3	86,372,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.) 4b 218,63	30.		
С	Add lines 4a and 4b	⊢	4c	218,630.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	86,590,913.
Part	XIV Supplemental Information			
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lin	es 1b	
	p; 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			
this pa	rt to provide any additional information.			
SEE	PAGE 5			

Part XIV Supplemental Information (continued)

INCOME TAXES (FIN 48)

PART X, QUESTION 2

HARFORD MEMORIAL HOSPITAL ACCOUNTS FOR TAX PROVISIONS IN ACCORDANCE WITH FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INCLUDED IN ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX PROVISIONS. FIN 48 REQUIRES THAT HARFORD MEMORIAL HOSPITAL RECOGNIZE THE IMPACT OF AN UNCERTAIN TAX POSITION IN ITS FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION.

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

MINIMUM PENSION LIABILITY 1,340,219

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII

LINE 2D - OTHER REVENUE INCLUDED ON BOOKS NOT ON RETURN

INVESTMENT EXPENSE (218,630)

MINIMUM PENSION LIABILITY 1,340,219

TOTAL LINE 2D 1,121,589

=======

LINE 4D - OTHER REVENUE INCLUDED ON RETURN NOT ON BOOKS

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

RECLASS - RENTAL EXPENSES (593,309)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII

LINE 2D - OTHER EXPENSES INCLUDED ON BOOKS NOT ON RETURN

RECLASS - RENTAL EXPENSES 593,309

LINE 4D - OTHER EXPENSES INCLUDED ON RETURN NOT ON BOOKS

INVESTMENT EXPENSE 218,630

SCHEDULE H (Form 990)

Hospitals

000

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990.

Charity Care and Certain Other Community Benefits at Cost

See separate instructions.

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591484

								Yes	No
1a	Does the organization have	a charity car	e policy? If "	No." skip to guestion 6a			1a	Х	
b	If "Yes," is it a written policy	•	•				1b X		
2	If the organization has multi				cribes application of the				
_	charity care policy to the val			ion of the fellowing boot door	shood application of the				
	X Applied uniformly to a	•			Applied uniformly to most	hoenitale			
	Generally tailored to i	-	nitala		Applied difficitility to most	Ποοριιαίο			
•	·		•						
3	Answer the following based	on the chari	ty care eligibl	lity criteria that applies to the	e largest number of the				
	organization's patients.								
а	Does the organization use F		•	` '	, ,	to low income			
	individuals? If "Yes," indicat	7.7							
	L 100% L 150	0% X	200% L	Other	_ %				
b	Does the organization use F		•	, ,		als? If "Yes,"			
	indicate which of the following	ng is the fam	ily income lin	nit for eligibility for discounte	d care:		3b	X	
	X 200% 250)%	300%	350% 400%	6	%			
С	If the organization does not	use FPG to	determine eli	gibility, describe in Part VI th	ne income based criteria for				
	determining eligibility for fre	e or discount	ted care. Incl	ude in the description wheth	er the organization uses an				
	asset test or other threshold	d, regardless	of income, to	determine eligibility for free	or discounted care.				
4	Does the organization's poli	cy provide fr	ee or discour	nted care to the "medically in	digent"?		4	Х	
5a	Does the organization budg	et amounts f	or free or dis	counted care provided unde	r its charity care policy?		5a	Х	
b	If "Yes," did the organization						5b	Х	
С	If "Yes" to line 5b, as a resu	-	-						
	care to a patient who was e	J		,	•		5c		Х
6a	Does the organization prepa						6a	Х	
b	If "Yes," does the organizati						6b X		
	ii 105, does the organizati	ion make it a	valiable to the						
	Complete the following table	a using the w	orkehaate nr	ovided in the Schedule H in					
	Complete the following table these worksheets with the S	-	orksheets pr	ovided in the Schedule H ins					
7	these worksheets with the S	Schedule H.							
	these worksheets with the S Charity Care and Cer Charity Care and	Schedule H. tain Other	Commun (b) Persons	ity Benefits at Cost	structions. Do not submit (d) Direct offsetting	(e) Net community) Perc	
	these worksheets with the S Charity Care and Cer Charity Care and cans-Tested Government	tain Other (a) Number of activities or programs	Communi (b) Persons served	ty Benefits at Cost	structions. Do not submit		,	of tota	al
	Charity Care and Cer Charity Care and Charity Care and cans-Tested Government Programs	tain Other (a) Number of activities or	Commun (b) Persons	ity Benefits at Cost	structions. Do not submit (d) Direct offsetting	(e) Net community	,		al
	these worksheets with the S Charity Care and Cer Charity Care and ans-Tested Government Programs Charity care at cost (from	tain Other (a) Number of activities or programs	Communi (b) Persons served	(c) Total community benefit expense	structions. Do not submit (d) Direct offsetting	(e) Net community benefit expense	,	of tota expens	al
Me a	these worksheets with the S Charity Care and Cer Charity Care and ans-Tested Government Programs Charity care at cost (from Worksheets 1 and 2)	tain Other (a) Number of activities or programs	Communi (b) Persons served	ity Benefits at Cost	structions. Do not submit (d) Direct offsetting	(e) Net community	,	of tota expens	al se
	Charity Care and Cerical Charity Care and Cerical Charity Care and Care Charity Care and Care Charity Care and Care Charity Care at Cost (from Worksheets 1 and 2)	tain Other (a) Number of activities or programs	Communi (b) Persons served	(c) Total community benefit expense	structions. Do not submit (d) Direct offsetting	(e) Net community benefit expense	,	of tota expens	al se
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Me a b c d e f g	Charity Care and Ceric Charity Care at cost (from Worksheets 1 and 2)	tain Other (a) Number of activities or programs	Communi (b) Persons served	(c) Total community benefit expense 2,461,142. 2,461,142. 52,375. 14,113. 1,382,844.	(d) Direct offsetting revenue	(e) Net community benefit expense 2,461,142. 2,461,142. 52,082. 14,113. 1,382,844.	,	3 3	.19 .19 .07 .02
Me a b c d f g h	Charity Care and Cerical Charity Care and Cerical Charity Care and Cerical Charity Care and Cans-Tested Government Programs Charity care at cost (from Worksheets 1 and 2)	tain Other (a) Number of activities or programs	Communi (b) Persons served	(c) Total community benefit expense 2,461,142. 2,461,142. 52,375. 14,113. 1,382,844.	(d) Direct offsetting revenue	(e) Net community benefit expense 2,461,142. 2,461,142. 52,082. 14,113. 1,382,844.	,	3 3	.19 .19 .07 .02 .79
Me a b c d f g h	charity Care and Ceric Charity Care and Community Charity Care at cost (from Worksheets 1 and 2)	tain Other (a) Number of activities or programs	Communi (b) Persons served	(c) Total community benefit expense 2,461,142. 2,461,142. 52,375. 14,113. 1,382,844.	(d) Direct offsetting revenue	(e) Net community benefit expense 2,461,142. 2,461,142. 52,082. 14,113. 1,382,844.	,	3 3 1 1	.19 .19 .07 .02

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

Schedule H (Form 990) 2009

Page 2

Schedule H (Form 990) 2009 52-0591484 Part II Community Building Activities Complete this table if the organization conducted any community building activities. (a) Number of (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent of served building expense building expense total expense activities or revenue (optional) programs (optional) 1 Physical improvements and housing 2 Economic development 3 Community support 4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense Yes No Does the organization report bad debt expense in accordance with Healthcare Financial Management 1 Χ 2 Enter the amount of the organization's bad debt expense (at cost) 7,509,168. Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 756,727. 3 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 35,298,758. 5 Enter total revenue received from Medicare (including DSH and IME) 34,460,061. Enter Medicare allowable costs of care relating to payments on line 5 838,697. Subtract line 6 from line 5. This is the surplus or (shortfall) 7 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: Cost to charge ratio Cost accounting system Other Section C. Collection Practices **9a** Does the organization have a written debt collection policy? Χ 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....... Χ **Management Companies and Joint Ventures** Part IV (b) Description of primary (c) Organization's (d) Officers, directors (e) Physicians' (a) Name of entity activity of entity profit % or stock trustees, or key profit % or stock employees' profit % ownership % ownership % or stock ownership % 1 UPPER CHESA HLTH SYS MGMT SVCS/OVERSIGHT HLTH SVCS 66.00000 2 3 4 5 6

14 JSA 9E1285 1.000

Part V **Facility Information** Children's hospital Licensed hospital Critical access hospital ER-24 hours General medical & surgical Research facility Teaching hospital Name and address Other (Describe) HARFORD MEMORIAL HOSPITAL 501 SOUTH UNION AVENUE HAVRE DE GRACE MD 21078 Χ Χ Χ UC HEALTHLINK CLINIC PRIMARY CARE CLINIC 2027 PULASKI HWY, STE 206 FOR MEDICALLY HAVRE DE GRACE MD 21078 INDIGENT

Schedule H (Form 990) 2009

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 8; 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.

SCHEDULE H
ADDITIONAL SUPPLEMENTAL INFORMATION REGARDING MARYLAND'S MEDICAID PROGRAM
PATIENT SERVICE REVENUE OF HARFORD MEMORIAL HOSPITAL IS RECORDED AT RATES
ESTABLISHED BY THE STATE OF MARYLAND HEALTH SERVICES COST REVIEW
COMMISSION (HSCRC) AND, ACCORDINGLY, REFLECTS ACTUAL CHARGES TO PATIENTS
BASED ON RATES IN EFFECT DURING THE PERIOD IN WHICH THE SERVICES ARE
RENDERED. THE HOSPITAL HAS CHARGE PER CASE (CPC) AGREEMENTS WITH THE
HSCRC WHICH ARE RENEWED ANNUALLY. THESE CPC AGREEMENTS ESTABLISH A
PROSPECTIVELY APPROVED AVERAGE CHARGE PER INPATIENT CASE (DEFINED AS
HOSPITAL ADMISSIONS PLUS BIRTHS) AND AN ESTIMATED CASE MIX INDEX. THESE
CPC AGREEMENTS ALSO SET THE RATES FOR ALL PAYERS, INCLUDING MEDICARE AND
MEDICAID. THESE APPROVED CPC CHARGES ARE ADJUSTED DURING THE RATE YEAR
FOR ACTUAL CHANGES IN THE CASE MIX. THE CPC AGREEMENTS ALLOW THE
HOSPITAL TO ADJUST APPROVED UNIT RATES, WITHIN CERTAIN LIMITS, TO ACHIEVE
THE AVERAGE CPC TARGET FOR EACH RATE YEAR ENDING JUNE 30.
OUTPATIENT SERVICE REVENUE IS RECORDED AT THE RATES ESTABLISHED BY THE
HSCRC WHICH REFLECT ACTUAL CHARGES TO PATIENTS BASED ON THOSE RATES IN

Schedule H (Form 990) 2009

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 8; 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.
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- 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.

EFFECT DURING THE PERIOD IN WHICH THE SERVICES ARE RENDERED. AS WITH THE	
CHARGES FOR INPATIENT CASES, EACH PAYER IS CHARGED AN IDENTICAL RATE FOR	
OUTPATIENT SERVICES.	
THE STATE OF MARYLAND'S UNIQUE INPATIENT AND OUTPATIENT RATE SYSTEM	
ALLOWS REVENUE GENERATED FROM EACH PAYER TYPE TO EQUALLY CONTRIBUTE TO	
THE OPERATING MARGIN OF HARFORD MEMORIAL HOSPITAL. AS A RESULT, REVENUE	
EARNED FROM THE MEDICAID PROGRAM PRODUCED THE SAME POSITIVE CONTRIBUTION	
MARGIN AS DID REVENUE EARNED FROM MEDICARE AND OTHER INSURERS.	
FURTHERMORE, COSTS PROVIDED TO PATIENTS COVERED BY THE MEDICAID PROGRAM	
WERE FULLY REIMBURSED. WE HAVE THEREFORE CONCLUDED THAT NO COMMUNITY	
BENEFIT WAS GENERATED FROM INPATIENT AND OUTPATIENT SERVICES PROVIDED TO	
PATIENTS COVERED BY THE MEDICAID PROGRAM.	

Schedule H (Form 990) 2009

JSA

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 8; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

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- 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 III, LINE 4:
THE HOSPITAL GRANTS CREDIT TO PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE
LOCAL RESIDENTS. THE HOSPITAL GENERALLY DOES NOT REQUIRE COLLATERAL
OR OTHER SECURITY IN EXTENDING CREDIT; HOWEVER, THE HOSPITAL
ROUTINELY OBTAINS ASSIGNMENT OF (OR ARE OTHERWSIE ENTITLED TO
RECEIVE) PATIENTS' BENEFITS RECEIVABLE UNDER THEIR HEALTH INSURANCE
PROGRAMS, PLANS OR POLICIES.
PART III, LINE 8:
THE HOSPITAL DID NOT HAVE A MEDICARE SHORTFALL.
PART III, LINE 9B:
THE HOSPITAL DISPLAYS SIGNS AT EVERY REGISTRATION POINT INFORMING THE
PATIENTS ABOUT THE AVAILABILITY OF THE VARIOUS FINANCIAL AND MEDICAL
ASSISTANCE PROGRAMS.
THE HOSPITAL OFFERS EVERY SELF-PAY PATIENT OR ANY PATIENT WHO
INQUIRES, THE FINANCIAL ASSISTANCE INFORMATIONAL PACKET AND
APPLICATION. THE COVER SHEET FOR THE FINANCIAL ASSISTANCE PACKET

Schedule H (Form 990) 2009

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 8; 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. ALSO INCLUDES INFORMATION ON OBTAINING MEDICAL ASSISTANCE. IN ADDITION, THE HOSPITAL HAS A FINANCIAL COUNSELOR THAT VISITS THE SELF-PAY PATIENT IN THE EMERGENCY DEPARTMENT OR IN THE PATIENT'S ROOM TO DISCUSS WHAT IS AVAILABLE TO THEM. THE HOSPITAL ALSO EMPLOYS A MEDICAL ASSISTANCE ADVOCACY COMPANY TO ASSIST THE HOSPITAL'S PATIENTS GET MEDICAL ASSISTANCE. THE HOSPITAL ALSO PROVIDES INFORMATION ABOUT THE PROGRAMS IN EACH BILLING STATEMENT. NEEDS ASSESSMENT: EVERY THREE YEARS A COMMUNITY HEALTH ASSESSMET SURVEY/PLAN IS PERFORMED. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE HOSPITAL DISPLAYS SIGNS AT EVERY REGISTRATION POINT INFORMING THE

PATIENTS ABOUT THE AVAILABILITY OF THE VARIOUS FINANCIAL AND MEDICAL

Schedule H (Form 990) 2009

Part VI Supplemental Information

Complete this part to provide the following information.

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2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.

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

- 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.
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- 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.
- ASSISTANCE PROGRAMS. THE HOSPITAL OFFERS EVERY SELF-PAY PATIENT OR ANY PATIENT WHO INQUIRES, THE FINANCIAL ASSISTANCE INFORMATIONAL PACKET AND THE COVER SHEET FOR THE FINANCIAL ASSISTANCE PACKET APPLICATION. ALSO INCLUDES INFORMATION ON OBTAINING MEDICAL ASSISTANCE. IN ADDITION, THE HOSPITAL HAS A FINANCIAL COUNSELOR THAT VISITS THE SELF-PAY PATIENT IN THE EMERGENCY DEPARTMENT OR IN THE PATIENT'S ROOM TO DISCUSS WHAT IS AVAILABLE TO THEM. THE HOSPITAL ALSO EMPLOYS A MEDICAL ASSISTANCE ADVOCACY COMPANY TO ASSIST THE HOSPITAL'S PATIENTS GET MEDICAL ASSISTANCE. THE HOSPITAL ALSO PROVIDES INFORMATION ABOUT THE PROGRAMS IN EACH BILLING STATEMENT.

Schedule H (Form 990) 2009

JSA.

Schedule H (Form 990) 2009 52-0591484 Page **4**

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 8; 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.

COMMONITI INFORMATION:
THE SERVICE AREA OF THE UPPER CHESAPEAKE HEALTH SYSTEM, WHICH
INCLUDES HARFORD MEMORIAL HOSPITAL, CONSISTS OF THE NORTHEAST PART OF
MARYLAND, INCLUDING HARFORD COUNTY, WESTERN CECIL COUNTY AND PORTION
OF BALTIMORE COUNTY. THIS SERVICE AREA IS LOCATED AT THE APEX OF THE
CHESAPEAKE BAY AND IS SPREAD ACROSS 536 SQUARE MILES. IT CONTAINS,
AMONG OTHERS, THE CITIES AND TOWNS OF HAVRE DE GRACE, ABERDEEN, BEL
AIR, FALLSTON, AND EDGEWOOD. THE SERVICE AREA ENJOYS A DIVERSE
ECONOMIC BASE, RANGING FROM CONCENTRATIONS IN SERVICE, MANUFACTURING,
DISTRIBUTION, AND RETAIL, TO FEDERAL GOVERNMENT EMPLOYMENT. HARFORD
COMMUNITY COLLEGE PROVIDES A LOCAL VENUE FOR ADVANCED EDUCATION AND
HARFORD COUNTY'S PROXIMITY TO BALTIMORE GIVES IT ACCESS TO NATIONALLY
RECOGNIZED UNIVERSITIES WHICH HELP PROVIDE A SKILLED WORKFORCE. THE
SERVICE AREA IS SERVED BY INTERSTATE 95, AMTRAK AND FREIGH RAIL LINES
ALONG THE BUSY EAST-COAST TRANSPORTATION CORRIDOR BETWEEN NEW YORK
AND WASHINGTON, DC. IN 2007, THE SERVICE AREA HAD A TOTAL POPULATION
OF 276,500 PEOPLE WITH HISTORICAL ANNUAL GROWTH RATES OF
APPROXIMATELY 1.8% PER YEAR. THIS GROWTH HAS BEEN CHARACTERIZED BY
AN INFLUX OF YOUNG FAMILIES SEEKING SUBURBAN ENVIRONMENT IN WHICH TO

Schedule H (Form 990) 2009

Schedule H (Form 990) 2009 52-0591484 Page **4**

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 8; 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.

LIVE AND IS COMPLEMENTED BY A GROWTH IN BUSINESSES AND OTHER SERVICES
THAT FOLLOW YOUNG, MIDDLE CLASS FAMILIES. IN 2007, THE SERVICE AREA
HAD AN ESTIMATED 101,930 HOUSEHOLDS WITH A MEDIAN FAMILY INCOME OF
\$67,300 AND AN AVERAGE HOUSEHOLD INCOME OF \$81,000. 87% OF THE
SERVICE AREA'S ADULTS OVER THE AGE OF 25 ARE HIGH SCHOOL GRADUATES OR
HIGHER; 27% ACHIEVED BACHELOR'S DEGREES OR HIGHER. THE SERVICE
AREA'S GROWTH AND GEOGRAPHIC LOCATION EXPLAIN ITS ABILITY TO ATTRACT
MAJOR EAST-COAST DISTRIBUTION CENTER AND INDUSTRY, WHICH HAVE
PROVIDED ADDITIONAL EMPLOYMENT OPPORTUNITIES IN THE SERVICE AREA. IN
DECEMBER 2007, THE SERVICE AREA HAD A WORK FORCE OF APPROXIMATELY
142,829.
COMMUNITY BUILDING ACTIVITIES:
THE HOSPITAL DID NOT HAVE COMMUNITY BUILDING ACTIVITES DURING THE
CALENDAR YEAR ENDED DECEMBER 31, 2009.

Schedule H (Form 990) 2009

JSA

SCHEDULE J (Form 990)

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

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

Attach to Form 990. See separate instructions. OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number 52-0591484

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	X	
2	explain	10		
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
	officers, directors, trustees, and the OLO/Executive Director, regarding the items checked in line 1a:		21	
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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		X
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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

		(B) Breakdown	of W-2 and/or 1099-MISC of	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	0.	0.	0.	0.	0.	0.	
LYLE E SHELDON	(ii)	503,419.	248,774.	36,072.	165,700.	44,279.	998,244.	
	(i)	0.	0.	0.	0.	0.	0.	
FAHEEM YOUNUS MD	(ii)	0.	0.	152,242.	0.	0.	152,242.	
	(i)	0.	0.	0.	0.	0.	0.	
JOSEPH E HOFFMAN III	(ii)	259,457.	108,644.	22,102.	61,753.	31,176.	483,132.	
	(i)	166,805.	26,102.	9,043.	29,770.	2,553.	234,273.	
JOYCE FOX	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	142,632.	30,338.	914.	28,091.	22,796.	224,771.	
EUGENE CURROTTO	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	146,459.	20,675.	4,501.	16,342.	13,367.	201,344.	
RICHARD CASTEEL	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	103,028.	38,910.	122.	21,880.	7,196.	171,136.	
KIMBERLY SHERIN	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	117,182.	15,394.	80.	10,606.	21,229.	164,491.	
STEPHEN LOW	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	0.	0.	0.	0.	0.	0.	
MARGARET M. VAUGHAN	(ii)	276,442.	104,471.	22,749.	84,533.	24,168.	512 , 363.	
	(i)	0.	0.	0.	0.	0.	0.	
KENNETH D KOZEL	(ii)	270,653.	83,133.	37,402.	60,750.	23,398.	475 , 336.	
	(i)	0.	0.	0.	0.	0.	0.	
DEAN C KASTER	(ii)	204,717.	67 , 259.	2,536.	51,778.	25,023.	351,313.	
	(i)	0.	0.	0.	0.	0.	0.	
TONI M SHIVERY	(ii)	160,025.	33,471.	8,976.	34,855.	21,401.	258,728.	
	(i)	0.	0.	0.	0.	0.	0.	
E SCOTT CONOVER	(ii)	228,667.	27 , 774.	17,530.	34,110.	7 , 175.	315,256.	
	(i)							
	(ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							

Schedule J (Form 990) 2009	52-0591484	Page 3
Part III Supplemental Info	rmation	
Earlil 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 or provide the information. SCHEDULE J, COMPENSATION INFORMATION PART I, QUESTION 4B THIS FILING ORGANIZATION MADE SPLIT DOLLAR LIFE INSURANCE PLAN CONTRIBUTIONS TO THE FOLLOWING MEMBERS OF SENIOR LEADERSHIP WHO ARE LISTED ON THIS FILING ORGANIZATION'S FORM 990, PART VII, SECTION A, LINE 1A: LYLE E SHELDON \$107,000 JOSEPH E HOFFMAN III \$ 28,001 DEAN C KASTER \$ 22,510 MARGARET M VAUGHAN \$ 31,167	8. Also complete this part	
SCHEDULE J, COMPENSA	rion information	
PART I, QUESTION 4B		
THIS FILING ORGANIZA	FION MADE SPLIT DOLLAR LIFE INSURANCE PLAN	
CONTRIBUTIONS TO THE	FOLLOWING MEMBERS OF SENIOR LEADERSHIP WHO ARE	
LISTED ON THIS FILING	G ORGANIZATION'S FORM 990, PART VII, SECTION A, LINE	
_1A:		
LYLE E SHELDON	\$107,000	
JOSEPH E HOFFMAN III	\$ 28,001	
MARGARET M VAUGHAN	\$ 31,167	

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

(d) Date issued

(e) Issue price

(f) Description of purpose

OMB No. 1545-0047 Open to Public Inspection

(g) Defeased

(h) On

behalf of iccuer

Department of the Treasury Internal Revenue Service

(a) Issuer name

► 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 Employer identification number 52-0591484 HARFORD MEMORIAL HOSPITAL, INC. **Bond Issues** Part I

(c) CUSIP#

(b) Issuer EIN

												issu	er
										Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER ED FACILITIES AUTHORITY	52-09360	91	5742172P9	08/08/2008	124,1	00,000.	REFI EXISTI	NG DEBT/PURC	HASE LAND		Х		Х
B MARYLAND HEALTH & HIGHER ED FACILITIES AUTHORITY	52-093609	91	5742172P9	08/08/2008	55,3	25,000.	REFINANCE EX	KISTING DEBT	ISSUE		Х		Х
С													
D													
<u>E</u>													
Part II Proceeds													
			Α		В		С	D)		E		
1 Total proceeds of issue		19,	856 , 000	. 8,	741,321.								
2 Gross proceeds in reserve funds					844,920.								
3 Proceeds in refunding or defeasance escrows		15 ,	982 , 368	. 8,	023,664.								
4 Other unspent proceeds													
5 Issuance costs from proceeds			153,632		78 , 994.								
6 Working capital expenditures from proceeds													
7 Capital expenditures from proceeds		3,	720,000										
8 Year of substantial completion		20	800	20	08								
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No	,
9 Were the bonds issued as part of a current refunding issue?		Χ		X									
10 Were the bonds issued as part of an advance													
refunding issue?			X		X								
11 Has the final allocation of proceeds been made?		Χ		X									
12 Does the organization maintain adequate books and													
records to support the final allocation of proceeds?		Χ		X									
Part III Private Business Use													
A Mar the consideration and the consideration of			Α		В		С	D			Ε		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by		Yes	No	Yes	No	Yes	No	Yes	No	Yes	.	No	,
tax-exempt bonds?			X		X								
2 Are there any lease arrangements with respect to the													
financed property which may result in private business use?			X		X								
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form	990.							Sch	edule K	(Form	990) 2	009

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		Α		В		С		D	I	E
3a Are there any management or service contracts with respect to the financed property which may result in	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		Х		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? 4 Enter the percentage of financed property used in a		X		Х						
 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 		0.0000%		0.0000%		%		%		%
 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 		0.0000%		0.0000%		%		%		%
6 Total of lines 4 and 57 Has the organization adopted management practices		0.0000%		0.0000%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		X							
Part IV Arbitrage						-				
		Α		В		С		D	ı	E
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No X	Yes	No	Yes	No	Yes	No
2 Is the bond issue a variable rate issue?	X			X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	Х			X						
b Name of provider	BANK OF A	MERICA								
c Term of hedge		35.000								
4a Were gross proceeds invested in a GIC?		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?										
Were any gross proceeds invested beyond an										
available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?		X		X						

Schedule K (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization HARFORD MEMORIAL HOSPITAL, I	NC.					Er	nploye 52	r ident -059			nber	
Part I Excess Benefit Transacation Complete if the organization answ	s(section	501(c) on Fo	(3) and section	on 501(c)(4 IV, line 25	4) organizati a or 25b, or	ons only). Form 990-l						
											(c) Cor	rected?
1 (a) Name of disqualified person	n			(b) Description	of transactio	nsaction					No
2 Enter the amount of tax imposed on under section 4958												
3 Enter the amount of tax, if any, on lin	ie 2, above	e, reimt	oursed by the	organizat	ion)	> \$ _			
Part II Loans to and/or From Inter Complete if the organization ans				ırt IV, line :	26, or Form	990-EZ, Pa	rt V, li	ne 38a	a.			
(a) Name of interested person and purpose	(b) Loan to		(c) Orio principal a		(d) Bala	ance due	(e) In (default?		ard or	(g) W agree	
	То	From					Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Bene Complete if the organization ans	fitting In	terest	ed Persons	5.								
(a) Name of interested person			p between inte organizat	rested pers		(c) A	Amount	and ty	pe of	assista	ince	
Dow'll Ducinosa Transportions Inc.		.44	ad Danaana									
Part IV Business Transactions Inv Complete if the organization and					28a, 28b, or	28c.						
(a) Name of interested person			ip between son and the ation		mount of saction	(d) Des	cription	of trar	nsactio	n	(e) Sha organiz rever	
											Yes	No
ROGER E SCHNEIDER	VASC SU	JRG ASSO	OC PARTNER		163,669.	PHYSICIAN	FEES I	PAID T	O VSA	LLC		Х
	1			1		1						1

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591484

ATTACHMENT 1

PART VI, SECTION A, GOVERNING BODY & MANAGEMENT

QUESTION 2 - FAMILY OR BUSINESS RELATIONSHIP

LYLE E SHELDON AND JOSEPH E HOFFMAN III ARE OFFICERS IN THE SAME BUSINESS

ENTITIES. THE SAME BUSINESS ENTITIES ARE THE FOR-PROFT CORPORATIONS OR

PARTNERSHIPS THAT ARE RELATED TO THIS FILING ENTITY. PLEASE SEE FORM

990, SCHEDULE R.

PART VI, SECTION A, GOVERNING BODY & MANAGEMENT

QUESTION 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE FILING ORGANIZATION AMENDED ITS BYLAWS DUE TO FORMATION OF A

PARTNERSHIP WITH THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM.

PART VI, SECTION A, GOVERNING BODY & MANAGEMENT

PART VI, SECTION B, POLICIES

QUESTION 6 - EXISTENCE OF MEMBERS

THIS FILING ORGANIZATION IS A TAX-EXEMPT SUBSIDIARY OF UPPER CHESAPEAKE

HEALTH SYSTEM, INC. UPPER CHESAPEAKE HEALTH SYSTEM, INC. IS THE SOLE

MEMBER OF ALL ITS TAX-EXEMPT SUBSIDIARIES.

QUESTION 11A - ORGANIZATIONAL REVIEW OF FORM 990

THE BOARD OF UPPER CHESAPEAKE HEALTH SYSTEM, INC. ("HEALTH SYSTEM") HAS
ASSIGNED THE EXECUTIVE COMMITTEE OF THE HEALTH SYSTEM'S BOARD TO REVIEW

HEALTH SYSTEM'S TAX-EXEMPT AFFILIATES. IN TURN, ONCE THE FORM 990 HAS

AND APPROVE ALL CONTENTS OF FORM 990 ON BEHALF OF THE BOARDS OF ALL

Name of the organization HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591484

ATTACHMENT 1 (CONT'D)

BEEN APPROVED BY HEALTH SYSTEM'S EXECUTIVE COMMITTEE, A FINAL VERSION OF
THE FORM 990 WILL BE MADE AVAILABLE TO ALL BOARD MEMBERS OF THE
RESPECTIVE HEALTH SYSTEM'S TAX-EXEMPT AFFILIATES. FORMAL NOTIFICATION OF
THE FINAL AND APPROVED FORM 990 FOR EACH OF THE HEALTH SYSTEM'S
AFFILIATES AS WELL AS ITS AVAILABILITY WILL BE COMMUNICATED TO THE
APPLICABLE BOARD MEMBERS ON OR BEFORE THE FILING OF THE FORM 990.

PART VI, SECTION B, POLICIES

QUESTION 12C - CONFLICT OF INTEREST POLICY

THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY COVERS THE
FOLLOWING INDIVIDUALS: DIRECTORS, PRINCIPAL OFFICERS, AND SENIOR
MANAGEMENT. FURTHERMORE, THE POLICY EXTENDS TO THE FAMILY MEMBERS (PER
INTERNAL REVENUE SERVICE DEFINITION) OF SUCH DIRECTORS, PRINCIPAL
OFFICERS, AND SENIOR MANAGEMENT. THE BOARD OF DIRECTORS AND ANY
COMMITTEE CONSIDERING A CONTRACT, TRANSACTION OR ARRANGEMENT TO WHICH A
KNOWN OR POTENTIAL CONFLICT OF INTEREST RELATES, DETERMINES WHETHER A
CONFLICT EXISTS. ACTUAL CONFLICTS ARE REVIEWED BY THE CHAIRMAN OF THE
BOARD. AN INDIVIDUAL WITH A KNOWN OR POTENTIAL CONFLICT OF INTEREST MUST
REFRAIN FROM PARTICIPATING IN, OR ACTING ON, THE DECISION ON ANY MATTER
IN WHICH A CONFLICT OF INTEREST, OR EVEN THE APPEARANCE OF SUCH A
CONFLICT OF INTEREST, IS PRESENT WITH RESPECT TO SUCH INDIVIDUAL AND WILL
REMOVE HIMSELF OR HERSELF FROM ANY MEETING OR DELIBERATIONS ON THE

PART VI, SECTION B, POLICIES

QUESTION 15 - PROCESS FOR DETERMINING COMPENSATION

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVES

Name of the organization
HARFORD MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591484

ATTACHMENT 1 (CONT'D)

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER,
CHIEF FINANCIAL OFFICER, AND ALL KEY EMPLOYEES. THE EXECUTIVE

COMPENSATION COMMITTEE UTILIZES BUT IS NOT LIMITED TO THE FOLLOWING
RESOURCES IN EVALUATING AND ESTABLISHING REASONABLE COMPENSATION:
INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS AND

COMPENSATION STUDIES. THIS ORGANIZATION AND ITS TAX-EXEMPT AFFILIATES
STRIVE TO MAINTAIN AN ARM'S LENGTH RELATIONSHIP BETWEEN ITSELF AND ITS
EMPLOYEES. IT IS THE GOAL OF THE EXECUTIVE COMPENSATION COMMITTEE TO
ENSURE THAT TOTAL COMPENSATION (COMPENSATION AND BENEFITS) PAID TO ITS
EMPLOYEES IS FAIR AND REASONABLE. FINALLY, THE PROCESS OF SETTING AND
APPROVING SUCH COMPENSATION IS PERFORMED ANNUALLY BY THE BOARD'S
EXECUTIVE COMPENSATION COMMITTEE.

PART VI, SECTION C, DISCLOSURE

QUESTION 19 - DOCUMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION WILL MAKE THE FOLLOWING DOCUMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST: ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF

INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS (HARFORD MEMORIAL

HOSPITAL, INC. AND UPPER CHESAPEAKE MEDICAL CENTER, INC.).

PART VIII - STATEMENT OF REVENUE

LINE 2A - PROGRAM SERVICE REVENUE

PATIENT SERVICE REVENUE \$ 96,412,749

NET CONTRACTUAL ALLOWANCES \$ 8,197,974

NET PATIENT REVENUE \$ 88,214,775

=========

Name of the organization $\label{eq:harmonial} {\tt HARFORD} \ \mbox{MEMORIAL HOSPITAL, INC.}$

Employer identification number

52-0591484 ATTACHMENT 1 (CONT'D)

SCHEDULE K - SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS

HARFORD MEMORIAL HOSPITAL, INC. & UPPER CHESAPEAKE MEDICAL CENTER, INC.

(COLLECTIVELY, "HOSPITALS") OBTAINED A LOAN OF \$179,425,000 THROUGH THE

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY IN CONNECTION

WITH THE ISSUANCE OF ITS REVENUE BONDS - UPPER CHESAPEAKE HOSPITALS

ISSUE, SERIES 2008A-C BONDS (THE SERIES 2008 BONDS). HOSPITALS HAVE

ALLOCATED THE ISSUE PRICE BETWEEN EACH HOSPITAL AS FOLLOWS: UPPER

CHESAPEAKE MEDICAL CENTER, INC.: 84% HARFORD MEMORIAL HOSPITAL, INC.:

PART VII, SECTION A, PART I

AVERAGE HOURS PER WEEK

THE FOLLOWING CHART DETAILS THE FILING ORGANIZATION'S BOARD OF DIRECTORS
MEMBERS AND OFFICERS WHO ARE ALSO BOARD OF DIRECTORS MEMBERS AND OFFICERS
OF RELATED EXEMPT ORGANIZATIONS AND THE HOURS SPENT PER WEEK ON DUTIES
FOR THOSE RELATED EXEMPT ORGANIZATIONS. THE CHART DOES NOT REFLECT HOURS
SPENT PER WEEK ON DUTIES FOR ANY RELATED FOR-PROFIT ENTITIES. THE HOURS
REFLECTED IN PART VII, SECTION A, COLUMN B ARE ONLY THE AVERAGE HOURS PER
WEEK FOR THIS FILING ORGANIZATION.

	UCF	UCMC	UCMS	UCP	UCHC	UCHS
LYLE E. SHELDON	1	5	1	1	-	40
PRESIDENT/CHIEF EXECUTIVE O	FFICER					
JOSEPH E. HOFFMAN	1	5	1	1	1	40
SENIOR VP/CHIEF FINANCIAL O	FFICER					

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

ATTACHMENT 1 (CONT'D)

UCF UCMC UCMS UCP UCHC UCHS JOYCE FOX 20 VP PATIENT SERVICES/CHIEF NURSE OFFICER MARGARET M. VAUGHAN 5 40 1 SENIOR VP/CHIEF MEDICAL OFFICER 5 KENNETH D. KOZEL 1 1 40 1 1 SENIOR VP/CHIEF OPERATING OFFICER DEAN C. KASTER 40 SENIOR VP/CORPORATE STRATEGY/PLANNING TONI M. SHIVERY 40 VP/HUMAN RESOURCES E. SCOTT CONVOER 5 1 40

UCF - UPPER CHESAPEAKE HEALTH FOUNDATION, INC.

UCMC - UPPER CHESAPEAKE MEDICAL CENTER, INC.

UCMS - UPPER CHESAPEAKE MEDICAL SERVICES, INC.

UCP - UPPER CHESAPEAKE PROPERTIES, INC.

SENIOR VP/GENERAL COUNSEL

UCHC - UPPER CHESAPEAKE/ST JOES HOME CARE, INC.

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

UCHS - UPPER CHESAPEAKE HEALTH SYSTEM, INC.

ATTACHMENT 2

ATTACHMENT 1 (CONT'D)

4A PROGRAM SERVICE

TO PROVIDE HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES. FOR MORE THAN 90 YEARS, UPPER CHESAPEAKE HEALTH HAS BEEN PROVIDING COMPREHENSIVE, HIGH QUALITY HEALTHCARE. ITS TWO HOSPITALS, HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER OFFER SOME OF THE AREA'S MOST ADVANCED INPATIENT AND OUTPATIENT SERVICES SO THAT PATIENTS CAN ENJOY THE SUPERIOR WELLNESS RESOURCES A HEALTHY LIFESTYLE NEEDS. WITHOUT LEAVING THEIR NEIGHBORHOOD. UPPER CHESAPEAKE HEALTH SYSTEM IS A COMMUNITY-BASED, NON-PROFIT HEALTH SYSTEM LOCATED IN HARFORD COUNTY, MARYLAND. OUR VISION IS BASED ON CREATING THE HEALTHIEST COMMUNITY IN MARYLAND. BUILDING ON THAT VISION, WE HAVE A STRONG COMMITMENT TO SERVICE EXCELLENCE. SO MUCH SO THAT IT HAS BECOME PART OF THE FABRIC OF THE HEALTHCARE EXPERIENCE AT UPPER CHESAPEAKE HEALTH. UPPER CHESAPEAKE HEALTH SYSTEM HAS OVER 2,500 PHYSICIANS AND HEALTHCARE PROFESSIONALS WHO ARE DELIVERING CARE FOR THE MIND, BODY, AND SPIRIT IN SETTINGS FROM OFFICES, TO OUTPATIENT CENTERS, TO HOSPITALS, TO SHOPPING CENTERS, TO BUSINESSES, AND TO HOMES. HARFORD MEMORIAL HOSPITAL IS A MEMBER OF THE UPPER CHESAPEAKE HEALTH SYSTEM. HARFORD MEMORIAL HOSPITAL IS AN ACUTE CARE, NON-PROFIT FACILITY OFFERING A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC AND EMERGENCY CARE SERVICES. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION

Name of the organization $\label{eq:harmonial} {\tt HARFORD} \ \mbox{MEMORIAL HOSPITAL, INC.}$

Employer identification number 52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

OF HEALTHCARE ORGANIZATIONS (JCAHO). IN ADDITION TO MEDICAL/SURGICAL ACUTE CARE BEDS, THE HOSPITAL HAS A STATE-OF-THE-ART ICU/PCU AND A BUSY EMERGENCY DEPARTMENT THAT CARES FOR OVER 35,000 PATIENTS EACH YEAR. HARFORD MEMORIAL OFFERS VERY SPECIALIZED, ONE OF A KIND, HOSPITAL-BASED SERVICES, INCLUDING A JOINT CENTER FOR PATIENTS UNDERGOING HIP OR KNEE JOINT REPLACEMENT SURGERY, A SLEEP DISORDER CENTER FOR THE DIAGNOSIS AND TREATMENT OF SLEEP DISORDERS, AND INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES. HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER MAINTAIN CHARITY CARE PROGRAMS AND, IN ADDITION, CONDUCT MANY COMMUNITY OUTREACH AND COMMUNITY BUILDING ACTIVITIES INCLUDING: - COMMUNITY HEALTH EDUCATION PROGRAMS WHICH INCLUDE NEWBORN BABY CARE, SITTER SAFETY PROGRAM, INFANT CPR, INFANT SAFETY, STOP SMOKING CLASS, KIDS SAFETY CLASS, AND PRENATAL BREAST FEEDING CLASS - SUPPORT GROUPS INCLUDING BREAST FEEDING SUPPORT, BREAST CANCER AWARENESS GROUPS, PERINATAL BEREAVEMENT, ASTHMA SUPPORT GROUP, WIDOW AND WIDOWERS SUPPORT GROUP, GRIEF SUPPORT GROUP, PROSTATE CANCER SUPPORT GROUP, AMPUTEE NETWORK, BRAIN INJURY SUPPORT GROUP, STROKE CLUB, LUPUS SUPPORT GROUP, AND OTHERS - HEALTH SCREENINGS INCLUDING SCREENINGS FOR OSTEOPOROSIS, CARDIAC PROBLEMS, BLOOD PRESSURE, AND OTHER ISSUES - FREE AND MOBILE CLINICS

A NUMERICAL SUMMARY OF COMMUNITY ACTIVITIES FOR HARFORD MEMORIAL HOSPITAL IS AS FOLLOWS:

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

TOTAL HOSPITAL COMMUNITY BENEFIT	# OF STAFF HOURS # 0	OF ENCOUNTERS
COMMUNITY HEALTH SERVICES	868	5 , 693
TRANSITIONAL CARE	0	0
COMMUNITY BENEFIT OPERATIONS	153	0
TOTAL HOSPITAL COMMUNITY BENEFIT	1,020	5 , 693
TOTAL HOSPITAL COMMUNITY BENEFIT	DIRECT COST(\$) IND	IRECT COST(\$)
COMMUNITY HEALTH SERVICES	\$ 177,336	\$ 113 , 229
TRANSITIONAL CARE	\$ 433,250	\$ 276 , 632
COMMUNITY BENEFIT OPERATIONS	\$ 3,956	\$ 2,526
TOTAL HOSPITAL COMMUNITY BENEFIT	\$ 614,542	\$ 392,387
TOTAL HOSPITAL COMMUNITY BENEFIT	OFFSETTING N	ET COMMUNITY
	REVENUE	BENEFIT
COMMUNITY HEALTH SERVICES	\$ 32,534	\$ 258,031
TRANSITIONAL CARE	\$ 0	\$ 709,882
COMMUNITY BENEFIT OPERATIONS	\$ 0	\$ 6,482
CHARITY CARE	N/A	\$1,451,597
TOTAL HOSPITAL COMMUNITY BENEFIT	\$ 32,534	\$2,425,992

SIGNIFICANT ACCOMPLISHMENTS FOR 2009

Name of the organization $\label{eq:harmonial} {\tt HARFORD} \ \mbox{MEMORIAL HOSPITAL, INC.}$

Employer identification number 52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

COMMUNITY OUTREACH

IN 2009, HEALTHLINK HAD APPROXIMATELY 20,884 COMMUNITY-WIDE

CONTACTS THROUGH THEIR SCREENING AND EDUCATION PROGRAMS, FLU

VACCINATION CLINICS, SUPPORT GROUPS AND HEALTHLINK PRIMARY CARE

CLINIC VISITS. APPROXIMATELY 6,206 OF THESE CONTACTS WERE FOR

HEALTH SCREENINGS (BLOOD PRESSURE, BODY FAT, CHOLESTEROL,

OSTEOPOROSIS, STROKE, SLEEP, DIABETES RISK ASSESSMENTS, FOOT AND

EYE SCREENINGS, AND CANCER SCREENINGS). AN ADDITIONAL 3,498

CONTACTS WERE REALIZED THROUGH THE HEALTHLINK PRIMARY CARE CLINIC.

OVER 5,000 INFLUENZA VACCINATIONS WERE ADMINISTERED COUNTYWIDE. IN

ADDITION TO INFLUENZA VACCINATIONS COMMUNITY OUTREACH PROVIDED AND

ADDITIONAL 350 H1N1 VACCINATIONS. APPROXIMATELY 370 RESIDENTS

PARTICIPATED IN ONE OF THE HEALTHLINK SUPPORT GROUPS. COMMUNITY

OUTREACH ALSO PROVIDED LOCAL BUSINESSES WITH EMPLOYEE HEALTH

SCREENINGS AND VACCINATIONS FOR A TOTAL OF 353 ENCOUNTERS.

CHILDREN'S PROGRAMS

MORE THAN 2,285 HARFORD COUNTY CHILDREN PARTICIPATED IN ONE OF THE CHILDREN'S PROGRAMS IN 2009.

- * A TOTAL OF 773 CHILDREN WERE INVOLVED WITH OUR GLO GERM PROGRAM.

 THIS IS A PROGRAM THAT EMPHASIZES HOW INFECTION IS SPREAD AND THE

 IMPORTANCE OF GOOD HAND WASHING HABITS.
- * APPROXIMATELY 1,078 CHILDREN WERE EXPOSED TO OUR KATU (KIDS AGAINST TOBACCO USE) PROGRAM. THIS IS A PROGRAM THAT TEACHES CHILDREN ABOUT THE DANGERS ASSOCIATED WITH TOBACCO USE. TOXIC

Name of the organization $\label{eq:harmonial} {\tt HARFORD} \ \mbox{MEMORIAL HOSPITAL, INC.}$

Employer identification number 52-0591484

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

SOUP IS A PROGRAM THAT ADDRESSES THE EFFECTS OF SECONDHAND SMOKE WHICH IS INCLUDED AT TIMES.

- * APPROXIMATELY 88 CHILDREN ATTENDED OUR TEDDY BEAR CLINICS. THIS
 IS A PROGRAM THAT FAMILIARIZES CHILDREN WITH THE HOSPITAL
 EXPERIENCE.
- * A NEW PROGRAM CALLED BE SMART ABOUT BODY ART WAS DEVELOPED IN 2007. IT EDUCATES TEENS ABOUT THE POTENTIAL DANGERS ASSOCIATED WITH BODY PIERCING AND TATTOOING. THIS PROGRAM HAS BEEN VERY SUCCESSFUL WITH OVER 216 TEENS BEING EDUCATED IN 2009.

VACCINES

COMMUNITY OUTREACH ADMINISTERED OVER 5,000 COMMUNITY FLU

VACCINATIONS AND ADDITIONAL 350 H1N1 VACCINATIONS. APPROXIMATELY

50 PNEUMONIA VACCINES WERE ADMINISTERED BETWEEN THE 5 SENIOR

CENTERS.

"DINING WITH DOCS" LECTURES

IN 2009 "DINING WITH DOCS" COMMUNITY LECTURES WERE HELD AT BOTH UPPER CHESAPEAKE MEDICAL CENTER AND HARFORD MEMORIAL. A TOTAL OF 144 COMMUNITY RESIDENTS ATTENDED THE LECTURES. SEVERAL OF THE SCHEDULED LECTURES NEEDED TO BE CANCELLED AS A RESULT OF THE PANDEMIC AND IN KEEPING WITH THE ORGANIZATIONS PATIENT SAFETY GOALS.

HEALTHLINK SCREENINGS

Name of the organization $\label{eq:harmonial} {\tt HARFORD} \ \mbox{MEMORIAL HOSPITAL, INC.}$

Employer identification number 52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

FREE CANCER SCREENINGS, A FOOT AND EYE SCREENING FOR DIABETICS,
AND A HEARING SCREENING WERE HELD BOTH IN THE HEALTHLINK VAN AT
SWAN CREEK. A TOTAL OF 117 COMMUNITY RESIDENTS PARTICIPATED IN
ONE OR MORE OF THE OFFERED SCREENINGS.

SKIN CANCER - 30 PARTICIPANTS

COLORECTAL CANCER - 12 PARTICIPANTS

PROSTATE CANCER - 33 PARTICIPANTS

ORAL CANCER - 12 PARTICIPANTS

FOOT AND EYE - 15 PARTICIPANTS

HEARING - 15 PARTICIPANTS

HEALTHLINK COMMUNITY WELLNESS CENTER

IN 2009 THE HEALTHLINK COMMUNITY WELLNESS CENTER WHICH OPERATES FROM THE HL MEDICAL MOBILE VAN HAD 146 RESIDENTS PARTICIPATE IN ONE OF THE AVAILABLE HEALTH SCREENINGS OFFERED THROUGHOUT THE YEAR.

PRIMARY CARE CLINIC

THROUGH THE GENEROSITY OF THE UPPER CHESAPEAKE HEALTH FOUNDATION

AND THE VOLUNTEER HOURS OF MANY OF OUR PHYSICIANS, THE HEALTHLINK

PRIMARY CARE CLINIC (PCC) PROVIDES FREE PRIMARY CARE TO ADULTS AGE

19 AND ABOVE WHO ARE UNINSURED OR UNDERINSURED AND MEET SPECIFIC

INCOME CRITERIA. IN 2009, THE PCC HAD A TOTAL OF 1,541

ESTABLISHED PATIENTS WHICH IS A 31% INCREASE OVER THE PREVIOUS

YEAR AND A TOTAL OF 3,498 PATIENT ENCOUNTERS.

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

HEALTHLINK CALL CENTER

- * IN 2009, OUR HEALTHLINK CALL CENTER HANDLED APPROXIMATELY 7,300 CALLS. THIS INCLUDED ALMOST 1,400 PHYSICIAN REFERRAL AND 2,800 SERVICE CALLS.
- * A "FLU HOTLINE" WAS REINSTATED TO KEEP THE COMMUNITY BETTER

 INFORMED ABOUT THE LOCATIONS AND TIMES THAT FLU CLINICS WERE BEING

 HELD THROUGH OUT THE COUNTY. THIS ALSO INCLUDED INFORMATION ABOUT

 H1N1 VACCINATIONS. AS NEW INFORMATION BECAME AVAILABLE OR

 CHANGED, THE RECORDING ON THE HOTLINE WAS UPDATED SO THAT

 RESIDENTS COULD GET ACCURATE INFORMATION.

A COUNTYWIDE SENIOR SURVEY

A HEALTHLINK SENIOR FOCUS GROUP-THIS GROUP WAS INITIATED BY
HEALTHLINK AND INCLUDED MEMBERS FROM THE HC OFFICE ON AGING, HC
PUBLIC LIBRARIES, UCH VOLUNTEERS, YOUNG AT HEART SENIOR GROUP,
CATHOLIC CHARITIES HOUSING AND FAIRBROOKE HOUSING, AND HCHD. THE
PURPOSE OF THIS GROUP WAS TO DEVELOP A COUNTY WIDE SENIOR NEEDS
AND SERVICES SURVEY. OVER 500 HARFORD COUNTY SENIORS WERE SURVEYED
AND THE DATA WAS SHARED WITH THE GROUP.

SUPPORT GROUPS

TWO HEALTHLINK RNS FACILITATE COUNTYWIDE SUPPORT GROUPS; STROKE

AND DIABETES. BOTH GROUPS MEET MONTHLY; THE STROKE GROUP MEETS AT

UCMC AND THE DIABETES GROUP MEETS AT THE ABERDEEN SENIOR CENTER.

Name of the organization

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

THE STROKE GROUP AVERAGES 14 PARTICIPANTS PER MEETING (168 PER YEAR) AND THE DIABETES GROUP AVERAGE 17 (204) PARTICIPANTS PER MEETING.

HEALTHLINK AND COMMUNITY HEALTH IMPROVEMENT COALITIONS AND

COMMITTEES

- * HARFORD COUNTY SCHOOL HEALTH BOARD
- * HARFORD COUNTY TOBACCO COALITION
- * HARFORD COUNTY CANCER COALITION
- * HARFORD COUNTY HIGHWAY SAFETY COMMITTEE
- * OFFICE ON AGING ADVISORY BOARD
- * HEALTH OCCUPATIONAL PROGRAM ADVISORY COMMITTEE MEETING (HTHS)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	ATTACHME PAID IND. CONTRACTORS	NT 3
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NORTHERN CHESAPEAKE ANESTHESIA ASSOC 500 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	PHYSICIAN FEES	908,506.
SPHERIS 13552 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	TRANSCRIPTION SVCS	439,429.
NORTHEAST BALTIMORE ACUTES/DAVITA 1551 WEWATTA STREET DENVER, CO 80202	DIALYSIS SVCS	268,029.
SHEPPARD PRATT PHYSICIANS, P.A. 6501 N CHARLES STREET BALTIMORE, MD 21285	PHYSICIAN FEES	599,293.

Schedule O (Form 990) 2009

Name of the organization Employer identification number

HARFORD MEMORIAL HOSPITAL, INC. 52-0591484

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MID-ATLANTIC CARDIOVASCULAR ASSOC 520 UPPER CHESAPEAKE DRIVE, SUITE 201 BEL AIR, MD 21014

197,265. PHYSICIAN FEES

TOTAL COMPENSATION

2,412,522.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST DESCRIPTION BOOK VALUE BOOK VALUE OR FMV 29,459,397. CORPORATE STOCKS AND BONDS 36,688,064. FMV

> 29,459,397. TOTALS 36,688,064.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

HARFORD MEMORIAL HOSPITAL, INC.

52-0591484

Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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
UPPER CHESAPEAKE HEALTH FOUNDATION, INC. 52-1398507					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	FIN SUPPORT	MD	501(C)(3)	11A	N/A
UPPER CHESAPEAKE MEDICAL SERVICES, INC. 52-1501734					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	PHYSICIAN SVC	MD	501(C)(3)	9	N/A
UPPER CHESAPEAKE/ST. JOE'S HOME CARE, IN 52-1229742					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HOSPICE CARE	MD	501(C)(3)	9	N/A
UPPER CHESAPEAKE MEDICAL CENTER, INC. 52-1253920					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HOSPITAL CARE	MD	501(C)(3)	3	N/A
UPPER CHESAPEAKE PROPERTIES, INC. 52-1907237					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	TITLE HOLDING	MD	501(C)(2)	N/A	N/A
UPPER CHESAPEAKE HEALTH SYSTEMS, INC. 52-1398513					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HLTHCARE SVCS	MD	501(C)(3)	11C;III-FI	N/A
UPPER CHESAPKE RESIDENTIAL HOSPICE HOUSE 26-0737028					
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	HOSPICE CARE	MD	501(C)(3)	7	N/A

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 52-0591484 Page **2**

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

		note related organizations treated as a partitioning 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	(f) Share of total income	(g) Share of end-of-year assets			Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or aging tner?
				512-514)			Yes	No		Yes	No		
UCHS/UMMS VENTURE LLC 52-21780													
520 UPPER CHESAPEAKE DRIVE	MEDICAL SERVI	MD	N/A										
	_												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" on 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
UPPER CHESAPEAKE HEALTH VENTURES, INC. 52-2031264							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	MISC. SERVICE	MD	N/A	C CORP			
UPPER CHESAPEAKE MED. OFFICE BLDG, INC. 52-1946829							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP			
UPPER CHESAPEAKE MGMT SVCS ORG, INC. 52-1946025							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	MANAGEMENT SV	MD	N/A	C CORP			
UC MEDICAL CENTER LAND CONDOMINIUM, INC. 77-0674478							
520 UPPER CHESAPEAKE DRIVE BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORP			
UPPER CHESAPEAKE INSURANCE COMPANY, LTD. 98-0468438							
P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	CAPTIVE INSUR	CJ	N/A	LTD.			

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 52-0591484 Page **3**

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	NO
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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	<u></u>
b	Gift, grant, or capital contribution to other organization(s)			X
С	Gift, grant, or capital contribution from other organization(s)		X	
d	Loans or loan guarantees to or for other organization(s)			X
е	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		Х
g	Purchase of assets from other organization(s)			X
h	Exchange of assets			Х
i	Lease of facilities, equipment, or other assets to other organization(s)			Х
	2000 01 100ma00, 044 p.mon., 07 0 and 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
i	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)			Х
ï	Performance of services or membership or fundraising solicitations by other organization(s)		Х	
m	Sharing of facilities, equipment, mailing lists, or other assets		Х	
	Sharing of paid employees		Х	
0	Reimbursement paid to other organization for expenses	10	X	
p	Reimbursement paid by other organization for expenses			Х
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		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 threshold			
	(a) (b) Transaction Amount type (c. r.)	(c) nt involv	ed	
	Name of other organization type (a–r)			
(1)	UPPER CHESAPEAKE HEALTH SYSTEM, INC.	964	, 617	•
(2)				
(3)				
(4)				
(=)				
(5)				
(C)				
(6)				

Schedule R (Form 990) 2009 52-0591484 Page **4**

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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	(state or foreign country)		(d) Are all partners section 501(c)(3) organizations?		end-of-vear	(f) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		(h) eral or naging tner?
			Yes	No		Yes	No	(1 0 1000)	Yes	No

Schedule R (Form 990) 2009

SCHEDULE R-1 (Form 990)

Continuation Sheet for Schedule R (Form 990)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

► See instructions for Schedule R (Form 990).

	inspection
mployer id	entification number

E Name of filing organization HARFORD MEMORIAL HOSPITAL, INC. 52-0591484

Continuation of Identification of Disregarded Entitles					
(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

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

Continuation of Identification of Disregarded Entities

Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009 52-0591484 Page **2**

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HEALTHY HARFORD, INC. 52-1944325 2027 PULASKI HWY, SUITE 215 HAVRE DE GRACE, MD 21078	HEALTH INIAT		501(C)(3)	7	N/A

Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount on box 20 of K-1	Gen man par	(j) eral or naging ther?

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
						Online dialo D.4 (San	

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (A)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(8)		
(9)		
(10)		
_(11)		
_(12)		
_(13)		
_(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
_(24)		adula P.1 (Form 990) 2009

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Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are part sec 501(organiz	d) e all ners tion c)(3) rations?	(e) Share of end-of-year assets	Disprop	(f) (g) Sproportionate allocations? (g) Code V-UBI amount on Box 20 of K-1		Gene mana part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No

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9E7000 1.000

RENT AND ROYALTY INCOME

IANDEODD MEMODIAI	II O C D T m A T	TNC						-	91484
HARFORD MEMORIAL DESCRIPTION OF PROPERTY	HUSPITAL,	INC.) 5	<u> </u>	91404
RENTAL INCOME									
	tively participate in th	o operation o	of the act	hivity di	ring the tay year?				
REAL RENTAL INCO		•			•				
	14177		- •			• • •		\dashv	
OTHER INCOME									
RENTAL INCOME 470,563.								-	
TOTAL GROSS INCOME								_	470,563.
OTHER EXPENSES:									1707000
SEE ATTACHMENT									
								7	
								_	
DEPRECIATION (SHOWN BELOW)								
LESS: Beneficiary's Portion					-				
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									593 , 309.
TOTAL EXPENSES TOTAL RENT OR ROYALTY INCO	ME (LOSS)							•	-122,746.
Less Amount to	WL (LO33) 1111							•	122,740.
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses								_	
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss									-122,746.
Deductible Rental Loss (if Applica									
SCHEDULE FOR DEPREC	IATION CLAIME	D							
	(b) Cost or	(c) Date	(d) ACRS	(e) Bus.	(f) Basis for	(g) Depreciation in	(h)	(i) Life or	(j) Depreciation
(a) Description of property	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
JSA Totals	<u> </u>					 			

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME 470,563. 470,563.

OTHER DEDUCTIONS

OTHER EXPENSES 593,309. 593,309.

RENT AND ROYALTY SUMMARY

PROPERTY_	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
RENTAL INCOME	470,563.		593,309.	-122,746.
TOTALS	470,563.		593,309.	-122,746.