



2009 Income Tax Returns

MARYLAND GENERAL HOSPITAL, INC.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2010

2009

Department of the Treasury Internal Revenue Service

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

See instructions on back.

Name of exempt organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (checkbox, amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 180242706.

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.



If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer [Handwritten Signature]

Date 5/12/2011

ASSISTANT TREAS/ASSISTANT SECRETARY

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4183, Modernized e-File (MaF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only section containing signature, date (5/3/11), firm name (KPMG LLP), address (1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102), and ERO's SSN or PTIN (P00451522).

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

Paid Preparer's Use Only section containing signature, date, firm name, address, and preparer's SSN or PTIN.

2009 990 Returns Found in Account 2502:

Report Date: 5/13/2011 10:22:41 AM

| Locator | Taxpayer Name | Client Code | Alerts | Jurisdiction | Federal | | | Date Sent | Date Ack. | DCN Debts | Federal Only | | Direct Debit |
|---------|---------------------------------------|-------------|--------|--------------|----------------|-------------|---------------|----------------------|----------------------|-----------|--------------|-----|--------------|
| | | | | | Service Center | Filing Type | Filing Status | | | | PIN | EIC | |
| JG5428 | MARYLAND GENERAL HOSPITAL, INC. | 513464 | | FED | | REG | Accepted | 5/13/2011 8:27:00 AM | 5/13/2011 9:01:00 AM | | | | |

1 record returned.

Next 500

Return of Organization Exempt From Income Tax

2009

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 Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

| | | | | |
|---|---|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization MARYLAND GENERAL HOSPITAL, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 827 LINDEN AVENUE City or town, state or country, and ZIP + 4 BALTIMORE, MD 21201 | D Employer identification number 52-0591667 E Telephone number (410) 225-8408 | |
| | F Name and address of principal officer: SYLVIA SMITH JOHNSON 827 LINDEN AVENUE BALTIMORE, MD 21201 | | G Gross receipts \$ 181,015,702. H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see Instructions)</small> | |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| | J Website: ▶ WWW.MARYLANDGENERAL.ORG | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1948 M State of legal domicile: MD | |

Part I Summary

| | | | | |
|------------------------------------|--|---|-------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: HOSPITAL PROVIDING ACUTE CARE, 24 HOUR EMERGENCY CARE IRRESPECTIVE OF ABILITY TO PAY, AND PROMOTING PUBLIC AWARENESS OF HEALTH MATTERS THROUGH EDUCATION AND OUTREACH. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 1,741 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 31 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 70,972. | 114,564. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 184,426,550. | 175,996,966. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -1,275,411. | 2,839,326. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 185,450,881. | 180,242,706. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 86,904,826. | 86,132,843. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses, Part IX, column (D), line 25 | 0. | 0. |
| Net Assets or Fund Balances | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 97,006,516. | 88,211,176. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 183,911,342. | 174,344,019. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,539,539. | 5,898,687. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 193,071,346. | 162,762,500. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 145,496,499. | 114,907,535. |
| | | | 47,574,847. | 47,854,965. |

Part II Signature Block

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

| | | |
|------------------|---|--|
| Sign Here | Signature of officer _____ Date _____ Type or print name and title _____ | |
|------------------|---|--|

| | | | |
|---------------------------------|--|---|--|
| Paid Preparer's Use Only | Preparer's signature Date 5/3/11 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) P00451522 EIN ▶ 13-5565207 Phone no. ▶ 703-286-8000 |
|---------------------------------|--|---|--|

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

| | | |
|----------------------|---|--|
| Type or print | Name of Exempt Organization Maryland General Hospital, Inc. | Employer identification number 52-0591667 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 827 Linden Avenue | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baltimore, MD 21201 | |

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

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

• The books are in the care of ► BRUCE HAMPE

Telephone No. ► 410 328-7525 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 07/01, 2009, and ending 06/30, 2010

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|---|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization MARYLAND GENERAL HOSPITAL, INC. | Employer identification number 52-0591667 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 827 LINDEN AVENUE | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201 | |

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

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

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

- The books are in the care of **BRUCE HAMPE**
Telephone No. **410 328-7525** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15/2011**

5 For calendar year _____, or other tax year beginning **07/01/2009** and ending **06/30/2010**


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

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

| | | |
|---|-------|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | 0. |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ | 0. |

Signature and Verification

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

Signature  Title **LPA** Date **12/17/10**

KPMG LLP
1676 INTERNATIONAL DRIVE
MCLEAN, VA 22102

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
HOSPITAL PROVIDING ACUTE CARE, 24 HOUR EMERGENCY CARE IRRESPECTIVE
OF ABILITY TO PAY, AND PROMOTING PUBLIC AWARENESS OF HEALTH MATTERS
THROUGH EDUCATION AND OUTREACH.

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

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

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

4a (Code:) (Expenses \$ 130,713,954. including grants of \$) (Revenue \$ 175,996,966.)
ATTACHMENT 2

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

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

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

4e Total program service expenses ► 130,713,954.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 with various questions about organizational requirements and schedules. Includes sub-rows 12A and 14a/b.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings, employee reporting, and tax compliance.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MD,
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BRUCE HAMPE 110 S. PACA STREET BALTIMORE, MD 21201
 (410) 328-7525

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARILYN CARP CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| DR MARCELA COPEL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| WARREN N WEAVER DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL DAVIS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| VIVIAN BRAXTON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM F PECK TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| REVEREND PHILIP B ROULETTE SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| SYLVIA SMITH JOHNSON PRESIDENT & CEO | 40.00 | X | | X | | | 433,585 | 0 | 18,416 | |
| SAMUEL D FRIEDEL MD DIRECTOR/ PHYSICIAN | 40.00 | X | | | | | 165,007 | 0 | 36,348 | |
| REV DR ALVIN HATHAWAY SR DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| SUMNER MILLER VICE CHAIR | 1.00 | X | | X | | | 0 | 0 | 0 | |
| DANIEL R HOWARD MD DIRECTOR/PHYSICIAN | 40.00 | X | | | | | 50,069 | 0 | 0 | |
| ROBERT CHRENCIK UMMS REPRESENTATIVE | 40.00 | X | | | | | 0 | 1,485,670 | 170,432 | |
| ANWAR I KHOKHAR MD DIRECTOR/PHYSICIAN | 40.00 | X | | | | | 45,490 | 0 | 0 | |
| JAY KLEIN ESQ DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| SUSAN GUARNIERI MD DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BRIAN G BAILEY ASST TREAS/ASST SECRETARY | 40.00 | | | X | | | 347,824. | 0. | 16,171. | |
| DAVID P SWIFT SR VP HUMAN RESOURCES | 40.00 | | | | X | | 201,847. | 0. | 18,797. | |
| DONALD E RAY VP OPERATIONS | 40.00 | | | | X | | 177,289. | 0. | 22,550. | |
| EDWARD H STREYLE VP NURSING | 40.00 | | | | X | | 290,598. | 0. | 25,221. | |
| W EUGENE EGERTON MD CHIEF MEDICAL OFFICER | 40.00 | | | | X | | 0. | 0. | 0. | |
| BRUCE GNESHIN MD PHYSICIAN | 40.00 | | | | | X | 359,569. | 0. | 20,367. | |
| ERROL BENNETT MD PHYSICIAN | 40.00 | | | | | X | 396,925. | 0. | 28,352. | |
| MILES HARRISON MD PHYSICIAN | 40.00 | | | | | X | 291,571. | 0. | 28,042. | |
| REYAZ HAQUE MD PHYSICIAN | 40.00 | | | | | X | 394,030. | 0. | 42,884. | |
| WILLIAM GRAY MD PHYSICIAN | 40.00 | | | | | X | 341,584. | 0. | 9,675. | |
| ROY T SMOOT MD CHIEF MEDICAL OFFICER | 40.00 | | | | | X | 316,310. | 0. | 53,987. | |
| 1b Total | | | | | | | 3,811,698. | 1,485,670. | 491,242. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 121**

- 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
- 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
- 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

| | Yes | No |
|----------|-----|----|
| 3 | X | |
| 4 | X | |
| 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 **▶ 38**

Part VIII Statement of Revenue

52-0591667

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 114,564. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 114,564. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT REVENUE | 900099 | 175,996,966. | 175,996,966. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 175,996,966. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,583,142. | | 3,583,142. | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | 6a | Gross Rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | 279,210. | | | |
| | | | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | 279,210. | | | |
| | d | Net rental income or (loss) | | 279,210. | | 279,210. | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | 29,180. | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | 772,996. | | | |
| | c | Gain or (loss) | | -772,996. | 29,180. | | |
| | d | Net gain or (loss) | | -743,816. | | -743,816. | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from fundraising events | | 0. | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | 0. | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | 0. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a | GARAGE REVENUE | 900099 | 258,413. | 258,413. | | | |
| b | PHARMACY | 900099 | 148,762. | 148,762. | | | |
| c | DIETARY SALES | 900099 | 503,292. | 503,292. | | | |
| d | All other revenue | 900099 | 102,173. | 102,173. | | | |
| e | Total. Add lines 11a-11d | | 1,012,640. | | | | |
| 12 | Total Revenue. See instructions | | 180,242,706. | 177,009,606. | 0. | 3,118,536. | |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 0. | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 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 | 2,019,644. | 2,019,644. | 0. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 64,593,948. | 48,981,411. | 15,612,537. | 0. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 4,375,613. | 3,567,166. | 808,447. | 0. |
| 9 Other employee benefits | 10,286,712. | 8,386,119. | 1,900,593. | 0. |
| 10 Payroll taxes | 4,856,926. | 3,959,551. | 897,375. | 0. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 2,020,870. | 0. | 2,020,870. | 0. |
| b Legal | 180,393. | 0. | 180,393. | 0. |
| c Accounting | 110,452. | 0. | 110,452. | 0. |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 1,408,503. | 0. | 1,408,503. | 0. |
| 12 Advertising and promotion | 612,035. | 725. | 611,310. | 0. |
| 13 Office expenses | 370,777. | 234,052. | 136,725. | 0. |
| 14 Information technology | 4,848,697. | 0. | 4,848,697. | 0. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 0. | | | |
| 17 Travel | 155,588. | 89,404. | 66,184. | 0. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 1,091,715. | 0. | 1,091,715. | 0. |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 9,439,953. | 9,439,953. | 0. | 0. |
| 23 Insurance | 0. | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a <u>CONTRACTED SERVICES</u> | 22,792,616. | 21,886,290. | 906,326. | 0. |
| b <u>EXPENDABLE SUPPLIES</u> | 15,180,325. | 13,030,337. | 2,149,988. | 0. |
| c <u>BAD DEBT</u> | 14,013,262. | 14,013,262. | 0. | 0. |
| d <u>PURCHASED SERVICES</u> | 15,985,990. | 5,106,040. | 10,879,950. | 0. |
| e | | | | |
| f All other expenses | | | | 0. |
| 25 Total functional expenses. Add lines 1 through 24f | 174,344,019. | 130,713,954. | 43,630,065. | 0. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,375,093. | 1 | 11,537,512. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 11,728,849. | 4 | 17,484,690. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 1,578,462. | 8 | 1,703,066. |
| | 9 Prepaid expenses and deferred charges | 390,464. | 9 | 596,296. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 220,179,431. | | |
| | b Less: accumulated depreciation | 10b 126,641,962. | 78,724,871. | 10c 93,537,469. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 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 | 95,273,607. | 15 | 37,903,467. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 193,071,346. | 16 | 162,762,500. | |
| Liabilities | 17 Accounts payable and accrued expenses | 24,708,964. | 17 | 28,724,487. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 1,168,160. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 120,787,535. | 25 | 85,014,888. |
| | 26 Total liabilities. Add lines 17 through 25 | 145,496,499. | 26 | 114,907,535. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 17,369,105. | 27 | 43,655,120. |
| | 28 Temporarily restricted net assets | 30,205,742. | 28 | 4,199,845. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 47,574,847. | 33 | 47,854,965. | |
| 34 Total liabilities and net assets/fund balances | 193,071,346. | 34 | 162,762,500. | |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| <p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> | | X |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> | X | |
| <p>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> | X | |
| <p>d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | | |
| <p>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?</p> | | X |
| <p>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.</p> | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

| | |
|--|---|
| Name of the organization MARYLAND GENERAL HOSPITAL, INC. | Employer identification number 52-0591667 |
|--|---|

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

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

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

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|--------------------------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 MARYLAND GENERAL HOSPITAL, INC. | Employer identification number 52-0591667 |
|--|---|

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|---|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2 a | Lobbying non-taxable amount | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | |
| c | Total lobbying expenditures | | | | |
| d | Grassroots nontaxable amount | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | |
| f | Grassroots lobbying expenditures | | | | |

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 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 referendum, through the use of: | | | |
| a Volunteers? | | X | |
| 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? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? If "Yes," describe in Part IV | X | | 12,382 |
| j Total. Add lines 1c through 1i | | | 12,382 |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| 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? | | X | |

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

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

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

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

Part IV Supplemental Information

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

Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING - OTHER ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE

ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION

(MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN

MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR

MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.73% AND 23.76% OF

MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION

HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (I) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (II) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2009

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other _____ | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

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

| (a) Description | (b) Book value |
|---|----------------|
| SELF INSURANCE TRUST | 22,738,195. |
| DONOR RESTRICTED ASSETS | 4,199,845. |
| OTHER ASSETS OF LIMITED USE | 986,000. |
| DUE FROM AFFILIATES | 1,214,895. |
| OTHER ASSETS | 162,902. |
| CONSTRUCTION FUNDS | 8,601,630. |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

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

| 1. (a) Description of liability | (b) Amount | |
|---|-------------|--|
| Federal income taxes | | |
| ADVANCES FROM THIRD PARTIES | 6,630,114. | |
| OTHER LIABILITIES | 3,064,181. | |
| ACCRUED PENSION EXPENSE | 24,150,269. | |
| MALPRACTICE LIABILITY | 9,000,230. | |
| ENVIRONMENTAL LIABILITY | 115,039. | |
| UMMS OBLIGATED GROUP BOND DEBT | 42,055,055. | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | |

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 AUDIT FOOTNOTE

SCHEDULE D, PART XIV

THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) ON JULY 1, 2007. FIN 48 PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO RECOGNIZES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE. THE IMPLEMENTATION OF FIN 48 DID NOT HAVE A SIGNIFICANT IMPACT ON THE CORPORATION'S BALANCE SHEET OR STATEMENT OF OPERATIONS. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **MARYLAND GENERAL HOSPITAL, INC.**
Employer identification number: **52-0591667**

Part I Charity Care and Certain Other Community Benefits at Cost

| | | | |
|---|------------|------------|-----------|
| | | Yes | No |
| 1 a Does the organization have a charity care policy? If "No," skip to question 6a | 1 a | X | |
| b If "Yes," is it a written policy? | 1 b | X | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. | | | |
| <input type="checkbox"/> Applied uniformly to all hospitals | | | |
| <input type="checkbox"/> Generally tailored to individual hospitals | | | |
| <input type="checkbox"/> Applied uniformly to most hospitals | | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. | | | |
| a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: | 3 a | X | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | | |
| b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: | 3 b | X | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> % | | | |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. | | | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | X | |
| 5 a Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5 a | X | |
| b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5 b | X | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5 c | | X |
| 6 a Does the organization prepare an annual community benefit report? | 6 a | X | |
| b If "Yes," does the organization make it available to the public? | 6 b | X | |

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

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheets 1 and 2) | | | 5,587,162. | 0. | 5,587,162. | 3.20 |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 0. | 0. | 0. | 0.00 |
| c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) | | | 0. | 0. | 0. | 0.00 |
| d Total Charity Care and Means-Tested Government Programs | | | 5,587,162. | 0. | 5,587,162. | 3.20 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 986,639. | 0. | 986,639. | .57 |
| f Health professions education (from Worksheet 5) | | | 4,139,094. | 0. | 4,139,094. | 2.37 |
| g Subsidized health services (from Worksheet 6) | | | 167,328. | 0. | 167,328. | .10 |
| h Research (from Worksheet 7) | | | 0. | 0. | 0. | 0.00 |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 0. | 0. | 0. | 0.00 |
| j Total, Other Benefits | | | 5,293,061. | 0. | 5,293,061. | 3.04 |
| k Total. Add lines 7d and 7j | | | 10,880,223. | 0. | 10,880,223. | 6.24 |

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

Schedule H (Form 990) 2009

JSA

9E1284 2.000

JG5428 2502

V 09-9.4

513464

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical Improvements and housing | | | 0. | 0. | 0. | 0.00 |
| 2 Economic development | | | 0. | 0. | 0. | 0.00 |
| 3 Community support | | | 0. | 0. | 0. | 0.00 |
| 4 Environmental improvements | | | 0. | 0. | 0. | 0.00 |
| 5 Leadership development and training for community members | | | 0. | 0. | 0. | 0.00 |
| 6 Coalition building | | | 0. | 0. | 0. | 0.00 |
| 7 Community health improvement advocacy | | | 0. | 0. | 0. | 0.00 |
| 8 Workforce development | | | 0. | 0. | 0. | 0.00 |
| 9 Other | | | 0. | 0. | 0. | 0.00 |
| 10 Total | | | 0. | 0. | 0. | 0.00 |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 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.

| | Yes | No |
|----|-----|----|
| 1 | X | |
| 2 | | |
| 3 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 9a | X | |
| 9b | X | |

Section B. Medicare

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

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- 9b 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.

Part IV Management Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part V Facility Information

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|---------------------|
| MARYLAND GENERAL HOSPITAL 827 LINDEN AVENUE BALTIMORE MD 21201 | X | X | | X | | | X | | |
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Part VI Supplemental Information

Complete this part to provide the following information.

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

SCHEDULE H OTHER SUPPLEMENTAL INFORMATION

PART I, LINE 6A:

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR
 ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST
 REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31
 OF EACH YEAR.

IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON
 REQUEST AT THE ENTITY'S CORPORATE OFFICES.

PART I, LINE 7:

SCHEDULE H, LINE 7A, COLUMN (D)

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 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.

PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR

REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

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

SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR

REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO

MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 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.

ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL
 IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C)

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

SCHEDULE H, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A
 RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,
 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME
 HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR
 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT
 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED
 TO UNCOMPENSATED CARE.

PART III, LINE 3

THE ORGANIZATION DOES NOT CODE CHARITY CARE AND BAD DEBT EXPENSE INTO
 THE SAME GENERAL LEDGER ACCOUNT. CHARITY CARE IS BOOKED TO A
 SEPARATE ACCOUNT AND IS CLASSIFIED AS A "DEDUCTION FROM REVENUE." AS
 SUCH IT IS NETTED AGAINST TOTAL PATIENT REVENUE IN ARRIVING AT NET
 PATIENT REVENUE ON THE ENTITY'S INCOME STATEMENTS.

BAD DEBT EXPENSE IS BOOKED TO A SEPARATE ACCOUNT ON THE GENERAL
 LEDGER AND DOES NOT INCLUDE ANY OTHER UNCOMPENSATED CARE AMOUNTS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF

HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL

BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND

OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR,

MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE

ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR

CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE

MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN

ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS

DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR

PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.

PART III, LINE 8:

MEDICARE REVENUE & ALLOWABLE COSTS

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)

STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 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.

APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE
 HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR
 MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC
 CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED
 BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST.

THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE
 MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC
 SET RATES AND

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND
 HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF
 GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME
 TIME FRAME.

PART III, LINE 9B:

DEBT COLLECTION POLICY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 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.

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED.

OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD

PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS

IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE

PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL

ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS

DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES

NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO

PAY.

PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE

APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND

COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO

APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL

ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING

THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL

ASSISTANCE APPLICATION PROCESS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 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.

2. NEEDS ASSESSMENT. DESCRIBE HOW THE ORGANIZATION ASSESSES THE
 HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES.

IN PREVIOUS YEARS, MARYLAND GENERAL HOSPITAL (MGH) HAS UTILIZED
 CONSULTANTS AND INTERNAL COMMITTEES TO IDENTIFY THE HEALTH NEEDS OF
 OUR COMMUNITY. DETERMINATIONS ARE MADE ABOUT CURRENT HEALTH PROFILES,
 HEALTH STATUSES, USE OF HEALTH CARE IN THE AREA AND LEVEL OF CONCERN
 REGARDING WHAT SERVICES ARE GENERALLY NEEDED FOR THEMSELVES AND THEIR
 FAMILIES.

IN FY 2010, MARYLAND GENERAL HOSPITAL ACCESSED INFORMATION FROM
 SOURCES SUCH AS THE 2008 BALTIMORE CITY HEALTH STATUS REPORT
 (PRODUCED BY THE BALTIMORE CITY HEALTH DEPARTMENT), THE UNIVERSITY OF
 MARYLAND DISCHARGE ABSTRACT DATABASE, THE MGH MARKET SHARE REPORT
 (COMPILED BY UMMS USING DATA FROM CLARITAS), AND DISCUSSIONS WITH
 LOCAL COMMUNITY AND RELIGIOUS LEADERS.

MARYLAND GENERAL HOSPITAL IS ASSIGNED A SCORE OF 38.6 FOR MEDICALLY
 UNDERSERVED AREAS FOR THE AREA CONTAINING THE SPECIFIC CENSUS TRACTS

Part VI Supplemental Information

Complete this part to provide the following information.

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OF OUR CATCHMENT ZONE. ANY SCORE OF 62.0 OR BELOW QUALIFIES FOR

 DESIGNATION AS AN MUA (THE LOWER THE SCORE, THE GREATER THE NEED).

 MGH WAS ALSO ASSIGNED A SCORE OF 22 FOR HEALTH PROFESSIONAL SHORTAGE

 AREAS FOR THE WEST/CENTRAL BALTIMORE CITY ZONE. ANY SCORE BELOW 25

 QUALIFIES FOR DESIGNATION AS A HPSA.

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.

A. MGH POSTS NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY, AND

 FINANCIAL ASSISTANCE CONTACT INFORMATION AT ALL PATIENT ACCESS

 POINTS.

B. MGH PROVIDES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND

 FINANCIAL ASSISTANCE CONTACT INFORMATION WITHIN THE PATIENT HANDBOOK

 WHICH IS PROVIDED TO INPATIENTS OR THEIR FAMILIES AS PART OF THE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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INTAKE PROCESS;

C. MGH PROVIDES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND
 FINANCIAL ASSISTANCE CONTACT INFORMATION TO OUTPATIENTS WITHIN THE
 BROCHURE "IMPORTANT INFORMATION ABOUT YOUR HOSPITAL BILLS".

D. MGH PROVIDES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND
 A FINANCIAL ASSISTANCE APPLICATION TO OUTPATIENTS REGISTERED WITH A
 "SELF PAY" INSURANCE PLAN DURING REGISTRATION.

E. MGH CONTACTS / MEETS WITH, INTERVIEWS AND COMPLETES A
 FINANCIAL ASSESSMENT OF ALL "SELF PAY" INPATIENTS WITHIN 48 HRS OF
 ADMISSION TO DETERMINE / DISCUSSES WITH THE PATIENTS OR THEIR
 FAMILIES THE AVAILABILITY OF VARIOUS GOVERNMENT PROGRAMS, SUCH AS
 MEDICAID AND ASSISTS PATIENTS IN QUALIFYING FOR SUCH PROGRAMS SUCH AS
 ELIGIBILITY FOR MEDICAL ASSISTANCE OR FINANCIAL ASSISTANCE, WHERE
 APPLICABLE.

F. MGH PUBLISHES ANNUALLY THE AVAILABILITY OF FINANCIAL

Part VI Supplemental Information

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- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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ASSISTANCE AT MGH ALONG WITH A SUMMARY OF THE FINANCIAL ASSISTANCE

POLICY, AND FINANCIAL ASSISTANCE CONTACT INFORMATION.

4. COMMUNITY INFORMATION. DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

MARYLAND GENERAL HOSPITAL SERVES A COMMUNITY WITH A DISPROPORTIONATE SHARE OF FEDERALLY FUNDED INSURANCE RECIPIENTS. FOR FISCAL 2010, MARYLAND GENERAL HOSPITAL HAD THE HIGHEST PERCENTAGE OF INPATIENTS WITH MEDICAID AS THE PRIMARY INSURANCE (48%). MARYLAND GENERAL ALSO HAS THE HIGHEST COMBINED MEDICARE, MEDICAID, AND SELF PAY PERCENTAGE OF INPATIENTS AT (92%) FOR THE SAME TIME PERIOD. THE HOSPITAL SERVES THE SECOND HIGHEST PERCENTAGE OF AFRICAN AMERICAN PATIENTS IN THE STATE AS A PERCENTAGE OF TOTAL PATIENTS AT 81.5%. LASTLY, MARYLAND GENERAL HAS THE FIFTH (5TH) HIGHEST PERCENTAGE OF INPATIENTS WHOSE LEVEL OF SEVERITY IS EITHER "MAJOR" OR "EXTREME", ACCORDING TO THE APR SEVERITY INDEX SCALE AND THIS SEVERITY LEVEL CONTINUES TO INCREASE.

Part VI Supplemental Information

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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.

NOT APPLICABLE.

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.).

THE COMMUNITY HEALTH EDUCATION CENTER (CHEC) ASSESSES THE HEALTH
 EDUCATION AND HEALTH SCREENING NEEDS OF THE COMMUNITY BY RESPONDING
 TO SPECIFIC REQUESTS BY ORGANIZATIONS AND COMMUNITY LEADERS. SERVICES
 OFFERED ARE IN RESPONSE TO THE NEEDS ASSESSMENTS PERFORMED AND
 EVALUATED BY MANAGEMENT. IN FY 2010, CHEC ATTENDED NEARLY 75 EVENTS
 IN BALTIMORE CITY AT THE REQUEST OF THESE LEADERS. IN TOTAL, 12,000

Part VI Supplemental Information

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- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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PEOPLE PARTICIPATED IN THIS FREE PROGRAM AND 20,000 TESTS SUCH AS
 BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, PREGNANCY, TUBERCULOSIS, AND
 PSA WERE PERFORMED. IN ADDITION, CHEC HAS A FACILITY AT MARYLAND
 GENERAL HOSPITAL WHERE FREE ACCESS IS PROVIDED TO HEALTH INFORMATION
 AND SCREENING SERVICES FROM 8AM TO 8PM, MONDAY THROUGH FRIDAY. THE
 EFFECTIVENESS OF THE CHEC PROGRAM IS MEASURED INFORMALLY BY THE
 NUMBER OF PATIENTS IDENTIFIED AS NEEDING ADDITIONAL CARE. THE
 POSITIVE IMPACT THE PROGRAM HAS HAD ON THE COMMUNITY IS UNDENIABLE.
 DURING FISCAL YEAR 2010, CHEC IDENTIFIED 940 WHO REQUIRED FOLLOW-UP
 ON THEIR BLOOD PRESSURE, 195 WHO REQUIRED FOLLOW-UP WITH THEIR
 CHOLESTEROL LEVEL, 77 WHO NEEDED TO FOLLOW-UP ON THEIR BLOOD SUGARS,
 87 WHO WERE REACTIVE ON THE PPD TEST FOR TUBERCULOSIS, AND 1,822 WHO
 HAD A POSITIVE PREGNANCY TEST.

IN ADDITION TO THE CHEC PROGRAM, MARYLAND GENERAL HOSPITAL ALSO
 OFFERS FREE EYE SCREENINGS TO BALTIMORE RESIDENTS. MGH HAS A DRIVER
 ASSIGNED TO THE PROGRAM IF PATIENTS NEED A RIDE TO AND FROM THE
 SCREENING VISIT. FOR FISCAL YEAR 2010, THE PROGRAM HAD 5,326
 VISITS.

Part VI Supplemental Information

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MARYLAND GENERAL HOSPITAL ALSO PARTICIPATES IN THE UNIVERSITY OF

MARYLAND MEDICAL SYSTEM COMMUNITY OUTREACH AND ADVOCACY TEAM, WHICH

IS COMPRISED OF COMMUNITY OUTREACH MANAGEMENT, MARKETING, SOCIAL

WORKERS, PHYSICIANS, FROM UMMS SYSTEM HOSPITALS - PARTICULARLY THOSE

LOCATED IN BALTIMORE CITY. THE GROUP MEETS BI-MONTHLY TO ADDRESS THE

HEALTH CARE NEEDS OF THE WEST BALTIMORE COMMUNITY. THIS GROUP

SPONSORS THE FOLLOWING PROGRAMS: FALL BACK TO GOOD HEALTH, FROM THE

HEART...AN AFTERNOON OF HEART HEALTH EDUCATION, AND SPRING INTO GOOD

HEALTH.

HEALTH BEAT - A COMMUNITY NEWSLETTER THAT PROVIDES HEALTH INFORMATION

AND REFERRAL INFORMATION FOR CLASSES, PHYSICIANS, ETC. PUBLICATION IS

MAILED 3 TIMES PER YEAR TO 40,000 RESIDENTS LIVING IN MARYLAND

GENERAL HOSPITAL'S PRIMARY SERVICE AREA.

MARYLAND GENERAL HOSPITAL ALSO WORKS CLOSELY WITH OVER SEVENTY (70)

COMMUNITY PHYSICIANS TO ENSURE THAT PATIENTS IN OUR COMMUNITY HAVE

ACCESS TO AND RECEIVE QUALITY HEALTHCARE IF NEEDED.

Part VI Supplemental Information

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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.

THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) WAS CREATED IN 1984 WHEN THE STATE-OWNED UNIVERSITY HOSPITAL BECAME A PRIVATE, NONPROFIT ORGANIZATION. IT HAS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING EVERY PART OF THE STATE AND BEYOND.

IN JANUARY 1999, MARYLAND GENERAL HOSPITAL AFFILIATED WITH THE UNIVERSITY OF MARYLAND SYSTEM TO FORM ONE OF THE LARGEST HEALTH SYSTEMS IN THE BALTIMORE METROPOLITAN AREA. THIS AFFILIATION BROUGHT TOGETHER THE WORLD-CLASS RESEARCH AND SPECIALIZED MEDICAL CARE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM WITH THE EXCELLENT COMMUNITY-BASED PHYSICIANS AND SERVICES OF MARYLAND GENERAL HEALTH SYSTEMS.

UMMS IS A NATIONAL AND REGIONAL REFERRAL CENTER FOR TRAUMA, CANCER

Part VI Supplemental Information

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CARE, NEUROCARE, CARDIAC CARE, WOMEN'S AND CHILDREN'S HEALTH AND

PHYSICAL REHABILITATION. IT ALSO HAS ONE OF THE WORLD'S LARGEST

KIDNEY TRANSPLANT PROGRAMS, AS WELL AS SCORES OF OTHER PROGRAMS THAT

IMPROVE THE PHYSICAL AND MENTAL HEALTH OF THOUSANDS OF PEOPLE DAILY.

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ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a 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 explain

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(C) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SYLVIA SMITH JOHNSON | (i) 302,172. | 80,231. | 51,182. | 0. | 18,416. | 452,001. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| BRIAN G BAILEY | (i) 229,183. | 44,606. | 74,035. | 8,753. | 7,418. | 363,995. | 61,063. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SAMUEL D FRIEDEL MD | (i) 164,091. | 130. | 786. | 25,771. | 10,577. | 201,355. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ROY T SMOOT MD | (i) 252,711. | 51,500. | 12,099. | 35,653. | 18,334. | 370,297. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| BRUCE GNESHIN MD | (i) 356,027. | 0. | 3,542. | 9,780. | 10,587. | 379,936. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DAVID P SWIFT | (i) 153,849. | 47,123. | 875. | 16,757. | 2,040. | 220,644. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DONALD E RAY | (i) 151,062. | 26,010. | 217. | 16,595. | 5,955. | 199,839. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EDWARD H STREYLE | (i) 218,808. | 42,974. | 28,816. | 8,699. | 16,522. | 315,819. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ERROL BENNETT MD | (i) 395,081. | 0. | 1,844. | 18,173. | 10,179. | 425,277. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MILES HARRISON MD | (i) 289,987. | 0. | 1,584. | 15,577. | 12,465. | 319,613. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| REYAZ HAQUE MD | (i) 393,670. | 0. | 360. | 20,000. | 22,884. | 436,914. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ROBERT CHRENCIK | (i) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) 891,638. | 585,000. | 9,032. | 151,615. | 18,817. | 1,656,102. | 0. |
| WILLIAM GRAY MD | (i) 340,000. | 0. | 1,584. | 8,250. | 1,425. | 351,259. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

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

HEALTH CLUB DUES

SCH J, PART I, LINE 1

UMMS EXECUTIVES RECEIVE A BENEFIT PACKAGE WHICH MAY BE USED TOWARDS

HEALTH CLUB DUES OR OTHER HEALTH MAINTENANCE PROGRAMS. SUCH BENEFITS ARE

CAPPED AT \$7,000, \$5,000 OR \$3,000 DEPENDING ON JOB TITLE AS DESCRIBED IN

THE PROGRAM DOCUMENTS.

NON-QUAL RETIREMENT

SCHEDULE J, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) SUPPLEMENTAL,

NONQUALIFIED RETIREMENT PLAN ("THE PLAN") SPONSORED BY THE FILING

ORGANIZATION OR A RELATED ORGANIZATION:

BRIAN G. BAILEY

ROBERT CHRENCIK

SYLVIA SMITH JOHNSON

DONALD E RAY

ROY T SMOOT MD

Part III Supplemental Information

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

EDWARD H STREYLE

DAVID P SWIFT

IN ADDITION, THE FOLLOWING INDIVIDUALS BECAME VESTED IN OR RECEIVED

PAYMENTS FROM THE PLAN THAT HAVE BEEN REPORTED ON SCHEDULE J, PART II,

COLUMN B(III):

SYLVIA SMITH JOHNSON 40,080

EDWARD H. STREYLE 22,618

BRIAN G. BAILEY 72,254

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

ATTACHMENT 1

TAX EXEMPT BOND ISSUE

PART IV, LINE 24A

PURSUANT TO A MASTER LOAN AGREEMENT DATED JUNE 20, 1991 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE "CORPORATION") AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATION FACILITY AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS.

THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES THE CORPORATION, UNIVERSITY SPECIALTY HOSPITAL, INC., THE JAMES LAWRENCE KERNAN HOSPITAL, INC., MARYLAND GENERAL HOSPITAL, INC., BALTIMORE WASHINGTON MEDICAL CENTER, INC., SHORE HEALTH SYSTEM, INC., CHESTER RIVER HEALTH SYSTEM, INC. AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION, INC. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,013,920,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2010.

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

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52-0591667

ATTACHMENT 1 (CONT'D)

ALL OF THE BONDS WERE ISSUED IN THE NAME OF THE UNIVERSITY OF MARYLAND
 MEDICAL SYSTEM CORPORATION AND ARE REPORTED ON SCHEDULE K OF ITS FORM
 990.

MEMBER

PART VI LINE 6

MEMBER OF MARYLAND GENERAL HOSPITAL IS MARYLAND GENERAL HEALTH SYSTEMS,
 INC.

MEMBER ELECT AND APPROVE

PART VI, LINE 7A, 7B

MARYLAND GENERAL HEALTH SYSTEMS, INC AND UNIVERSITY OF MARYLAND MEDICAL
 SYSTEM CORPORATION MAY ELECT MEMBERS AND APPROVE DECISIONS OF THE
 MARYLAND GENERAL HOSPITAL BOARD.

FORM 990 PREPARATION AND REVIEW PROCESS

PART VI, SECTION B, LINE 11A

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF KPMG.

ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF
 MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE
 RETURN AND INPUT THE DATA INTO THE KPMG TAX ORGANIZER, WHICH IS A
 WEB-BASED SYSTEM.

WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO KPMG FOR
 IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, KPMG STAFF MEMBERS
 REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE
 TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT KPMG INCLUDING

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

ATTACHMENT 1 (CONT'D)

THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO
THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, KPMG IS INSTRUCTED TO MAKE ANY
NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN
UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE SHARED
SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF
FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS
THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN,
TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR
OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM
990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL
BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO
THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD
RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM
990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990
BEFORE FILING.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF
MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL
CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS
OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

ATTACHMENT 1 (CONT'D)

PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC, UNIVERSITY SPECIALTY HOSPITAL AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

ATTACHMENT 1 (CONT'D)

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE

THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

EXECUTIVE COMPENSATION

PART VI, SECTION B, LINE 15

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:

EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST.

THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS.

THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.

Name of the organization
MARYLAND GENERAL HOSPITAL, INC.

Employer identification number
52-0591667

ATTACHMENT 1 (CONT'D)

THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS.

THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

PUBLIC DISCLOSURE

PART VI, SECTION C, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED.

IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

ATTACHMENT 1 (CONT'D)

REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED

FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT

DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

ATTACHMENT 24A PROGRAM SERVICE

MARYLAND GENERAL HOSPITAL, INC. IS A HOSPITAL WITH 213 LICENSED BEDS PLUS 17 NURSERY BASSINETS. THE HOSPITAL IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO

Name of the organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 2 (CONT'D)

PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS IRRESPECTIVE OF THEIR ABILITY TO PAY, AND CONTINUING EDUCATIONAL SEMINARS AND PROGRAMS WHICH PROMOTE PUBLIC AWARENESS OF HEALTH CARE MATTERS.

DURING ITS FISCAL YEAR ENDED JUNE 30, 2010, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE:

PROVIDED INPATIENT SERVICES WHICH INCLUDED 11,720 INPATIENT ADMISSIONS AND 50,730 INPATIENT DAYS

PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 28,626 EMERGENCY DEPARTMENT VISITS AND 23,344 OUTPATIENT CLINIC VISITS

PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT A COST OF \$20,811,000 WHICH IS 11.1% OF GROSS PATIENT SERVICE REVENUE PROVIDED

CONDUCTED COMMUNITY HEALTH EDUCATIONAL PROGRAMS WHICH INCLUDED CLASSES AND SEMINARS ON SUCH TOPICS AS DIABETES, CANCER, HEART DISEASE, CHILD BIRTH AND NUTRITION COUNSELING

ATTACHMENT 3

Name of the organization

Employer identification number

MARYLAND GENERAL HOSPITAL, INC.

52-0591667

ATTACHMENT 3 (CONT'D)

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| SHERIDAN ANESTHESIA SERVICES OF MARYLAND 1613 NORTH HARRISON PKWY SUNRISE, FL 33323 | ANESTHESIA SERVICES | 3,562,376. |
| UNIVERSITY OF MARYLAND EMER MEDICINE 110 SOUTH PACA STREET BALTIMORE, MD 21201 | EMERG MED PHYS | 4,306,663. |
| SODEXHO INC AND AFFILIATES PO BOX 536922 ATLANTA, GA 30353 | FOOD SERVICE | 1,802,927. |
| BARTON MALOW COMPANY 26500 AMERICAN DRIVE SOUTHFIELD, MI 48034 | FACILITIES CONSTRUCT | 17,978,357. |
| HOSPITALIST MEDICINE PHYS OF BALTO CITY 4535 DRESSLER ROAD NW CANTON, OH 44718 | HOUSE STAFF PHYS | 1,845,121. |
| TOTAL COMPENSATION | | 29,495,444. |

**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

▶ 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

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number
52-0591667

Part I 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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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 |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| BALTIMORE WASHINGTON EMERGENCY PHYS, INC 52-1756326 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | 501 (C) (3) | 11 | BWMS |
| BALTIMORE WASHINGTON HEALTHCARE SERVICES 52-1830243 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | 501 (C) (3) | 11 | BWMS |
| BALTIMORE WASHINGTON MEDICAL CENTER, INC 52-0689917 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | 501 (C) (3) | 3 | BWMS |
| BALTIMORE WASHINGTON MEDICAL SYSTEM, INC 52-1830242 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | 501 (C) (3) | 11 | UMMSC |
| BW MEDICAL CENTER FOUNDATION, INC. 52-1813656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | FUNDRAISING | MD | 501 (C) (3) | 11 | BWMS |
| NORTH ARUNDEL DEVELOPMENT CORPORATION 52-1318404 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | REAL ESTATE | MD | 501 (C) (2) | | BWMS |
| NORTH COUNTY CORPORATION 52-1591355 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | REAL ESTATE | MD | 501 (C) (2) | | BWMS |

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

Schedule R (Form 990) 2009

JSA

9E1307 2.000

JG5428 2502

V 09-9.4

513464

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.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
| | | | | | | | Yes | No | | Yes | No |
| ARUNDEL PHYSICIANS ASSOCIATES, 301 HOSPITAL DRIVE | HEALTH CARE | MD | APA, INC | | | | | X | | | X |
| CENTRAL MARYLAND RADIOLOGY ONC 10710 CHARTER DRIVE | HEALTH CARE | MD | UMMSC | | | | | X | | | X |
| CENTRAL MD REHABILITATION CENT 22 SOUTH GREENE STREET | HEALTH CARE | MD | UMMSC | | | | | X | | | X |
| HELEN P. DENIT CANCER TREATMEN 22 SOUTH GREENE STREET | HEALTH CARE | MD | UMMSC | | | | | X | | | X |
| INNOVATIVE HEALTH, LLC 52-1997 29165 CANVASBACK DRIVE, SUITE | BILLING | MD | SHS | | | | | X | | | X |
| NORTH ARUNDEL PET CENTER, LLC 301 HOSPITAL DRIVE | HEALTH CARE | MD | BWPS, INC. | | | | | X | | | X |
| NORTH ARUNDEL SENIOR LIVING, L 301 HOSPITAL DRIVE | HEALTH CARE | MD | BWPS, INC. | | | | | X | | | X |

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 |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| ARUNDEL PHYSICIANS ASSOCIATES, INC. 52-1992649 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | BWPS | C CORP | | | |
| BALTIMORE WASHINGTON HEALTH ENTERPRISES 52-1936656 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | BWMS | C CORP | | | |
| BW PROFESSIONAL SERVICES, INC. 52-1655640 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | HEALTH CARE | MD | BWPS | C CORP | | | |
| COUNCIL OF UNIT OWNERS OF MD GEN PC 52-1891126 827 LINDEN AVENUE BALTIMORE, MD 21201 | REAL ESTATE | MD | MGHS | C CORP | | | |
| SHORE HEALTH ENTERPRISES, INC. 52-1363201 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | REAL ESTATE | MD | SHS | C CORP | | | |
| UNIVERSITY LITHOTRIPTER, INC. 52-1451021 22 SOUTH GREENE STREET BALTIMORE, MD 21201 | HEALTH CARE | MD | UMMSC | C CORP | | | |
| UMMS SELF INSURANCE TRUST 52-6315433 22 SOUTH GREENE STREET BALTIMORE, MD 21201 | INSURANCE | MD | UMMSC | TRUST | | | |

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

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

| | Yes | 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? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to other organization(s) | 1b | X |
| c Gift, grant, or capital contribution from other organization(s) | 1c | X |
| d Loans or loan guarantees to or for other organization(s) | 1d | X |
| e Loans or loan guarantees by other organization(s) | 1e | X |
| f Sale of assets to other organization(s) | 1f | X |
| g Purchase of assets from other organization(s) | 1g | X |
| h Exchange of assets | 1h | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i | X |
| j 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) | 1k | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m | X |
| n Sharing of paid employees | 1n | X |
| o Reimbursement paid to other organization for expenses | 1o | X |
| p Reimbursement paid by other organization for expenses | 1p | X |
| 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 thresholds.

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

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 | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
| | | | Yes | No | | Yes | No | | Yes | No |
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**SCHEDULE R-1
(Form 990)**

Continuation Sheet for Schedule R (Form 990)

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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).

Name of filing organization

MARYLAND GENERAL HOSPITAL, INC.

Employer identification number

52-0591667

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R-1 (Form 990) 2009

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 |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| CHESTER RIVER HEALTH FOUNDATION, INC. 52-1338861 100 BROWN STREET CHESTERTOWN, MD 21620 | FUNDRAISING | MD | 501 (C) (3) | 11 | CRHS |
| CHESTER RIVER HEALTH SYSTEM, INC. 52-2046500 100 BROWN STREET CHESTERTOWN, MD 21620 | HEALTH CARE | MD | 501 (C) (3) | 11 | UMMSC |
| CHESTER RIVER HOSPITAL CENTER, INC. 52-0679694 100 BROWN STREET CHESTERTOWN, MD 21620 | HEALTH CARE | MD | 501 (C) (3) | 3 | CRHS |
| CHESTER RIVER MANOR, INC. 52-6070333 200 MORGNEC ROAD CHESTERTOWN, MD 21620 | HEALTH CARE | MD | 501 (C) (3) | 11 | CRHS |
| MARYLAND GENERAL CLINICAL PRACTICE GROUP 52-1566211 827 LINDEN AVENUE BALTIMORE, MD 21201 | HEALTH CARE | MD | 501 (C) (3) | 11 | MGHS |
| MARYLAND GENERAL COMM HEALTH FOUNDATION 52-2147532 827 LINDEN AVENUE BALTIMORE, MD 21201 | FUNDRAISING | MD | 501 (C) (3) | 11 | MGHS |
| MARYLAND GENERAL HEALTH SYSTEMS, INC. 52-1175337 827 LINDEN AVENUE BALTIMORE, MD 21201 | HEALTH CARE | MD | 501 (C) (3) | 11 | UMMSC |
| CARE HEALTH SERVICES, INC. 52-1510269 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | HEALTH CARE | MD | 501 (C) (3) | 11 | SHS |
| DORCHESTER GENERAL HOSPITAL FOUNDATION 52-1703242 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | FUNDRAISING | MD | 501 (C) (3) | 11 | SHS |
| MEMORIAL HOSPITAL FOUNDATION, INC. 52-1282080 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | FUNDRAISING | MD | 501 (C) (3) | 11 | SHS |
| SHORE CLINICAL FOUNDATION, INC. 52-1874111 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | HEALTH CARE | MD | 501 (C) (3) | 11 | SHS |
| SHORE HEALTH SYSTEM, INC. 52-0610538 219 SOUTH WASHINGTON STREET EASTON, MD 21601 | HEALTH CARE | MD | 501 (C) (3) | 3 | UMMSC |
| JAMES LAWRENCE KERNAN HOSP ENDOW FD 23-7360743 2200 KERNAN DRIVE BALTIMORE, MD 21207 | FUNDRAISING | MD | 501 (C) (3) | 11 | UMMSC |
| JAMES LAWRENCE KERNAN HOSPITAL, INC. 52-0591639 2200 KERNAN DRIVE BALTIMORE, MD 21207 | HEALTH CARE | MD | 501 (C) (3) | 3 | UMMSC |
| SHIPLEY'S CHOICE MEDICAL PARK, INC. 04-3643849 22 SOUTH GREENE STREET BALTIMORE, MD 21201 | REAL ESTATE | MD | 501 (C) (2) | 11 | UMMSC |
| UMMS FOUNDATION, INC. 52-2238893 22 SOUTH GREENE STREET BALTIMORE, MD 21201 | FUNDRAISING | MD | 501 (C) (3) | 11 | UMMSC |
| UNIVERSITY OF MD MEDICAL SYSTEM CORP 52-1362793 22 SOUTH GREENE STREET BALTIMORE, MD 21201 | HEALTH CARE | MD | 501 (C) (3) | 3 | UMMSC |
| UNIVERSITY SPECIALTY HOSPITAL 52-0882914 611 SOUTH CHARLES STREET BALTIMORE, MD 21230 | HEALTH CARE | MD | 501 (C) (3) | 3 | UMMSC |

Schedule R-1 (Form 990) 2009

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

52-0591667

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514.) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on box 20 of K-1 | (j) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|--|---|----|
| | | | | | | | Yes | No | | Yes | No |
| NAH/SUNRISE OF SEVERNA PARK, L 301 HOSPITAL DRIVE | HEALTH CARE | MD | BWHE, INC. | | | | | X | | | X |
| SHIPLEY'S IMAGING CENTER, LLC 22 SOUTH GREENE STREET | HEALTH CARE | MD | UMMSC | | | | | X | | | X |
| UNIVERSITYCARE, LLC 52-1914892 22 SOUTH GREENE STREET | HEALTH CARE | MD | UMMSC | | | | | X | | | X |
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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 |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| TERRAPIN INSURANCE COMPANY 98-0129232 P.O. BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS | INSURANCE | CJ | UMMSC | C CORP | | | |
| NA EXECUTIVE BUILDING CONDO 301 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | REAL ESTATE | MD | NADCO | C CORP | | | |
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (A) Name of other organization | (B) Transaction type (a-i) | (C) Amount Involved |
|-----------------------------------|----------------------------------|------------------------|
| (7) | | |
| (8) | | |
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| (24) | | |

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) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount on Box 20 of K-1 | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |
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