

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, 20 10

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 MONTGOMERY GENERAL HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 18101 PRINCE PHILIP DRIVE City or town, state or country, and ZIP + 4 OLNEY, MD 20832	D Employer identification number 52-0646893 E Telephone number (301) 774-8640	
	F Name and address of principal officer: PETER MONGE 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832		G Gross receipts \$ 138,827,758. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.MONTGOMERYGENERAL.ORG H(c) Group exemption number	
	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: 2000 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MONTGOMERY GENERAL HOSPITAL IS DEDICATED TO ENHANCING OUR COMMUNITY'S HEALTH AND WELL-BEING BY OFFERING HIGH QUALITY, COMPASSIONATE AND PERSONALIZED CARE.		
	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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	1,375
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	624,241.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	57,402.

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	129,197,703.	136,180,638.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,344,368.	724,066.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,190,310.	1,793,676.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,732,381.	138,698,380.
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)	63,924,573.	64,512,526.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
	16b	Total fundraising expenses, Part IX, column (D), line 25		0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	64,217,111.	68,958,256.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,141,684.	133,470,782.
19	Revenue less expenses. Subtract line 18 from line 12	4,590,697.	5,227,598.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	129,692,934.	165,724,138.
	21	Total liabilities (Part X, line 26)	39,720,827.	32,262,425.
22	Net assets or fund balances. Subtract line 21 from line 20	89,972,107.	133,461,713.	

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: Marc R. Berger Date: 5/16/11

Type or print name and title: MARC R. BERGER AVP, TAXATION

Paid Preparer's Use Only	Preparer's signature: <u>[Signature]</u>	Date: 5/10/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00451522
	Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 440 MONTICELLO AVE, SUITE 1900 NORFOLK, VA 23510-3310	EIN: 13-5565207	Phone no.: 757-616-7000	

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)

- 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 MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-064 6893
	Number, street, and room or suite no. If a P.O. box, see instructions. 18101 PRINCE PHILIP DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLNEY, MD 20832	

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 **MARC BERGER**
Telephone No. **410 772-6719** FAX No.
- If the organization does not have an office or piece 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	\$	0.
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 EFTPS(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 *Marc Berger* Title *CPA* Date *2/8/11*

KPMG LLP
Suite 1900
440 Monticello Avenue
Norfolk, Virginia 23510

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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 **X**
 - 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 MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
	Number, street, and room or suite no. If a P.O. box, see instructions. 18101 PRINCE PHILIP DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLNEY, MD 20832	

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 ▶ MARC BERGER

Telephone No. ▶ 410 772-6719 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	\$	0.
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	\$	0.
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	\$	0.

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.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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

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

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

4a (Code:) (Expenses \$ 5,897,219. including grants of \$ 0.) (Revenue \$ 0.)

MONTGOMERY GENERAL HOSPITAL PROVIDED \$5.9M IN CHARITY CARE SERVICES IN FISCAL YEAR 2010. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S CHARITY CARE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS THE HOSPITAL'S CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT PAYMENTS FROM THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.

4b (Code:) (Expenses \$ 2,175,024. including grants of \$ 0.) (Revenue \$ 0.)

MONTGOMERY GENERAL HOSPITAL PROVIDED \$2.2M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2010. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDED THE PROVISION OF PSYCHIATRIC CARE SERVICES, EMERGENCY ROOM SERVICES, AND HOSPITALISTS.

4c (Code:) (Expenses \$ 1,220,119. including grants of \$ 0.) (Revenue \$ 33,960.)

MONTGOMERY GENERAL HOSPITAL PROVIDED \$1.2M IN COMMUNITY HEALTH SERVICES IN FISCAL YEAR 2010. THESE SERVICES INCLUDE COMMUNITY HEALTH EDUCATION (SUPPORT GROUPS AND SELF HELP EDUCATION), COMMUNITY BASED CLINICAL SERVICES (SCREENINGS, FREE CLINICS, AND MOBILE UNITS), AND HEALTH CARE SUPPORT SERVICES.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 74,862,062. including grants of \$) (Revenue \$)

4e Total program service expenses 84,154,424.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
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 ID, question text, and Yes/No columns. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (18); 1b Enter the number of voting members that are independent (12); 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: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD;
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] 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: MARC BERGER 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044 410 772-6719

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			
PETER W MONGE PRESIDENT	40.00	X		X			597,201.	0.	14,521.	
KEVIN FLANNERY VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
DONALD SWEENEY CHAIRMAN	1.00	X		X			0.	0.	0.	
MICHAEL KERR MD DIRECTOR	1.00	X					0.	0.	0.	
KEVIN MCMAHON MD DIRECTOR	1.00	X					12,431.	0.	0.	
KENNETH A. SAMET DIRECTOR	1.00	X					0.	3,637,403.	66,085.	
JOY DRASS MD DIRECTOR	1.00	X					0.	1,068,368.	53,013.	
AMY AMPEY MD DIRECTOR	1.00	X					2,500.	0.	0.	
DOUGLAS FARQUHAR DIRECTOR	1.00	X					0.	0.	0.	
JOHN FERGUSON DIRECTOR	1.00	X					0.	0.	0.	
SUNNY BANVARD DIRECTOR	1.00	X					0.	0.	0.	
JULIE BAWA DIRECTOR	1.00	X					0.	0.	0.	
CHARLES F MESS SR MD DIRECTOR	1.00	X					0.	0.	0.	
BENNETT T MORRISON MD DIRECTOR	1.00	X					0.	0.	0.	
C THOMPSON PARDOE DIRECTOR	1.00	X					0.	0.	0.	
ROBERT SULLIVAN 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			
IVONNE GIULIANA CENTTY DIRECTOR	1.00	X					0.	0.	0.	
SHELIA WOODARD DIRECTOR	1.00	X					0.	0.	0.	
JOHN F HOGARTY SR VP & CFO	40.00			X			549,333.	0.	4,306.	
CHARLES R TUEGEL MD SECRETARY/TREASURER	1.00			X			0.	0.	0.	
DAVID HAVRILLA ASSISTANT TREASURER	1.00			X			162,212.	162,212.	37,940.	
ROGER LEONARD VP MEDICAL STAFF	40.00				X		284,933.	0.	9,927.	
CONNIE STONE VP, PATIENT CARE SERVICES	40.00				X		174,932.	0.	9,128.	
KEVIN MELL VP, HUMAN RESOURCES	40.00				X		164,986.	0.	11,152.	
HAROLD PICKETT VICE PRESIDENT	40.00					X	275,503.	0.	5,483.	
JEANNE O'TOOLE CONTROLLER	40.00					X	148,926.	0.	12,483.	
MARIA ELENA ESPINA PHYSICAN ASSISTANTS DIRECTOR	40.00					X	144,820.	0.	8,018.	
RANDALL BURSAW SUPERVISOR, NUCLEAR MEDICINE	40.00					X	142,163.	0.	10,624.	
OWEN HORN NETWORK OPERATIONS MANAGER	40.00					X	135,015.	0.	8,919.	
1b Total							2,794,955.	4,867,983.	251,599.	

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 **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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 **5**

Part VIII Statement of Revenue

52-0646893

				(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				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		0.			
Program Service Revenue				Business Code			
	2a	PATIENT SERVICE REVENUE	621300	132,558,297.	132,558,297.		
	b	PHYSICIAN BILLING REVENUE - ANESTHESIA	621110	3,622,341.	3,622,341.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		136,180,638.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		789,226.			789,226.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents	304,668.				
	b	Less: rental expenses					
	c	Rental income or (loss)	304,668.				
	d	Net rental income or (loss)		304,668.			304,668.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		64,218.			
	b	Less: cost or other basis and sales expenses	129,378.				
	c	Gain or (loss)	-129,378.	64,218.			
	d	Net gain or (loss)		-65,160.			-65,160.
	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	OTHER OPERATING REVENUE	621500	809,931.			809,931.	
b	LAB REVENUE	900099	679,077.	54,836.	624,241.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,489,008.				
12	Total Revenue. See instructions		138,698,380.	136,235,474.	624,241.	1,838,665.	

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	1,820,419.	1,195,569.	624,850.	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	51,371,084.	34,552,037.	16,819,047.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,671,363.	0.	2,671,363.	0.
9 Other employee benefits	4,752,144.	0.	4,752,144.	0.
10 Payroll taxes	3,897,516.	0.	3,897,516.	0.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	110,292.	0.	110,292.	0.
c Accounting	87,500.	0.	87,500.	0.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	18,205,517.	5,799,576.	12,405,941.	0.
12 Advertising and promotion	827,896.		827,896.	
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	354,958.	0.	354,958.	0.
17 Travel	32,287.	7,761.	24,526.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	34,779.	9,408.	25,371.	0.
20 Interest	368,946.	0.	368,946.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	7,701,788.	7,701,788.		
23 Insurance	2,309,256.	2,309,256.		
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>MED/SURG SUPPLIES</u>	22,727,750.	22,727,750.	0.	0.
b <u>BAD DEBT</u>	5,007,266.	5,007,266.	0.	0.
c <u>MAINTENANCE</u>	2,934,248.	1,215,238.	1,719,010.	0.
d <u>PROFESSIONAL FEES</u>	2,780,725.	2,780,725.	0.	0.
e <u>OTHER EXPENSES</u>	2,751,846.	846,152.	1,905,694.	0.
f All other expenses	2,723,202.	1,898.	2,721,304.	0.
25 Total functional expenses. Add lines 1 through 24f	133,470,782.	84,154,424.	49,316,358.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	25,276,059.	2	47,205,461.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,080,419.	4	14,622,539.
	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	987,868.	7	761,657.
	8 Inventories for sale or use	2,457,926.	8	2,504,868.
	9 Prepaid expenses and deferred charges	1,028,094.	9	610,837.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,547,400.		
	b Less: accumulated depreciation	10b 72,586,310.	64,999,828.	10c 77,961,090.
	11 Investments - publicly traded securities	ATCH .6	18,727,322.	11 20,965,797.
	12 Investments - other securities. See Part IV, line 11		106,325.	12 96,364.
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11		2,029,093.	15 995,525.
16 Total assets. Add lines 1 through 15 (must equal line 34)		129,692,934.	16 165,724,138.	
Liabilities	17 Accounts payable and accrued expenses	14,932,469.	17	11,232,636.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	24,788,358.	25	21,029,789.
	26 Total liabilities. Add lines 17 through 25	39,720,827.	26	32,262,425.
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	87,940,707.	27	131,430,313.
	28 Temporarily restricted net assets	2,031,400.	28	2,031,400.
	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	89,972,107.	33	133,461,713.	
34 Total liabilities and net assets/fund balances	129,692,934.	34	165,724,138.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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 MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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	
Total									

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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

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
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
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
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
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

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						
10 a 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	%

19 a 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 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: MONTGOMERY GENERAL HOSPITAL; Employer identification number: 52-0646893

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

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 XI V and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XI V.

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		146,581.		146,581.
b Buildings		80,862,546.	6,896,549.	73,965,997.
c Leasehold improvements		1,575,958.		1,575,958.
d Equipment		57,502,443.	57,502,443.	
e Other		10,459,872.	8,187,318.	2,272,554.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				77,961,090.

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
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	
ATTACHMENT 1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,029,789.

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.

FIN 48 AUDIT REPORT FOOTNOTE

SCHEDULE D, PART XIV

THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO.

48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF

FASB STATEMENT 109 (FIN 48).

Part XIV Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
PENSION ASSET	7,157,391.
OPTIMIM CHOICE IBNR	131,960.
ADVANCE MEDICAID	451,483.
ADVANCE CHAMPUS	1,000.
ADVANCE MD BS	197,902.
ADVANCE MDIPA	700,183.
ADVANCE BCNCA	1,715,700.
ADVANCE KAISER	115,944.
ADVANCE AETNA	183,757.
ADVANCE CIGNA	157,756.
PATIENT CREDIT BALANCES	253,031.
SURGERY CENTER DEBT	297,564.
CTC DEBT	112,252.
MOB LIABILITY	7,877,865.
OTHER LIABILITIES	2,020,695.
INTERCO PAYABLES	-368,094.
CAPITAL LEASE ST	23,400.
TOTALS	<u>21,029,789.</u>

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

MONTGOMERY GENERAL HOSPITAL

Employer identification number

52-0646893

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.		
<input checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> 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 free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	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 discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)		0	4,600,506.	0.	4,600,506.	3.45
b Unreimbursed Medicaid (from Worksheet 3, column a)		0	0.	0.	0.	0.00
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		0	0.	0.	0.	0.00
d Total Charity Care and Means-Tested Government Programs		0	4,600,506.	0.	4,600,506.	3.45
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	28	24808	1,220,119.	33,960.	1,186,159.	.89
f Health professions education (from Worksheet 5)	4	738	460,371.	0.	460,371.	.34
g Subsidized health services (from Worksheet 6)	3	0	2,175,024.	0.	2,175,024.	1.63
h Research (from Worksheet 7)		0	0.	0.	0.	0.00
i Cash and in-kind contributions to community groups (from Worksheet 8)	10	7508	219,931.	0.	219,931.	.16
j Total. Other Benefits	45	33054	4,075,445.	33,960.	4,041,485.	3.02
k Total. Add lines 7d and 7j	45	33054	8,675,951.	33,960.	8,641,991.	6.47

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

Schedule H (Form 990) 2009

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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.	0.00
2 Economic development		0	0.	0.	0.	0.00
3 Community support	1	50	1,997.	0.	1,997.	
4 Environmental improvements	6	0	299,344.	0.	299,344.	.22
5 Leadership development and training for community members		0	0.	0.	0.	0.00
6 Coalition building	2	0	1,745.	0.	1,745.	
7 Community health improvement advocacy	3	2	28,626.	0.	28,626.	.02
8 Workforce development		0	0.	0.	0.	0.00
9 Other		0	0.	0.	0.	0.00
10 Total	12	52	331,712.	0.	331,712.	.24

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

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)
MONTGOMERY GENERAL HOSPITAL 18101 PRINCE PHILIP DRIVE OLNEY MD 20832	X	X					X		

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.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AT COST

PART I, LINE 7A

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.

UNREIMBURSED MEDICAID

PART I, LINE 7B

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

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

COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

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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UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED

CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITAL 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. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL

OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF

MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING

HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

HEALTH PROFESSIONS EDUCATION

PART I, LINE 7F

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATIONAL. THE HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC), DETERMINES PAYMENT THROUGH A RATE-SETTING

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED

CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO

BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

Part 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:

MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT

EXPENSE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

(GAAP) AND HFMA 15. AMOUNTS THAT ARE NOT EXPECTED TO BE COLLECTED,

FOR PATIENTS QUALIFYING UNDER MEDSTAR HEALTH'S FINANCIAL ASSISTANCE

POLICY, ARE WRITTEN OFF TO CHARITY CARE AND REPORTED AS A REDUCTION

TO REVENUE. BAD DEBT EXPENSE RESULTS FROM MANAGEMENT'S INABILITY TO

COLLECT REVENUES THAT MEET THE GAAP CRITERIA FOR REVENUE RECOGNITION.

BAD DEBT REPRESENTS AN OPERATING EXPENSE AND IS REFLECTED AS A

SEPARATE LINE ITEM ON THE ORGANIZATION'S STATEMENT OF OPERATIONS.

HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A

DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN

DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN

DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE

ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE

USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING

SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT

EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.

PART III, LINE 8:

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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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 DEIVERED 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. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES

AND REVENUES IN MARYLAND IN ZERO.

NEEDS ASSESSMENT:

MONTGOMERY GENERAL HOSPITAL'S (MGH) KEY PRIORITIES ARE DETERMINED BY

THE NEEDS OF THE COMMUNITY IT SERVES. AN ASSORTMENT OF MECHANISMS IS

ROUTINELY IMPLEMENTED TO ASSESS AND ENSURE THE HOSPITAL IS SERVING AS

THE TRUSTED LEADER IN CARING FOR PEOPLE AND ADVANCING HEALTH.

STRATEGIC PLANNING SESSIONS, WHICH INCLUDE THE EXECUTIVE TEAM AND

MANAGEMENT TEAM, ARE DESIGNED TO IDENTIFY SHORT- AND LONG- TERM

GOALS. THROUGHOUT THIS PROCESS, COMMUNITY NEEDS, BOTH CURRENT AND

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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PROJECTED, ARE INCORPORATED INTO EACH ASPECT OF THE PLANNING PHASE.

THE HOSPITAL ALSO COLLABORATES WITH KEY STAKEHOLDERS. PARTNERSHIPS

WITH THE LOCAL HEALTH DEPARTMENT, NON-PROFIT ORGANIZATIONS AND

LOCAL/REGIONAL COALITIONS ALLOW HOSPITAL LEADERS TO GAIN A GREATER

LEVEL OF INSIGHT ON THE STRUCTURAL AND SOCIAL CONDITIONS THAT IMPACT

HEALTH STATUS. MANY OF THE COMMUNITY BENEFIT ACTIVITIES CONDUCTED

LAST YEAR WERE ALIGNED WITH THE MONTGOMERY COUNTY DEPARTMENT OF

HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011.

IN ADDITION, AS A MEDSTAR MEMBER HOSPITAL, MGH PARTICIPATED IN A

SYSTEMWIDE, REGIONAL COMMUNITY NEEDS ASSESSMENT. SECONDARY DATA ON

DISEASE PREVALENCE, BEHAVIORAL RISK FACTORS, AND MEDICAL PROVIDER

SHORTAGES WERE EXAMINED. BASED ON THE ASSESSMENT, HEART DISEASE AND

CANCER WERE IDENTIFIED AS THE SYSTEM'S KEY PRIORITIES FOR COMMUNITY

BENEFIT INVESTMENT. MANY OF MGH'S ACTIVITIES IN THE PAST YEAR WERE

ALIGNED WITH THE PREVENTION, DETECTION, AND TREATMENT OF THESE

CHRONIC DISEASE CONDITIONS.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

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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- 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.

 MGH WILL PROVIDE ACCESS FOR URGENT OR EMERGENT MEDICALLY NECESSARY

 HEALTH CARE SERVICES FOR FREE OR AT A REDUCED FEE TO ALL PATIENTS WHO

 MEET THE CRITERIA. THE DETERMINATION OF URGENT OR EMERGENT MEDICALLY

 NECESSARY HEALTH CARE SERVICES IS THE SOLE DISCRETION OF MGH. EACH

 APPLICANT FOR FINANCIAL ASSISTANCE OR REDUCED FEE ARRANGEMENTS MUST

 MEET CRITERIA SET BY MGH. THERE ARE SIGNS IN ENGLISH AND SPANISH AT

 EVERY REGISTRATION POINT IN THE HOSPITAL REGARDING FINANCIAL

 ASSISTANCE. ALL REGISTRATION STAFF HAVE COPIES OF THE FINANCIAL

 ASSISTANCE APPLICATION IN ENGLISH AND SPANISH TO GIVE TO PATIENTS.

 GREETER DESKS ALSO HAVE COPIES OF THE FINANCIAL ASSISTANCE

 APPLICATION IN ENGLISH AND SPANISH TO GIVE TO PATIENTS. BILLING AND

 CUSTOMER SERVICE ALSO HAVE COPIES OF THE FINANCIAL ASSISTANCE

 APPLICATION IN ENGLISH TO GIVE TO PATIENTS. THE FINANCIAL ASSISTANCE

 POLICY IS POSTED ON THE WEBSITE.

 A FINANCIAL ASSISTANCE APPLICATION IS MAILED WITHIN ONE-WEEK TO THE

 HOMES OF ALL SELF PAY PATIENTS WHO WERE DISCHARGED FROM THE EMERGENCY

 DEPARTMENT. FOR ALL SELF PAY PATIENTS WHO ARE INPATIENTS, THE

Part VI Supplemental Information

Complete this part to provide the following information.

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CUSTOMER SERVICE DEPARTMENT HAS THE PATIENT SPEAK WITH THE INTERNAL

 MONTGOMERY COUNTY SOCIAL WORKER TO SEE IF THEY QUALIFY FOR MEDICAL

 ASSISTANCE OR IF THEY CAN BE ASSISTED BY AN OUTSIDE AGENCY THAT

 SPECIALIZES IN OBTAINING MEDICAL ASSISTANCE FOR HOSPITAL PATIENTS.

 IF THE PATIENT DOES NOT MEET CRITERIA TO APPLY FOR MEDICAL ASSISTANCE

 THE PATIENT IS REFERRED TO THE BILLING DEPARTMENT FOR PAYMENT OR TO

 OBTAIN A FINANCIAL ASSISTANCE APPLICATION. ALL INPATIENTS ALSO

 RECEIVE A DISCHARGE PACKAGE/ENVELOPE. WITHIN THE ENVELOPE IS A

 PATIENT FINANCIAL SERVICES BROCHURE WHICH EXPLAINS MGH'S BILLING

 POLICIES AND FINANCIAL ASSISTANCE PROGRAM. THESE BROCHURES ARE

 HOUSED IN SEVERAL AREAS OF THE HOSPITAL FOR PATIENT'S CONVENIENCE.

Part VI Supplemental Information

Complete this part to provide the following information.

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COMMUNITY INFORMATION:

MONTGOMERY COUNTY HAS EXPERIENCED CONSISTENT POPULATION GROWTH OVER THE YEARS. AS OF 2009, THE COUNTY IS COMPRISED OF 971,600 RESIDENTS. THE MOST RECENT ESTIMATE PUTS THE AVERAGE AGE IN THE COUNTY AT 39. MORE THAN HALF OF THE POPULATION IS FEMALE. PERSONS UNDER 19 MAKE UP 26.4 % AND PERSONS 65 AND OLDER ACCOUNT FOR 12.5 %OF THE POPULATION.

MONTGOMERY COUNTY IS RACIALLY DIVERSE AND VERY RICH WITH CULTURE. THE COUNTY'S RACIAL BREAKDOWN IS 61.2 PERCENT CAUCASIAN, 16.1 PERCENT BLACK OR AFRICAN AMERICAN, AND 13.3 PERCENT ASIAN. NEARLY 14.8 PERCENT OF THE POPULATION IS OF HISPANIC ORIGIN - MAKING IT THE JURISDICTION WITH THE LARGEST HISPANIC COMMUNITY IN THE WASHINGTON/BALTIMORE REGION. ACCORDING TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, POVERTY RATES ARE HIGHEST AMONG HISPANIC FAMILIES - 8.9%, FOLLOWED BY AFRICAN AMERICAN - 7.8%; ASIANS - 4.7%; AND NON-HISPANIC WHITES - 1.7%.

IN 2008, THERE WERE 341,812 HOUSEHOLDS IN MONTGOMERY COUNTY. OF THE 341,812 HOUSEHOLDS, 68 PERCENT WERE FAMILIES. THAT INCLUDES BOTH

Part VI Supplemental Information

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MARRIED-COUPLE FAMILIES (53 PERCENT) AND OTHER FAMILIES (15 PERCENT).

NONFAMILY HOUSEHOLDS MADE UP 32 PERCENT OF ALL HOUSEHOLDS IN THE

COUNTY. MOST OF THE NONFAMILY HOUSEHOLDS WERE PEOPLE LIVING ALONE,

BUT SOME WERE COMPRISED OF PERSONS WHO WERE NOT RELATED TO THE HEAD

OF HOUSEHOLD.

THE COUNTY CONTINUES TO EXPERIENCE SIGNIFICANT GROWTH IN ITS AGING

POPULATION. IN 2000, 92,503 OF ITS RESIDENTS WERE 65 YEARS OF AGE OR

OLDER. BY 2005, THERE WAS A GROWTH OF NINE PERCENT AND BY THE END OF

2010, PROJECTIONS SUGGEST A GROWTH OF 11%, COMPARED TO A BASELINE OF

92,503 RESIDENTS.

IN MONTGOMERY COUNTY, 91 PERCENT OF RESIDENTS 25 YEARS AND OVER HAVE

AT LEAST GRADUATED FROM HIGH SCHOOL; 56 PERCENT HAVE A BACHELOR'S

DEGREE OR HIGHER. NINE PERCENT WERE DROPOUTS, MEANING THEY WERE NOT

ENROLLED IN SCHOOL AND HAD NOT GRADUATED FROM HIGH SCHOOL.

THE PRIVATE SECTOR ACCOUNTS FOR APPROXIMATELY 72 PERCENT OF

EMPLOYMENT IN THE COUNTY FOLLOWED BY THE GOVERNMENT, WHICH EMPLOYS

Part VI Supplemental Information

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ROUGHLY 21% OF THE WORKING POPULATION. THE REMAINING 7% ARE

SELF-EMPLOYED.

COMMUNITY BUILDING ACTIVITIES:

AS A COMMUNITY PARTNER, THE HOSPITAL ENGAGES IN A NUMBER OF COMMUNITY

BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF

THE COMMUNITY. FOR EXAMPLE, THE HOSPITAL PROVIDED FREE SCREENINGS FOR

BLOOD PRESSURE, BODY FAT/WAIST HIP RATIO, PODIATRY, SLEEP APNEA,

VISION, CHOLESTEROL, BONE DENSITY AND ORAL HEALTH AT THE ANNUAL

HEALTH EXPO. INFORMATION ON PREVENTION, EARLY DETECTION, TREATMENT,

DIAGNOSIS AND CARE FOR VARIOUS DISEASES WAS ALSO OFFERED. ATTENDEES

ENJOYED PHYSICIAN LECTURES BY MGH MEDICAL STAFF, GIVEAWAYS, AND

MULTIPLE INTERACTIVE HEALTH BOOTHS. IN 2010, 173 MEMBERS OF THE

COMMUNITY ATTENDED THIS EVENT.

EDUCATING THE COMMUNITY ABOUT CANCER PREVENTION AND TREATMENT IS A

PRIORITY AT MGH. AN ONCOLOGY CERTIFIED REGISTERED NURSE IS AVAILABLE

TO GUIDE PATIENTS' FAMILIES AND PHYSICIANS THROUGH THE MANY FACETS OF

TESTS AND TREATMENTS THAT OFTEN ACCOMPANY A CANCER DIAGNOSIS. THIS

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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"CANCER CARE NAVIGATOR" NOT ONLY EDUCATES PATIENTS ABOUT CANCER AND
 TREATMENTS BUT PROVIDES EMOTIONAL SUPPORT AND ENCOURAGEMENT. A
 COMMUNITY OUTREACH SPECIALIST WITH A PUBLIC HEALTH BACKGROUND PLAYS
 AN IMPORTANT ROLE IN OUR ABILITY TO PROVIDE EDUCATION AND SUPPORT
 SERVICES TO UNDERSERVED/LOW-INCOME COMMUNITIES.

OTHER INFORMATION:

AS A COMMUNITY PARTNER, MGH IS COMMITTED TO MEETING THE NEEDS OF
 VULNERABLE POPULATIONS BY ESTABLISHING STRATEGIC PARTNERSHIPS AND
 ALLIANCES. A PARTNERSHIP WITH PROYECTO SALUD, A NOT-FOR-PROFIT
 PRIMARY CARE CLINIC IN WHEATON, IS ALLOWING LOW-INCOME, UNINSURED,
 SPANISH SPEAKING RESIDENTS TO RECEIVE CULTURALLY SENSITIVE HEALTHCARE
 SERVICES AT A SATELLITE SITE ON THE GROUNDS OF MONTGOMERY GENERAL
 HOSPITAL.

UNDER THE TERMS OF THE AGREEMENT, MHG PROVIDES PROYECTO SALUD WITH
 FREE SPACE TO PROVIDE PATIENT CARE. THE HOSPITAL ALSO PROVIDES
 PARTIAL SUPPORT FOR OPERATIONS AND MARKETING.

Part VI Supplemental Information

Complete this part to provide the following information.

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THE CLINIC'S SERVICES FOCUS ON PRIMARY ADULT HEALTHCARE INCLUDING

PHYSICAL EXAMINATIONS, HEALTH COUNSELING AND EDUCATION, AND BASIC

LABORATORY SERVICES. IN ADDITION, THE CLINIC OFFERS A SEASONAL FLU

CLINIC FOCUSED ON PREVENTION WITH VACCINATIONS. PRESCRIPTION

MEDICATIONS ARE MADE AVAILABLE THROUGH THE MONTGOMERY CARES PROGRAM.

THE CLINIC ALSO PROVIDES REFERRALS FOR COUNTY SPECIALTY SERVICES,

STD, HIV PROGRAMS, WOMEN'S CANCER CONTROL PROGRAM, FAMILY PLANNING

AND AFFORDABLE ALCOHOL TREATMENT AND REHABILITATION.

AFFILIATED HEALTH CARE SYSTEM ROLES:

AS A PROUD MEMBER OF MEDSTAR HEALTH, MONTGOMERY GENERAL HOSPITAL IS

ABLE TO EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY

PARTNERING WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. FOR

EXAMPLE, MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN STRATEGIC

PLANNING TO MEET THE NEEDS OF THE UNDER/UNINSURED. THROUGH ITS

COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES THE HOSPITAL WITH

TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING. MEDSTAR'S

CORPORATE PHILANTHROPY DIVISION OFFERS RESOURCES AND TECHNICAL

SUPPORT IN SECURING PHILANTHROPIC INVESTORS TO ENSURE HEALTH SERVICES

**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
MONTGOMERY GENERAL HOSPITAL

Employer identification number
52-0646893

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

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

- a** Receive a severance payment or change-of-control payment?
- 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		
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)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER W MONGE	(i)	398,086.	196,795.	2,320.	4,847.	9,674.	611,722.
	(ii)	0.	0.	0.	0.	0.	0.
JOHN F HOGARTY	(i)	55,489.	24,846.	468,998.	3,601.	705.	553,639.
	(ii)	0.	0.	0.	0.	0.	0.
ROGER LEONARD	(i)	201,931.	83,002.	0.	804.	9,123.	294,860.
	(ii)	0.	0.	0.	0.	0.	0.
CONNIE STONE	(i)	148,562.	26,370.	0.	295.	8,833.	184,060.
	(ii)	0.	0.	0.	0.	0.	0.
KEVIN MELL	(i)	135,704.	29,282.	0.	3,500.	7,652.	176,138.
	(ii)	0.	0.	0.	0.	0.	0.
KENNETH A. SAMET	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,163,764.	1,175,787.	1,297,852.	47,263.	18,822.	3,703,488.
JOY DRASS MD	(i)	0.	0.	0.	0.	0.	0.
	(ii)	619,624.	448,744.	0.	34,454.	18,559.	1,121,381.
HAROLD PICKETT	(i)	17,082.	2,872.	255,549.	5,021.	462.	280,986.
	(ii)	0.	0.	0.	0.	0.	0.
JEANNE O'TOOLE	(i)	137,797.	11,129.	0.	1,986.	10,497.	161,409.
	(ii)	0.	0.	0.	0.	0.	0.
MARIA ELENA ESPINA	(i)	139,848.	4,972.	0.	1,318.	6,700.	152,838.
	(ii)	0.	0.	0.	0.	0.	0.
RANDALL BURSAW	(i)	141,163.	1,000.	0.	414.	10,210.	152,787.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID HAVRILLA	(i)	107,668.	37,262.	17,282.	11,154.	7,816.	181,182.
	(ii)	107,667.	37,262.	17,283.	11,153.	7,817.	181,182.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MONTGOMERY GENERAL HOSPITAL

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

52-0646893

ATTACHMENT 2

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11A

THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND
TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT
OUTSIDE EXPERTS, THOROUGHLY REVIEWED THE REVISED FORM 990 AND
ACCOMPANYING INSTRUCTIONS AND PROVIDED EDUCATION SESSIONS ON THE REVISED
FORM TO THE ORGANIZATION'S GOVERNING BODY AND ITS SENIOR OFFICERS. IN
ADDITION, SEPARATE EDUCATION SESSIONS WERE PROVIDED TO THE FOLLOWING
COMMITTEES OF ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE,
STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. THIS EDUCATION PROCESS
TOOK PLACE OVER SEVERAL MONTHS. FOLLOWING THESE EDUCATION SESSIONS, THE
GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND
WAS ENCOURAGED TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990
PRIOR TO ITS FILING.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

APPOINTMENT OF BOARDS OF DIRECTORS

MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS,
PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR
POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN
A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE
GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH

Name of the organization MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
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ATTACHMENT 2 (CONT'D)

DETERMINES HOW THE MATTER SHOULD BE RESOLVED.

ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS

ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

EXECUTIVE COMPENSATION PROCESS

PART VI, SECTION B, QUESTION 15

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OVER THE EXECUTIVE COMPENSATION PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM.

THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL

Name of the organization MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
<u>ATTACHMENT 2 (CONT'D)</u>	

COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE ("TAX-EXEMPT HEALTHCARE ORGANIZATIONS"). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOST TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.).

THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED.

FINANCIAL STATEMENT AVAILABILITY

PART VI, SECTION B, LINE 19

MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO MAILES ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS

Name of the organization MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
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ATTACHMENT 2 (CONT'D)

AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.

COMPENSATION FOOTNOTE

PART VII, SECTION A

KENNETH SAMET

KENNETH SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$1,278,236 REPRESENTING MR. SAMET'S ACCUMULATED ENTIRE ACCRUED BENEFIT IN A SUPPLEMENTAL RETIREMENT PLAN, WHICH WAS EARNED DURING THE PAST 21 YEARS OF SERVICE. THIS AMOUNT WAS NOT ACTUALLY PAID TO MR. SAMET, BUT WAS REPORTED AS COMPENSATION UNDER FICA TAX-REPORTING RULES, AND THIS ENTIRE AMOUNT WAS ALSO REPORTED ON FORM 990 IN PRIOR YEARS.

FINANCIAL STATEMENTS AND REPORTING

PART XI, QUESTION 2C

MONTGOMERY GENERAL HOSPITAL IS PART OF THE MEDSTAR HEALTH, INC. AUDIT AND SUBJECT TO OVERSIGHT BY THE AUDIT COMMITTEE OF THE MEDSTAR BOARD.

SEVERANCE FOOTNOTES

PART II, COLUMN B III

JOHN HOGARTY'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$468,998 REPRESENTING THE AMOUNT OF CHANGE OF CONTROL PAYMENTS RECEIVED BY MR. HOGARTY.

HAROLD PICKETT'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)

Name of the organization MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
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ATTACHMENT 2 (CONT'D)

(III) INCLUDES \$255,549 REPRESENTING THE AMOUNT OF CHANGE OF CONTROL

PAYMENTS RECEIVED BY MR. PICKETT.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS A PROUD MEMBER OF MEDSTAR HEALTH, MONTGOMERY GENERAL HOSPITAL'S MISSION IS TO ENHANCE OUR COMMUNITY'S HEALTH AND WELL-BEING BY OFFERING HIGH QUALITY, COMPASSIONATE AND PERSONALIZED CARE. AS MONTGOMERY COUNTY'S FIRST ACUTE-CARE HOSPITAL, MONTGOMERY GENERAL HOSPITAL IS A COMMUNITY-BASED, 149-BED FACILITY. AFTER 90 YEARS, THE HOSPITAL REMAINS TRUE TO ITS ROOTS, OFFERING A RANGE OF WELLNESS PROGRAMS AND OUTPATIENT SERVICES IN ADDITION TO INPATIENT TREATMENT. IN FISCAL YEAR 2010, MONTGOMERY GENERAL HOSPITAL HAD 10,520 INPATIENT ADMISSIONS, AN ESTIMATED 61,796 OUTPATIENT VISITS, AND 35,600 EMERGENCY VISITS.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERIDIAN ANESTHESIA PRACTICE L 3801 INTERNATIONAL DR #300 SILVER SPRING, MD 20906	PHYSICIANS	3,751,220.
DELPHI HEALTHCARE PARTNERS 170 SOUTHPORT DR. MORRISVILLE, NC 27560	PHYSICIANS	1,376,673.
MONTGOMERY MAGNETIC IMAGING PO BOX 64939 BALTIMORE, MD 21264	MRI	903,487.
EMERGENCY MEDICINE ASSOCIATES	PHYSICIANS	715,970.

Name of the organization MONTGOMERY GENERAL HOSPITAL	Employer identification number 52-0646893
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ATTACHMENT 4 (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>
20010 CENTURY BLVD STE 200 GERMANTOWN, MD 20874		
INPATIENT SPECIALISTS PA 1201 SEVEN LOCKS RD, STE 200 ROCKVILLE, MD 20854	PHYSICIANS	657,956.
	TOTAL COMPENSATION	<u>7,405,306.</u>

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	1,028,094.	610,837.
TOTALS	<u>1,028,094.</u>	<u>610,837.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MSDT INVESTMENT MGH	18,722,076.	20,960,548.	FMV
MSDT MUTUAL FUND MGH	0.	0.	FMV
T. ROWE PRICE INVESTMENT - DOS	5,246.	5,249.	FMV
TOTALS	<u>18,727,322.</u>	<u>20,965,797.</u>	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MONTGOMERY GENERAL HOSPITAL

Employer identification number

52-0646893

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
MEDSTAR HEALTH ANESTHESIA SERVICES E LLC 26-2918268 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	HEALTH SVCS	MD	3,622,341.	309,672.	N/A

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
CHURCH HOME CORPORATION 23-7374724 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL FUND	MD	501(C)(3)	PF	N/A
FRANKLIN SQUARE HOSPITAL CENTER, INC. 52-0608007 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	HOSPITAL	MD	501(C)(3)	3	N/A
HARBOR HOSPITAL, INC. 52-0491660 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	HOSPITAL	MD	501(C)(3)	3	N/A
MEDSTAR HEALTH, INC. 52-2087445 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS	MD	501(C)(3)	11B II	N/A
THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 52-0591607 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	HOSPITAL	MD	501(C)(3)	3	N/A
THE UNION MEMORIAL HOSPITAL 52-0591685 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	HOSPITAL	MD	501(C)(3)	3	N/A
MEDSTAR RESEARCH INSTITUTE 52-6056274 108 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A

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

Schedule R (Form 990) 2009

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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
SURGICENTER/PASADEN 52-2009504 COLUMBIA MD 21044	MEDICAL SERVICES	MD	N/A	RELATED				X			X
SJMC-PA, LLC 75-3160895 COLUMBIA MD 21044	RADIATION THERAPY	MD	N/A	RELATED				X			X
PHYSICIAN IMAGING 56-2616090 HYATTSVILLE MD 20782	LAB SERVICES	MD	N/A	RELATED				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
MEDSTAR PHARMACIES, INC. 52-1513056 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP			
EXTENCARE, INC. 52-1556228 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIX RESOURCES MANAGEMENT, INC. 52-1913070 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	ADMIN SERVICES	MD	N/A	C CORP			
HELIXCARE MEDICAL GROUPE, LLC 52-1955580 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
HELIXCARE PROPERTIES, LLC 52-1966695 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SERVICES	MD	N/A	C CORP			
PARKWAY VENTURES, INC. 52-1702572 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOLDING COMPANY	MD	N/A	C CORP			
PHYSICIANS ADMINISTRATIVE SERVICES, INC. 23-7042074 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	BILLING SERVICES	MD	N/A	C CORP			

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.

Table with 3 columns: Question (1a-1r), Yes, No. Contains 18 rows of transaction types with 'X' marks in the Yes or No columns.

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.

Table with 3 columns: (a) Name of other organization, (b) Transaction type (a-r), (c) Amount involved. Contains 6 empty rows for reporting.

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

Schedule R (Form 990) 2009

**SCHEDULE R-1
(Form 990)**

Continuation Sheet for Schedule R (Form 990)

OMB No. 1545-0047

2009

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.

Open to Public
Inspection

▶ See instructions for Schedule R (Form 990).

Name of filing organization
MONTGOMERY GENERAL HOSPITAL

Employer identification number
52-0646893

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

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
THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I 52-2218584 HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	HOSPITAL	DC	501 (C) (3)	3	N/A
WASHINGTON HOSPITAL CENTER CORPORATION 52-1272129 110 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501 (C) (3)	3	N/A
HH MEDSTAR HEALTH, INC. 52-1542230 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MEDICAL SVCS	MD	501 (C) (3)	11B II	N/A
BAY DEVELOPMENT CORP 52-1132992 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	FOUNDATION	MD	501 (C) (3)	11A I	N/A
BAY LIFE SERVICES, INC. 52-1496539 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	MENTAL HEALT	MD	501 (C) (3)	9	N/A
MEDSTAR SURGERY CENTER, INC. 52-1061679 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
CHURCH HOME AND HOSPITAL OF THE CITY OF 52-0591600 5565 STERRETT PLACE, 5TH FLOOR COLUMBIA, MD 21044	HOSPITAL	MD	501 (C) (3)	3	N/A
FOUNDATION FOR GEORGETOWN UNIVERSITY HOS 52-2339873 HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007	FOUNDATION	DC	501 (C) (3)	11A I	N/A
FRANKLIN SQUARE HOSPITAL CENTER FOUNDATI 52-2329546 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237	FOUNDATION	MD	501 (C) (3)	11A I	N/A
GOOD SAMARITAN HOSPITAL FOUNDATION, INC. 52-2307122 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501 (C) (3)	11A I	N/A
GOOD SAMARITAN NURSING CENTER, INC. 52-1672866 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
GS HOUSING, INC. 52-1481656 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501 (C) (3)	9	N/A
GS PROPERTIES, INC. 52-1429853 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ADMIN SVCS	MD	501 (C) (3)	11A I	N/A
HARBOR HOSPITAL FOUNDATION, INC. 52-1284532 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225	FOUNDATION	MD	501 (C) (3)	11A I	N/A
MEDSTAR HEALTH INFUSION, INC. 52-1980510 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
MEDSTAR HEALTH VISITING NURSES ASSOCIATI 53-0196597 4061 POWDERMILL ROAD CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A
MEDSTAR LONG TERM CARE CORPORATION 52-1489097 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	HOSPITAL	MD	501 (C) (3)	3	N/A
MEDSTAR VNA HEALTHCARE 52-1458516 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	MEDICAL SVCS	MD	501 (C) (3)	9	N/A

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
MGH COMMUNITY HEALTH, INC. 52-1372467 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	9	N/A
MGH HEALTH FOUNDATION, INC. 52-1129959 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	7	N/A
MGH HEALTH SERVICES, INC. 52-1366812 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11A I	N/A
MGH WOMEN'S BOARD 52-6039600 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	FOUNDATION	MD	501(C)(3)	11A I	N/A
NATIONAL REHABILITATION HOSPITAL 52-1369749 102 IRVING STREET NW WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A
REGIONAL REHAB AT OLNEY, INC. 52-2310902 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	MEDICAL SVCS	MD	501(C)(3)	3	N/A
SUBURBAN / NRH MEDICAL REHABILITATION, I 52-1931151 102 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SVCS	DC	501(C)(3)	3	N/A
THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 52-1104382 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	FOUNDATION	MD	501(C)(3)	11A I	N/A
UNION MEMORIAL HOSPITAL FOUNDATION, INC. 52-1446828 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA FOUNDATION 52-1331981 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	FOUNDATION	MD	501(C)(3)	11A I	N/A
VNA, INC. 52-1332411 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705	ADMIN SVCS	MD	501(C)(3)	11A I	N/A
WHC FOUNDATION, INC. 52-1791670 110 IRVING STREET NW WASHINGTON, DC 20010	FOUNDATION	DC	501(C)(3)	11A I	N/A
WOODBOURNE WOODS, INC. 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSIN	MD	501(C)(3)	9	N/A
SELF INSURANCE TRUST OF WASHINGTON HOSPI 52-1128332 110 IRVING STREET NW WASHINGTON, DC 20010	SELF INSURAN	DC	501(C)(3)	11A I	N/A
HOSPICE OF ST. MARY'S, INC. 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11B II	N/A
ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	MD	501(C)(3)	3	N/A
ST. MARY'S HOSPITAL FOUNDATION, INC. 52-1051368 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	11D III	N/A

Schedule R-1 (Form 990) 2009

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

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

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

Table with 8 columns: (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. Rows include MEDSTAR FAMILY CHOICE, INC., MEDSTAR ENTERPRISES, INC., NASCOTT, INC., STAR BILLING, INC., WASHINGTON RISK NETWORK MANA, WASHINGTON HOSPITAL CENTER P, MEDSTAR PHYSICIAN PARTNERS, NRH AMBULATORY SERVICES, INC., FRANKLIN SQUARE DRIVE LAND C, MGH DIVERSIFIED SERVICES, IN, ST. MARY'S HEALTH ALLIANCE, and GREENSPRING FINANCIAL INSURA.

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-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(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