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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	alendar yea			and ending 06-30-200	9		
B Ch	eck ıf ap	plicable	Please	C Name of organization The MedStar-George		r Inc		D Employer ic	lentification number
Address change use IRS label or Doing Business As								52-22185 E Telephone r	
∏ Na	me char	nge	print or type. See	Doing business As				·	
Init	tıal retur	'n	Specific Instruc-	Number and street (ess) Room/suit	(202) 784	- 3000 pts \$ 731,644,710		
Те	minatio	n	tions.	Hospital Admin 1 Mai 3800 Reservoir Road				d dioss recei	pts \$ 731,044,710
┌ Am	ended r	eturn		City or town, state o		4	I	1	
┌ _{Ap}	plication	pending		Washington, DC 200	007				
			F Nan	ne and address of P	rıncıpal Officer		H(a) Is th	nıs a group retur	n for
				RD GOLDBERG	-			ates?	⊤Yes ▽ No
				al Admin 1 Main Bld NGTON,DC 2000	•		H/h) Ama	all affiliates includ	ded?
I Ta	x-exem	pt status	▼ 501(c)) (3) ◀ (insert no)	4947(a)(1) or 「	527		all affiliates includ No "attach a lis	t See instructions)
J W	eb site	=: ► ww	w aeoraetov	wnuniversityhospita	l ora		-	up Exemption N	
К Тур	e of org	anızatıon	Corporat	ion	on 🔽 other ►		L Year of F	ormation 2000	State of legal domicile DC
Pa	rt I	Sum	mary						
	1			e organization's mis	-				
<u> </u>	1	_		rsity Hospital's mis ersonalis, caring for		e physical and spiritual n	comfort to o	ur patients and f	amilies in the Jesuit
国			o. oa.a po		tile illiele perso.				
Governance	2	Check	this box 🖵	ıf the organızatıon d	iscontinued its o	operations or disposed	of more than	25% of its asse	ts
	3	Numbei	r of voting r	nembers of the gove	erning body (Part	t VI, line 1a)		. 3	20
Activities &	4	Numbei	r of ındepen	ident voting membe	rs of the governi	ng body (Part VI, lıne 1	b)	. 4	14
Ĕ	5	Total n	umber of en	nployees (Part V , lır	ne 2a)			5	4,142
ξ	6	Total n	umber of vo	lunteers (estimate	fnecessary) .			6	0
ď	7a	Total g	ross unrela	ted business reveni		7a	177,288		
	b Net unrelated business taxable income from Form 990-T, line 34							7b	52,435
					Pr	ior Year	Current Year		
ē	8			d grants (Part VIII,				3,438,151	878,117
	9	_		revenue (Part VIII,		•	656,597,577	696,102,280	
Reven	10			ne (Part VIII, colun	,		288,289	268,525	
	11 12			art VIII, column (A dd lines 8 through 1			38,157,118	34,319,815	
	12	12)	revenue—a	da illies o tilloagii 1	I (must equal F	art viii, column (A), m		698,481,135	731,568,737
	13	Grants	s and simila	ar amounts paid (Pa	rt IX, column (A)), lınes 1–3)			0
	14	Benefi	ts paid to o	r for members (Part	IX, column (A),	line 4)			0
ø	15	Saları 10)	es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5 –	354,217,894	366,770,718
Expenses	16a	•	sional fund	raising fees (Part I)	(column (A) lir	ne 11e)		33 1,217,63 1	0
9	ь			penses, Part IX, column		`			
Ω	17			(Part IX, column (A)	-	/ . 11f-24f)		321,651,592	331,436,908
	18					X, line 25, column (A))		675,869,486	698,207,626
	19			enses Subtract lin	-			22,611,649	33,361,111
8 €			·				Begin	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	t X, line 16)				243,751,628	257,817,492
Ass 1Ba	21		•	Part X, line 26)				132,971,668	147,240,996
25 E	22			d balances Subtrac	t line 21 from lir	ne 20		110,779,960	110,576,496
	rt III		ature Blo						, ,
		Under p	enalties of pe	rjury, I declare that I ha		turn, including accompanying			
DI.		and beli	ief, it is true, o	correct, and complete D	eclaration of prepar	er (other than officer) is bas	ed on all inform. I	ation of which prepa	arer has any knowledge
Please Sign Here		Sign	ature of office	er .			201 Dat	0-05-11	
					mnlanca		541		
			e or print nam	P, Taxation/Financial Co e and title	птрпапсе				
		Preparer	r'e k			Date	Check If	Preparer's PTIN	(See Gen Inst)
Paid		signature	re Scott Sherman sel				self- empolyed • [-	,
	arer's	Firm's na	ame (or yours	s k. KPMG LLP			o.iipoiyeu r		
Use		ıf self-er	mployed), and ZIP + 4		wor			EIN Þ	
	-	auuress,	, anu ZIP + 4	2100 Dominion Tov				Phone no 🕨 (757) 616-7000
Mav	the IR	L	ss this retir	Norfolk, VA 23510 rn with the preparer		See instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	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 (4) organizations and 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 0) (Expenses \$ 56,704,558 including grants of \$) (Revenue \$ 21,181,955) Georgetown University Hospital provided \$56 7M health professions education in fiscal 2009. These services generally included physician and medical student training, as well as training for nurses, other healthcare professionals, and pastoral clinical care fellows.
4b	(Code 0) (Expenses \$ 4,023,683 including grants of \$) (Revenue \$) Georgetown University Hospital provided \$4 0M subsidized (mission driven) health services in fiscal 2009. Included in this group of services are those that are provided to the community and are expected to operate at a loss and are intended to address community needs and priorities primarily through disease prevention and improvement of health status. Services provided included subsidies for anesthesia, hospitalist, and intensivists.
4c	(Code 0) (Expenses \$ 3,045,320 including grants of \$) (Revenue \$) Georgetown University Hospital provided \$3 0M charity care services in fiscal 2009. 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.
4d	Other program services (Describe in Schedule O) (Expenses \$ 506,344,786 including grants of \$) (Revenue \$ 674,920,325)
<u></u>	Total program service expenses \$ 570.118.347 Must equal Part IX Line 25 column (B)

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo
	Part VI 📆			

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Ente	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		S. Information Returns . Enter -0- if not applicable					
			1a	0			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.	0			
		<u> </u>	1b				
С		he organization comply with backup withholding rules for reportable payments to gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	_	r the number of employees reported on Form W-3, Transmittal of Wage and Tax					
		ments filed for the calendar year ending with or within the year covered by this	2-	4.143			
	retur		2a	4,142			
D		least one is reported in 2a, did the organization file all required federal employm :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during					
		n?			3a	Yes	
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>			3b	Yes	
4a		ny time during the calendar year, did the organization have an interest in, or a si , a financial account in a foreign country (such as a bank account, securities acc					
		, a financial account in a foreign country (such as a bank account, securities acc unt)?		, or other illiancial	4a		No
b		es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Fınan	cial Accounts.					
5a	Was	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
b	Dıd a	any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		No
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> e	t Entit	ty Regarding Prohibited	_		
_		Thelter Transaction?	•		5c		<u> </u>
6a		he organization solicit any contributions that were not tax deductible?			6a		No
Ь		es," dıd the organization include with every solicitation an express statement th not tax deductible?	atsu	cn contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).	. •		=		
	_	he organization provide goods or services in exchange for any quid pro quo conf	trıbut	on of \$75 or	7a		No
	more	?				<u> </u>	L I
		es," dıd the organizatıon notıfy the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal proper			7c		No
el.		orm 8282?	7d		76		110
u	11 16		/u	l			
e		he organization, during the year, receive any funds, directly or indirectly, to pay					
_		fit contract?			7e		N o
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f _		No
g		Il contributions of qualified intellectual property, did the organization file Form 8		·	7g	Yes	
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as	7h	Yes	
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)	-		
	supp	orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the			8		No
9		on $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а		he organization make any taxable distributions under section 4966?			9a		No
Ь		he organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılı	ties					
11	Secti	ion 501(c)(12) organizations Enter					
а		s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources	11b				
	ayaır	ist amounts due of received from them.)	110	<u>l</u>			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b		es," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		_	i	i l	1	

Section A. Governing Body and Management

No

Yes

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or 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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circum processes, or changes in Schedule O. See instructions.	stances,			
1a	Enter the number of voting members of the governing body 1a	20			
Ь	Enter the number of voting members that are independent 1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship vother officer, director, trustee, or key employee?	•	2		No
3	Did the organization delegate control over management duties customarily performed by or under the dis supervision of officers, directors or trustees, or key employees to a management company or other pers		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form filed?	990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more member governing body?		7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other person	s?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri year by the following	ng the			
а	the governing body?		8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such cha affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 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 See Additional Data Table
- 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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Reportable compensation from related organizations (W- 2/1099MISC)	Reportable compensation from the organization (W-	compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations			
							_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппсы	Ke) employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
			-		-					
					_					
			1		_					
				\vdash	\dashv					
1b Total			<u>. </u>	<u>Ш</u>			>	8,520,163	2,258,327	913,107

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►525

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

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
KROLL CONSTRUCTION 10300 SOUTH DOLFIELD ROAD OWINGS MILLS, MD 21117	GENERAL CONTRACTING	5,156,771
Sodexho Inc and Affiliates PO box 536922 ATLANTA, GA 30353	facilities mgt	5,073,596
AMN HEALTHCARE 2735 COLLECTION CENTER DR CHICAGO, IL 60693	Medical staffing	4,443,476
HITT CONTRACTING PO BOX 403509 ATLANTA, GA 30384	NURSE STAFFING	2,510,446
PROGRESSIVE NURSING STAFFERS 5514 ALMA LANE SUITE 201 SPRINGFIELD, VA 22151	Nurse Staffing	1,611,129
Total number of independent contractors (including those in 1) w from the organization	, , , , , , , , , , , , , , , , , , , ,	31

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		Nevellue		512, 513, 01 514
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
gra		1b					
⊞.(§.	С	Fundraising events 1c					
<u>≅</u> _≅	d	Related organizations1d					
ξ. Œ	e	Government grants (contributions) 1e					
afío er ∢	f	All other contributions, gifts, grants, and similar amounts not included above	878,117				
Contributions, and other sim		1f					
ξġ	g	Noncash contributions included in					
ठल	h	lines 1a-1f \$ Total (Add lines 1a-1f)		878,117			
			Business Code				
an	2a	NET PATIENT SERVICE REVENUE	900,099	685,854,791	685,854,791		
ven	ь	TRAINING TUITION	900,099	10,247,489	10,247,489		
2 2	с						
MC	d						
3 5	e						
Ë	f	All other program service revenue					
Program Serwce Revenue							
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)	[344,498			344,498
	4	Income from investment of tax-exempt b	ond proceeds	0			
	5	Royalties	►	0			
	3		(II) Personal				
	6a	Gross Rents 1,259,739	(II) I EISOIIGI				
	ь	Less rental					
	c	expenses Rental income 1,259,739					
	d	or (loss) Net rental income or (loss)		1,259,739			1,259,739
			<u> </u>	, ,			
	7a	(i) Securities Gross amount	(II) O ther				
	74	from sales of assets other					
		than inventory	75.072				
	ь	Less cost or other basis and	75,973				
	c	sales expenses Gain or (loss)	-75,973				
	d	Net gain or (loss)		-75,973			-75,973
	8a		. ►				
	oa	Gross income from fundraising events (not including					
Φ		\$ of contributions reported on line					
듄		1c) See Part IV, line 18					
ě		Attach Schedule G If total exceeds \$15,000					
<u>.</u>	ь	Less direct expensesb					
Other Revenue	c	Net income or (loss) from fundrais		0			
,	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming a	activities ⊢	0			
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of		0			
		Miscellaneous Revenue	Business Code				
	11a	RESIDENT SERVICE REVENUE	900,099	13,423,434	13,423,434		
	ь	MISCELLANEOUS	900,099	7,153,525	7,153,525		
	С	PHYSICIAN REVENUE	900,099	5,139,813	5,139,813		
	d	All other revenue		7,343,304	4,699,716	177,288	2,466,300
	e	Total. Add lines 11a-11d					
			\$ 33,060,076	724 FC0 727	726 540 760	477.000	2.004.551
	12	Total Revenue. Add lines 1h, 2g, 3 8c,	3, 4, 5, 6d, 7d,	731,568,737	726,518,768	177,288	3,994,564
		9c, 10c, and 11e	►				
							Form 990 (2008

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org) .
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	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	4,135,128	3,540,610	594,518	
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	309,896,543	265,330,765		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,331,658	8,813,905	1,517,753	
9	Other employee benefits	22,436,331	19,241,691	3,194,640	
10	Payroll taxes	19,971,058	17,100,629	2,870,429	
11	Fees for services (non-employees)				
а	Management	32,545,851		32,545,851	
b	Legal	4,749,482		4,749,482	
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	54,432,887	44,870,596	9,562,291	
12	Advertising and promotion	1,914,184	583,157	1,331,027	
13	Office expenses	5,882,662	4,288,913	1,593,749	
L 4	Information technology	327,723	40,495	287,228	
15	Royalties	0			
16	Occupancy	3,366,165	977,258	2,388,907	
17	Travel	1,444,246	1,230,003	214,243	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	16,207	16,207		
20	Interest	8,541,825	8,541,825		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,781,314	22,781,314		
23	Insurance	19,156,833	486,905	18,669,928	
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)				
а	DRUGS/PHARM	53,248,402	53,170,459	77,943	
b	MEDICAL/SURGICAL SUPPLIES	40,118,529	40,109,203	9,326	
c	BAD DEBT	25,001,395	25,001,395	3,323	
d	IMPLANTS/PROSTHESES	23,240,596	23,240,596		
e	MISCELLANEOUS	14,718,599	13,191,821	1,526,778	
f	All other expenses	19,950,008	17,560,600	2,389,408	
25	Total functional expenses. Add lines 1 through 24f	698,207,626	570,118,347	128,089,279	
26	Joint Costs. Check 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	050,207,020	370,110,347	120,003,213	

Part X	Balance	Sheet
	Balance	SHEET

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1,089,391	1	1,857,550
	2	Savings and temporary cash investments		71	2	71		
	3	Pledges and grants receivable, net	-				3	
	4	Accounts receivable, net				96,897,337	4	102,892,696
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			oyees or	25,257,3557	5	,,
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 495			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				11,836,730	8	11,427,119
so.	9	Prepaid expenses and deferred charges				578,390	9	1,095,665
ssets	10a	· · · · · · · · · · · · · · · · · · ·					_	
As		Land, buildings, and equipment cost basis	10a		258,008,288			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		118,473,071	133,340,536	10c	139,535,217
	11	Investments—publicly traded securities			_	,	11	
	12	Investments—other securities See Part IV, line 11 Complete F	Part VI.	I of	•		12	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.			13			
	14	Intangible assets					14	1,000,000
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				9,173		9,174
		D		5,	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				243,751,628	16	257,817,492
	17	Accounts payable and accrued expenses .				94,085,287	17	103,413,950
	18	Grants payable					18	
	19	Deferred revenue				495,886	19	331,524
	20	Tax-exempt bond liabilities	•				20	
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties	s .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				38,390,495	25	43,495,522
	26	Total liabilities. Add lines 17 through 25				132,971,668	26	147,240,996
 ⊛		Organizations that follow SFAS 117, check here ► 🔽 and comthrough 29, and lines 33 and 34.	plete l	lines 2	7			
anc	27	Unrestricted net assets				110,736,229	27	110,576,496
Balance	28	Temporarily restricted net assets				43,731	28	0
=	29	Permanently restricted net assets			29			
r Fund		Organizations that do not follow SFAS 117, check here F a lines 30 through 34.	:					
S O.	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Q SS	32	Retained earnings, endowment, accumulated income, or other fi			32			
Net /	33	Total net assets or fund balances				110,779,960	33	110,576,496
Ž	34	Total liabilities and net assets/fund balances		243,751,628		257,817,492		
	•	The state of the s						
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493132003260

OMB No 1545-0047

Employer identification number

2000

2008

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Open to Public Inspection

he M	edStar-	Georgetown M	edical Center Inc									
								52	-2218584	4		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
he o	organiz	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon)	1				
1	\sqcap	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	\sqcap	A school de	escribed in Sec t	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)						
3	굣	A hospital	or a cooperativ	e hospital service organizati	on describ	oed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	\vdash	A medical i	research organi	zation operated in conjuncti	on with a l	nospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	·	=	•	(Complete Part II)		,	•	, ,				
6	Г			overnment or governmental	unit descr	nhed in Se	ction 170	'b)(1)(Δ)	(v).			
7	, —	•	-	ally receives a substantial p						n the gene	aral nublic	
•	'	=		o)(1)(A)(vi) (Complete Par		зарроте по	in a gove	illilelitai t	111111 01 11 011	ii tile gelle	награвне	
8	\vdash		-	oed in Section 170(b)(1)(A)	•	nloto Bori	+ TT \					
9	,		•	ally receives (1) more than		•	•	ntribution	s mamba	rchin food	and aross	
•	'	_		lated to its exempt functions					•		. •	
		•		estment income and unrelate	-		•		•			
				on after June 30, 1975 See						() IIOIII bu	311163363	
10	\vdash			and operated exclusively to						a a une true	tions \	
11	<u>'</u>	=	=	and operated exclusively to	-		•				•	
	,			orted organizations describe								
				type of supporting organiza								
		аГ⊤	ype I b	Type II c	Type III	- Function	nally Integ	rated	d	ГТуре	III - Other	
e	Γ	•		rtıfy that the organızatıon ıs			•				· ·	
				agers and other than one or	more publ	icly suppo	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or	
f		section 50		d a written determination fro	m the IDS	that it ic	a Type I	Type II o	r Type III	supportir	a organization	
•		check this		d a written determination no	in the 1Kc	, that it is	a Type I,	Type II O	i Type III	Supportin		
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		r	
		following pe			_							
			·-	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No	
			· -	ng body of the the supported	-	tion?				11g		
			•	erson described in (i) above						11g(
				ty of a person described in (11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	anızatıon	supports					
				I			I				T	
	. ,	ame of	(ii) EIN	(iii) Type of organization	(iv) I			ou notify	I	s the	(vii) A mount of	
		oorted nization		described on lines 1-9 above or IRC section	_	ation in Iisted in	the orga) of your		ation in Irganized	support?	
	o i gaii			(See Instructions))	your go		supp			US?		
					docur	nent?	, ,					
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

Schedule D (Form 990) 2008

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year ### Held at the End of the 12a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred on line 2(d) above satisfy the requirements of section		The Verlage de Livie		<u> </u>
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if organization answered "Yes" to Form 990, Part IV, Ince 6. Total number at end of year Aggregate Contributions to (during year) Aggregate value at end of year Aggregate value Ag				
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Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and 170(h)(4)(B)(iii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	ı	Number of states where property subject to conserva	ation easement is located ►	
Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year *\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 State Sta	;			
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 21111 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items 1 If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 State State	5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organization	7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 2	3	•	2 (d) above satisfy the requirements of sec	
Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	•	balance sheet, and include, if applicable, the text of	the footnote to the organization's financial	• •
art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	ar			or Other Similar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	la	art, historical treasures, or other similar assets held	for public exhibition, education or research	ch in furtherance of public service,
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	b	historical treasures, or other similar assets held for	public exhibition, education, or research i	
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		(i) Revenues included in Form 990, Part VIII, line 1		> \$
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items		(ii) Assets included in Form 990. Part X		► \$
a Revenues included in Form 990, Part VIII, line 1 ►\$	2	If the organization received or held works of art, hist		- T
	а	Revenues included in Form 990, Part VIII, line 1		► \$
b Assets included in Form 990, Part X ▶\$	Ь			▶ - \$

Cat No 52283D

Par	Organizations Maintaining Collections of Art, Hi	stor	ical Treas	ures, or Othe	<u>r Similar Ass</u>	ets (cc	ntınued)		
3	Using the organization's accession and other records, check any of titems (check all that apply)	he fol	llowing that a	are a significant u	se of its collectio	n			
а	Public exhibition d	Γ	Loan or ex	change programs					
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain ho Part XIV	w the	y further the	organization's ex	empt purpose in				
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part					Yes	┌ No		
Pa	Trust, Escrow and Custodial Arrangements. Cor Part IV, line 9, or reported an amount on Form 990, F			ganızatıon answ	ered "Yes" to F	orm 9	90,		
1a	Is the organization an agent, trustee, custodian or other intermediar included on Form 990, Part X?	y for o	contributions	or other assets 1		Yes	┌ No		
b	If "Yes," explain why in Part XIV and complete the following table								
					A mo	unt			
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 $$?			Γ	Yes	┌ No		
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization an								
		Prior	Year (c)T	wo Years Back (d)	Three Years Back (e) Four Ye	ears Back		
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	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								
а	Board designated or quasi-endowment								
ь	Permanent endowment 🕨								
c	Term endowment ►								
ъ 3а	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)	1	<u> </u>		
	If "Yes" to 3a(ii), are the related organizations listed as required on				3b		<u> </u>		
4	Describe in Part XIV the intended uses of the organization's endown			Dart V line 10					
Рa	t VI Investments—Land, Buildings, and Equipment.			· .					
	Description of investment		Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value		
1a	Land		0	0	<u> </u>		(
	Buildings		0	110,040,158	48,367,619	6	1,672,539		
c	Leasehold improvements		0	486,520	102,614	2,614 383,906			
d	Equipment		0	144,801,953	69,933,073	7-	4,868,880		
e	Other		C	2,679,657	69,765	765 2,609,892			

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory	(b) Book value		d of valuation
(including name of security)		Cost or end-of-	-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
OTHER ASSETS			9,174
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
PENSION LIABILITY	22,134,278		
CREDIT BALANCE REFUNDS	8,497,051		
WORKERS COMPENSATION FUNDS	4,118,272		
INTERCOMPANY PAYABLES	2,739,278		
PATIENT SERVICE REFUNDS	2,569,913		
OTHER LIABILITIES	1,787,605		
SETTLEMENTS	615,402		
SALES TAXES PAYABLE	30,575		
SECURITY DEPOSITS	3,148		
GOODWILL SET UP AS ACCRUED EXPENSE	1,000,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	43,495,522		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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 should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t 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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
FIN 48		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)

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OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization The MedStar-Georgetown Medical Center Inc

Employer identification number

52-2218584

Pa	rt I Charity Care and	d Certain O	ther Com	munity Benefits a		2008)			
	•			•	, ,	•		Yes	No
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a		
b If "Yes," is it a written policy?									
2	If the organization has multip care policy to the various ho		ındıcate whic	ch of the following best	describes application	of the charity			
Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals									
3	Answer the following based organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe income individuals? If "Yes,'						3a		
		Γ 2	200%	Cother	%_		-		
b	Does the organization use FF	G to determin	ne eligibility	for providing <i>discounte</i>	d care to low income ir	ndıvıduals? If			
	"Yes," indicate which of the f						3ь		
	Γ _{200%} Γ _{250%}	□ 200	. _{0/}	350% Г 400	Other	0/-	<u> </u>		
	1 200% 1 250%	1 300) %0 I	350% 400	of ther _	90			
C	If the organization does not u determining eligibility for free test or other threshold, regai	e or discounte	d care Inclu	ide in the description w	hether the organizatio				
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care po	licy?	5a		
b	If "Yes," did the organization	's charity car	e expenses (exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resu care to a patient who was elic						5c		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	aılable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	vided in the Schedule H	I instructions Do not	submit these			
7	Charity Care and Certain (Other Commu	nıty Benefits	at Cost			<u> </u>		
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs .								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
К	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional	(a) Number of activities or served (c) Total community (d) Direct offsetting (e) Net		(e) Net commur building expens	nity	(f) Percer total expe	nt of				
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Medstar-Georgetown Medical Center Inc									
dba Georgetown Hedical Center The 3800 Reservoir Road NW Washington, DC 20007	x	х		х	х	х	х		

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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The MedStar-Georgetown Medical Center Inc

As Filed Data -

DLN: 93493132003260

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990. Part IV. line 23.

Inspection

Department of the Treasury Internal Revenue Service

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

			52-2218584			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the approprate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of		,	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					NI -

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) 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-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Nadım Haddad md	(ı) (ıı)	225,394 0	916,514 0	0	20,940 0	9,618 0	1,172,466 0	570,95	
Joy Drass-Maxwell md	(ı) (ıı)		388,86 4 0	0	33,654 0	18,103 0	980,897	270,13	
Firas Al-Kawas md	(ı) (ıı)		550,022 0	0	24,102 0	9,951 0	. 850,268 0		
Ivica Ducic md	(ı) (ıı)		449,243 0	0	21,252 0	10,259 0	831,294	399,89	
JOHN KLIMKIEWICZ md	(ı) (ıı)		366,719 0	0	20,604 0	10,875 0	823,829		
SCOTT SPEAR md	(ı) (ıı)		424,108 0	0	28,244 0	10,442 0	811,915	386,61	
LYNT JOHNSON md	(ı) (ıı)		15,166 0	0	27,276 0	11,915 0	640,394	300,60	
RICHARD GOLDBERG md	(ı) (ıı)		122,444	0	27,480 0	17,162 0	541,047	186,98	
JOYCE JOHNSON	(ı) (ıı)		118,577 0	333 0	44,179 0	16,209 0	504,873	162,78	
Paul Warda	(ı) (ıı)		112,481 0	0	19,647 0	9,365 0	411,159	134,83	
John Pahira	(ı) (ıı)		48,400 0	0	19,112 0	10,248 0	392,917	181,77	
Kenneth A Samet	(ı) (ıı)		0 1,157,977	0 17,163	0 376,568	0 12,332	0 2,647,227	541,59	
Russell T Wall III MD	(ı) (ıı)		44,043		20,612 0	10,498 0			
MICHAEL SACHTLEBEN	(ı) (ıı)		94,704 0	0	23,247 0	12,068 0	338,105	104,04	
Lında Wınger	(ı) (ıı)		67,584 0	0	27,235 0	9,910 0	325,736	110,50	
	(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

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID: Software Version:

EIN: 52-2218584

Name: The MedStar-Georgetown Medical Center Inc

Form 990, Schedule J,	Part I	I - Officers, Direct	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	:		
(A) Name			W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Nadım Haddad md	(ı) (ıı)	225,394 0	916,514 0	0	20,940 0	9,618 0	1,172,466 0	570,954 0	
Joy Drass-Maxwell md	(ı) (ıı)	540,276 0	388,864 0	0	33,654 0	18,103 0	980,897 0	270,138 0	
Fıras Al-Kawas md	(1) (11)	266,193 0	550,022 0	0 0	24,102 0	9,951 0	850,268 0	0	
Ivica Ducic md	(ı) (ıı)	350,540 0	449,243 0	0 0	21,252 0	10,259 0	831,294 0	399,892 0	
JOHN KLIMKIEWICZ md	(ı) (ıı)	425,631 0	366,719 0	0 0	20,604 0	10,875 0	823,829 0	0	
SCOTT SPEAR md	(ı) (ıı)	349,121 0	424,108 0	0 0	28,244 0	10,442 0	811,915 0	386,615 0	
LYNT JOHNSON md	(1) (11)	586,037 0	15,166 0	0 0	27,276 0	11,915 0	640,394 0	300,602 0	
RICHARD GOLDBERG md	(1) (11)	373,961 0	122,444 0	0 0	27,480 0	17,162 0	541,047 0	186,981 0	
JOYCE JOHNSON	(ı) (ıı)	325,575 0	118,577 0	333 0	44,179 0	16,209 0	504,873 0	162,788 0	
Paul Warda	(ı) (ıı)	269,666 0	112,481 0	0 0	19,647 0	9,365	411,159	134,833 0	
John Pahıra	(ı) (ıı)	315,157 0	48,400 0	0 0	19,112 0	10,248 0	392,917 0	181,779 0	
Kenneth A Samet	(1) (11)	0 1,083,187	0 1,157,977	0 17,163	0 376,568	0 12,332	0 2,647,227	0 541,594	
Russell T Wall III MD	(I) (II)	344,317 0	44,043 0	0	20,612 0	10,498 0	419,470 0	0	
MICHAEL SACHTLEBEN	(I) (II)	208,086 0	94,704	0	23,247	12,068	338,105 0	104,043	
Lında Wınger	(I) (II)	221,007 0	67,58 4 0	0	27,235 0	9,910	325,736 0	110,504 0	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization

The MedStar-Georgetown Medical Center Inc

Employer identification number

52-2218584

ldentifier	Return Reference	Explanation
EXECUTIVE COMPENSATION PROCESS	Form 990 - 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 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.

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	Part XI, Question 2c	THE MEDSTAR-GEORGETOWN MEDICAL CENTER, INC IS part OF THE MEDSTAR HEALTH, INC AUDIT AND SUBJECT TO OVERSIGHT BY THE AUDIT COMMITTEE OF THE MEDSTAR BOARD

ldentifier	Return Reference	Explanation
COMPENSATION FOOTNOTE	Section VII Part A	Kenneth Samet Kenneth Samet's Deferred Compensation in Part II, Column (C) includes \$330,414 representing the amount to which Mr. Samet became vested in a supplemental retirement benefit. This supplemental retirement benefit was earned during the past 20 years of service.

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENT AVAILABILITY	PART VI, SECTION C, QUESTION 19	In prior years, MedStar Health has posted its annual financial audit and quarterly financial reports to the Nationally Recognized Municipal Securities Information Repository (NRMSIRs) and this year the organization began posting its financials to the Electronic Municipal Market Access (EMMA) system The organization also mails its annual and quarterly disclosures to holders of the Company's publicly traded debt. The Company's governance documents and conflicts of interest policies are available upon request through its corporate (or as applicable entity) public information offices.

ldentifier	Return Reference	Explanation
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 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.

ldentifier	Return Reference	Explanation
Process for Review ing Form 990	Part VI, Section A, Line 10	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.

DLN: 93493132003260

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

The MedStar-Georgetown Medical Center Inc 52-2218584 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (B) (C) (D) (E) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity MedStar-Georgetown Medical Center LLC 147,509,497 Hospital DC 22,400,332 **Identification of Related Tax-Exempt Organizations** (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Part III	Identification of R	lated	Organizatio	ons Taxab	ole as a	Partne	rship	

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	ortionate	(I) Code V—UBI amount on Box 20 of K-1	Gen mar	(J) eral or naging rtner?
		, ,					Yes	No	_	Yes	No
Surgicenter at Pasadena LLC 5565 Sterrett Place 5th Floor	Medical Services	MD	NA	Related				No			No
Columbia, MD21044 52-2009504											igspace
SJMC-RA LLC 5565 Sterrett Place 5th Floor Columbia, MD21044 75-3160895	Radiation Therapy	MD	NA	Related				No			No
Physician Imaging of Washington Hospital 6525 Belcrest Road Suite G 50 Hyattsville, MD20782 56-2616090	Lab Services	MD	NA	Related				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total Income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							
	·	<u> </u>			•	_	

Part V Transactions with Related Organization

Pa	art V Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No			
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No			
ь	Gift, grant, or capital contribution to other organization(s)	1b		No			
c	Gift, grant, or capital contribution from other organization(s)	1c		No			
d	Loans or loan guarantees to or for other organization(s)	1d		No			
e	Loans or loan guarantees by other organization(s)	1e		No			
f	Sale of assets to other organization(s)	1f		No			
g	g Purchase of assets from other organization(s)						
h	h Exchange of assets						
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No			
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No			
ı	Performance of services or membership or fundraising solicitations by other organization(s)	1 I		No			
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No			
n	Sharing of paid employees	1n		No			
0	Reimbursement paid to other organization for expenses	1 0		No			
p	Reimbursement paid by other organization for expenses	1р		No			
a	O ther transfer of cash or property to other organization(s)	1q	Yes				
-	· · · · · · · · · · · · · · · · · · ·	1 r	Yes				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
-	(A) Name of other organization(s) (B) Transaction type(a-r) (C) Amount Involved						

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	MEDSTAR HEALTH INC	Q	211,621
(2)	HH MEDSTAR HEALTH INC	R	2,880,033
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					

Church Home Corporation

Columbia, MD21044 23-7374724

Baltimore, MD21237 52-0608007 Harbor Hospital Inc

Baltimore, MD21225 52-0491660 Medstar Health Inc

Columbia, MD21044 52-2087445

Olney, MD20832 52-0646893

5565 Sterrett Place 5th Floor

9000 Franklin Square Drive

3001 South Hanover Street

5565 Sterrett Place 5th Floor

Montgomery General Hospital

The Good Samaritan Hospital of Maryland

Washington Hospital Center Corporation

18101 Prince Philip Drive

5601 Loch Raven Blvd

The Union Memorial Hospital

201 East University Parkway

Medstar Research Institute

Baltimore, MD21239 52-0591607

Baltimore, MD21218 52-0591685

108 Irving Street NW

110 Irving Street NW

Washington, DC20010

HH Medstar Health Inc

Columbia, MD21044 52-1542230

Bay Development Corp

Columbia, MD21044 52-1132992

Bay Life Services Inc

Columbia, MD21044 <u>52-14</u>96539

Calverton, MD20705

Columbia, MD21044 52-0591600

5565 Sterrett Place 5th Floor

5565 Sterrett Place 5th Floor

5565 Sterrett Place 5th Floor

MedStar Surgery Center Inc

4061 Powdermill Road Suite 210

5565 Sterrett Place 5th Floor

Hopsital Admin 1 Main Bldg

9000 Franklın Square Drıve

Washington, DC20007

Baltimore, MD21237 52-2329546

5601 Loch Raven Blvd

5601 Loch Raven Blvd

5601 Loch Raven Blvd

5601 Loch Raven Blvd

Harbor Hospital Foundation Inc

3001 South Hanover Street

Medstar Health Infusion Inc

4061 Powdermill Road Suite 210

Medstar Health Visiting Nurses Associati

Medstar Long Term Care Corporation

4061 Powdermill Road Suite 210

4061 Powdermill Road Suite 210

Baltimore, MD21239 52-1429853

Baltimore, MD21225 52-1284532

Calverton, MD20705 52-1980510

4061 Powdermill Road

Calverton, MD20705

Calverton, MD20705 52-1489097

Calverton, MD20705 52-1458516

Olney, MD20832 52-1372467

Olney, MD20832 52-1129959

Olney, MD20832 52-1366812 MGH Women's Board

Olney, MD20832 52-6039600

102 Irving Street NW

52-1369749

Washington, DC20010

Medstar VNA Healthcare

MGH Community Health Inc

18101 Prince Philip Drive

MGH Health Foundation Inc

18101 Prince Philip Drive

MGH Health Services Inc

18101 Prince Philip Drive

18101 Prince Philip Drive

National Rehabilitation Hospital

53-0196597

Baltimore, MD21239 52-1481656 GS Properties Inc

Baltimore, MD21239 52-1672866 GS Housing Inc

Baltimore, MD21239 52-2307122

52-2339873

Church Home and Hospital of the City of

Foundation for Georgetown University Hos

Franklın Square Hospital Center Foundati

Good Samaritan Hospital Foundation Inc

Good Samarıtan Nursıng Center Inc

52-6056274

52-1272129

Washington, DC20010

Franklin Square Hospital Center Inc

(F)

Direct Controlling

Entity

NΑ

GeorgeMedCen

Software ID: **Software Version:**

Medical Fund

Hospital

Hospital

Hospital

Hospital

Hospital

Hospital

Hospital

Medical Svcs

Foundation

Mental Health

Medical Svcs

Medical Fund

Foundation

Foundation

Foundation

Medical Svcs

Elder Housing

Admin Svcs

Foundation

Medical Svcs

Medical Svcs

Medical Svcs

Medical Svcs

Foundation

Foundation

Foundation

Hospital

Hospital

Medical Svcs

EIN

Form 990	Schadula P	Dart TT -	Identification	of Palated	Tay-Eyemnt	Organizations

orm 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations	1

Form 990, Schedule I	R, Part II -	Identification o	f Related	Tax-Exempt	Organizations
·	•			_	_

(B)

(C) Legal Domicile

Name, address, and EIN of related organization Primary Activity

or Foreign Country)

(State

Name

V :	52-2218584
e:	The MedStar-Georgetown Medical Center Inc

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Exempt Code

section

501(c)(3)

(E)

Public charity

status

(if 501(c)(3))

lрғ

11bII

3

11b II

11a I

Form 990, Schedule R, Part II - 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 501(c)(3))	(F) Direct Controlling Entity
Regional Rehab at Olney Inc					NA
18101 Prince Philip Drive Olney, MD20832 52-2310902	Medical Svcs	MD	501(c)(3)	3	
Suburban NRH Medical Rehabilitation I					
102 Irving Street NW Washington, DC20010 52-1931151	Medical Svcs	DC	501(c)(3)	3	NA
The Thomas O'Neil Catholic Health Care F					
5601 Loch Raven Blvd Baltimore, MD21239 52-1104382	Foundation	MD	501(c)(3)	11a I	NA
Union Memorial Hospital Foundation Inc					
201 East University Parkway Baltimore, MD21218 52-1446828	Foundation	MD	501(c)(3)	11a I	NA
VNA Foundation					
4061 Powdermill Road Suite 210 Calverton, MD20705 52-1331981	Foundation	MD	501(c)(3)	11a I	NA
VNA Inc					
4061 Powdermill Road Suite 210 Calverton, MD20705 52-1332411	Admın Svcs	MD	501(c)(3)	11a I	NA
WHC Foundation Inc					
110 Irving Street NW Washington, DC20010 52-1791670	Foundation	DC	501(c)(3)	11a I	NA
Woodbourne Woods Inc					
5601 Loch Raven Blvd Baltımore, MD21239 52-2299070	Elder Housing	MD	501(c)(3)	9	N A
Self Insurance Trust of Washington Hospi					
110 Irving Street NW Washington, DC20010 52-1128332	Self Insuranc	DC	501(c)(3)	11a I	N A

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership		
MedStar Pharmacies Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1513056	Drug Sales	MD	NA	C Corp					
ExtenCare Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1556228	Medical Services	MD	NA	C Corp					
Helix Resources Management Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1913070	A dmin Services	MD	NA	C Corp					
HelixCare Medical Group LLC 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1955580	Medical Services	MD	NA	C Corp					
HelixCare Properties LLC 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1966695	Medical Services	MD	NA	C Corp					
Parkway Ventures Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1702572	Holding Company	MD	NA	C Corp					
Physicians Administrative Services Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 23-7042074	Billing Services	MD	NA	C Corp					
MedStar Family Choice Inc 5565 Sterrett Place 5th Floor Columbia, MD21044 52-1995521	Managed Care	MD	NA	C Corp					
Medstar Enterprises Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2139841	A dmin Services	MD	NA	C Corp					
Nascott Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-1693808	Medical Services	MD	NA	C Corp					
Star Billing Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-1850113	Billing Services	MD	NA	C Corp					
Washington Risk Network Management Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2132677	Medical Services	MD	NA	C Corp					
Washington Hospital Center Physician Hos 100 Irving Street NW Washington, DC20010 52-1931000	Medical Services	MD	NA	C Corp					
Medstar Physician Partners Inc 4061 Powdermill Road Suite 210 Calverton, MD20705 52-2030809	Medical Services	MD	NA	C Corp					
NRH Ambulatory Services Inc 102 Irving Street NW Washington, DC20010 52-1930165	Rehab Services	MD	N A	C Corp					
Franklin Square Drive Land Condo Associa 5565 Sterrett Place 5th Floor Columbia, MD21044 76-0756352	Condo O wner Assoc	MD	NA	C Corp					
MGH Diversified Services Inc 18101 Prince Philip Drive Olney, MD20832 52-1943602	Medical Services	MD	NA	C Corp					
Greenspring Financial Insurance Limited 98-0188617	Insurance	CJ	N A	C Corp					

Software ID: Software Version:

EIN: 52-2218584

Name: The MedStar-Georgetown Medical Center Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Joy Drass-Maxwell md , President/Director	40 0	х		х				929,140	0	51,757
LYNT JOHNSON md , DEPT OF SURGERY CHAIR/DIRECTOR	40 0	х						601,203	0	39,191
Paul Warda , VP, CFO , Director	40 0	Х		Х				382,147	0	29,012
John Pahıra , Dırector, Kıdney Stone Center	40 0	Х						363,557	0	29,360
Kenneth A Samet , DIRECTOR	1 0	Х						0	2,258,327	388,900
Mark Abbruzzese MD , Director	1 0	Х						0	0	0
Ned Brody , Director	1 0	Х						0	0	0
S Joseph Bruno , Director	1 0	Х						0	0	0
Edmund B Cronin Jr , Director	1 0	Х						0	0	0
James A D Orta MD , Director	1 0	Х						0	0	0
Anatoly Dritschilo MD , Director	1 0	Х						0	0	0
Howard J Federoff MD , Director	1 0	Х						0	0	0
Morton Funger , Director	1 0	Х						0	0	0
Patrick W Gross , Director	1 0	Х						0	0	0
John Langan S J , Dırector	1 0	Х						0	0	0
Stephen Ray Mitchell MD , Director	1 0	Х						0	0	0
Francis Rienzo , Director	1 0	Х						0	0	0
John W Rollins Jr , Director	1 0	Х						0	0	0
Carol Taylor RN , Director	1 0	Х						0	0	0
Russell T Wall III MD , Director	1 0	Х						388,360	0	31,110
RICHARD GOLDBERG md , DEPARTMENT CHAIR/PRESIDENT	40 0			х				496,405	0	44,642
JOYCE JOHNSON , SR VICE PRESIDENT	40 0				×			444,485	0	60,388
MICHAEL SACHTLEBEN , VP & EXEC DIRECTOR-GPG	40 0				×			302,790	0	35,315
Linda Winger , VP, Professor Services & Resea	40 0				x			288,591	0	37,145
Nadım Haddad md , Dırector,GI Fellowship Program	40 0					х		1,141,908	0	30,558
Firas Al-Kawas md , Chief of Endoscopy	40 0					Х		816,215	0	34,053
Ivica Ducic md , DIRECTOR, PERIPHERAL NERVE	40 0					х		799,783	0	31,511
JOHN KLIMKIEWICZ md , DIRECTOR, DIVISION OF SPORTS	40 0					х		792,350	0	31,479
SCOTT SPEAR md , CHAIR DEPT OF PLASTIC SURGERY	40 0					х		773,229	0	38,686

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

As a proud member of MedStar Health, Georgetown University Hospital's mission is to provide physical and spiritual comfort to our patients and families in the Jesuit tradition of cura personalis, caring for the whole person. Georgetown University Hospital is an acute care teaching and research hospital located in Northwest Washington, D.C. Centers of excellence include cancer, neurosciences, gastroenterology, transplant and vascular diseases and the hospital is accredited as a Magnet hospital for nursing. In Fiscal Year 2009, Georgetown University Hospital had 16,276 inpatient admissions, 262,368 outpatient visits, and 34,219 emergency visits.