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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

2009

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Franklin Square Hospital Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

9000 Franklin Square Drive

Room/suite

City or town, state or country, and ZIP + 4

Baltimore, MD 21237

F Name and address of principal officer

Adrienne Kirby

9000 Franklin Square Drive

Baltimore, MD 21237

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

52-0608007

E Telephone number

(410) 772-6719

G Gross receipts \$ 439,408,108

I Tax-exempt status ☒ 501(c) ( 3 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: www franklinsquare org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1898

M State of legal domicile

MD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities FRANKLIN SQUARE HOSPITAL CENTER, INC , A MEMBER OF MEDSTAR HEALTH, PROVIDES THE HIGHEST QUALITY HEALTHCARE AND EDUCATION TO OUR COMMUNITIES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of employees (Part V, line 2a)	5	3,346
	6	Total number of volunteers (estimate if necessary)	6	402
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,021,646	4,212,704
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	423,003,016	428,134,103
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-59,936	143,132
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,698,181	6,863,857
			431,662,907	439,353,796
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	204,133,645	206,636,133
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	207,904,353	201,552,463
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	412,037,998	408,188,596
	19	Revenue less expenses Subtract line 18 from line 12	19,624,909	31,165,200
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	214,913,635	279,516,026
	21	Total liabilities (Part X, line 26)	71,423,389	72,667,918
	22	Net assets or fund balances Subtract line 21 from line 20	143,490,246	206,848,108

Part II Signature Block

Sign Here

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

Signature of officer

2011-05-09

Date

Marc R Berger AVP, Taxation/Financial Compliance

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Scott Sherman

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

KPMG LLP  
440 Monticello Ave Suite 1900  
Norfolk, VA 235103310

EIN

Phone no (757) 616-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

AS A PROUD MEMBER OF MEDSTAR HEALTH, FRANKLIN SQUARE HOSPITAL PROVIDES SAFE, HIGH QUALITY CARE, EXCELLENT SERVICE, AND EDUCATION TO IMPROVE THE HEALTH OF THE COMMUNITY. FOUNDED IN 1898, AND NOW LOCATED IN THE WHITE MARSH AREA OF NORTHEASTERN BALTIMORE COUNTY, FRANKLIN SQUARE HOSPITAL IS AN ACUTE-CARE TEACHING HOSPITAL OFFERING A FULL RANGE OF SERVICES FOR CHILDREN AND ADULTS. PRIMARY SERVICE LINES INCLUDE MEDICINE, ONCOLOGY, SURGICAL SERVICES, WOMEN AND CHILDREN’S CARE, BEHAVIORAL HEALTH AND COMMUNITY-BASED MEDICINE. IN FISCAL YEAR 2010, THE HOSPITAL HAD 30,143 INPATIENT ADMISSIONS, AN ESTIMATED 194,923 OUTPATIENT VISITS, AND 103,592 EMERGENCY VISITS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O.

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

4a	(Code ) (Expenses \$ 16,393,151 including grants of \$ ) (Revenue \$ 12,146,750 )
	FRANKLIN SQUARE HOSPITAL PROVIDED \$16.4M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL 2010. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES INCLUDE OPERATION AND MANAGEMENT OF THE FAMILY HEALTH CENTER, CERTAIN PRIMARY CARE SERVICES, HOSPITALISTS, AND EMERGENCY TRAUMA SERVICES.










4b	(Code ) (Expenses \$ 14,562,485 including grants of \$ ) (Revenue \$ 10,075 )
	FRANKLIN SQUARE HOSPITAL PROVIDED \$14.6M IN HEALTH PROFESSIONS EDUCATION IN FISCAL 2010. THIS CATEGORY INCLUDES TRAINING FOR PHYSICIANS, MEDICAL STUDENTS, AND NURSES. RESIDENCIES, INTERNSHIPS, CLERKSHIPS, AND FELLOWSHIPS ARE ALSO QUALIFYING PROGRAMS.

4c	(Code ) (Expenses \$ 8,924,317 including grants of \$ ) (Revenue \$ 0 )
	FRANKLIN SQUARE HOSPITAL PROVIDED \$8.9M IN CHARITY CARE SERVICES IN FISCAL YEAR 2010. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH’S CHARITY CARE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOMES ARE BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED. UNDER MARYLAND’S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS THE HOSPITAL’S CHARITY CARE EXPENSE. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND’S PAYMENT SYSTEM.

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 315,091,781 including grants of \$ ) (Revenue \$ 0 )

4e	Total program service expenses \$ 354,971,734
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Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	0		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	3,346		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	No	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	No	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	No	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MD
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARC BERGER 5565 STERRETT PLACE 5TH FLOOR COLUMBIA, MD 21044 (410) 772-6719

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

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

Form **990** (2009)



1b	Total	4,035,640	4,041,796	481,169
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶273

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BOVIS LEND LEASE ONE PRESERVE PARKWAY SUITE 700 ROCKVILLE, MD 20852	CONSTRUCTION MGMT	57,162,051
CHESAPEAKE PERIOPERATIVE SERVICES PO BOX 17568 BALTIMORE, MD 21298	MEDICAL SERVICES	9,324,000
SHADE CONSTRUCTION CO INC 1730 EAST JOPPA ROAD BALTIMORE, MD 21234	CONSTRUCTION MGMT	2,026,640
CHESAPEAKE MEDICAL STAFFING 2401 YORK ROAD ATTENTION JEFF MCC TIMONIUM, MD 21093	MEDICAL STAFFING	1,165,260
SLEEP SERVICES OF AMERICA 890 AIRPORT PARK ROAD GLEN BURNIE, MD 21061	MEDICAL SERVICES	1,144,786

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization▶5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,212,704				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			4,212,704			
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REVENUE	621,300	428,134,103	428,134,103			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			428,134,103			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			192,932		192,932	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents		345,159				
		b	Less rental expenses					
		c	Rental income or (loss)	345,159				
	d	Net rental income or (loss) . . . . .			345,159		345,159	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		4,512				
		b	Less cost or other basis and sales expenses	54,312				
		c	Gain or (loss)	-49,800				
	d	Net gain or (loss) . . . . .			-49,800		-49,800	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from fundraising events . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b	Less direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . .			0		
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
b		Less cost of goods sold . . . . .	b					
c		Net income or (loss) from sales of inventory . . .			0			
Miscellaneous Revenue		Business Code						
11a	PHARMACY	900,099	3,943,506	3,943,506				
b	REBATE	900,099	1,197,142	1,197,142				
c	PARKING LOT REVENUE	812,930	193,903	193,903				
d	All other revenue . . . . .		1,184,147	1,010,914		173,233		
e	Total. Add lines 11a-11d . . . . .			6,518,698				
12	Total revenue. See Instructions . . . . .			439,353,796	434,479,568		661,524	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,555,503	2,300,753	254,750	
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	166,630,543	150,019,676	16,610,867	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,485,104	4,037,998	447,106	
9	Other employee benefits . . . . .	20,929,271	18,842,899	2,086,372	
10	Payroll taxes . . . . .	12,035,712	10,628,877	1,406,835	
11	Fees for services (non-employees)				
a	Management . . . . .	24,607,867		24,607,867	
b	Legal . . . . .	86,662		86,662	
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	38,614,788	36,755,138	1,859,650	
12	Advertising and promotion . . . . .	1,679,711	263,794	1,415,917	
13	Office expenses . . . . .	3,376,494	2,238,815	1,137,679	
14	Information technology . . . . .	50,854	44,935	5,919	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,616,002	1,625,604	-9,602	
17	Travel . . . . .	663,393	495,821	167,572	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	143,433	129,459	13,974	
20	Interest . . . . .	4,490,474	4,490,474		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	14,656,923	14,656,923		
23	Insurance . . . . .	10,543,102	10,261,667	281,435	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	DRUGS/PHARMACY	28,783,599	28,729,051	54,548	
b	MEDICAL/SURGICAL SUPPLIES	23,961,750	23,904,985	56,765	
c	BAD DEBTS	17,951,015	17,951,015		
d	IMPLANTS/PROST	8,789,087	8,789,087		
e	MAINTENANCE AND CLEANING	5,426,675	5,216,147	210,528	
f	All other expenses	16,110,634	13,588,616	2,522,018	
25	Total functional expenses. Add lines 1 through 24f	408,188,596	354,971,734	53,216,862	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			6,378	1	6,378
	2	Savings and temporary cash investments . . . . .			406,918	2	774,224
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			41,911,033	4	46,884,632
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			4,912,487	8	5,840,785
	9	Prepaid expenses and deferred charges . . . . .			1,172,796	9	715,281
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	421,178,752	162,414,807	10c	221,848,133
	b	Less accumulated depreciation . . . . .	10b	199,330,619			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			380,492	12	1,026,012
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			3,708,724	15	2,420,581
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			214,913,635	16	279,516,026
Liabilities	17	Accounts payable and accrued expenses . . . . .			44,702,010	17	42,259,717
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			59,722	19	87,303
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			26,661,657	25	30,320,898
	26	Total liabilities. Add lines 17 through 25 . . . . .			71,423,389	26	72,667,918
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			141,979,754	27	206,422,096
	28	Temporarily restricted net assets . . . . .			1,510,492	28	426,012
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			143,490,246	33	206,848,108
	34	Total liabilities and net assets/fund balances . . . . .			214,913,635	34	279,516,026

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Franklin Square Hospital Center Inc

Employer identification number  
52-0608007

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in 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.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

Additional Data

Software ID:

Software Version:

EIN: 52-0608007

Name: Franklin Square Hospital Center Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARL J SCHINDELAR PRESIDENT/DIRECTOR	40 0	X		X				487,211	404,393	97,373
DEBRA B DOYLE SECRETARY/TREASURER/DIRECTOR	1 0	X		X				0	0	0
KENNETH SAMET DIRECTOR	1 0	X						0	3,637,403	66,085
HATEM ABDO DIRECTOR	1 0	X						0	0	0
KHALID AL-TALIB DIRECTOR	1 0	X						0	0	0
ROBERT G DAVEY DIRECTOR	1 0	X						0	0	0
MICHAEL L DIETRICH DIRECTOR	1 0	X						0	0	0
JOHN B FRANZONE DIRECTOR	1 0	X						0	0	0
GEORGE J JABAJI DIRECTOR	1 0	X						24,902	0	0
VINCENT MARTORANA DIRECTOR	1 0	X						0	0	0
JEANNE M MURPHY DIRECTOR	1 0	X						0	0	0
PATRICIA R NORMAN DIRECTOR	1 0	X						0	0	0
DENNIS F RASMUSSEN DIRECTOR	1 0	X						0	0	0
RICHARD W SINGLE SR DIRECTOR	1 0	X						0	0	0
MICHAEL D SUTER DIRECTOR	1 0	X						0	0	0
DEBORAH M TURNER DIRECTOR	1 0	X						0	0	0
THOMAS S WINTZ DIRECTOR	1 0	X						0	0	0
SCOTT G BARHIGHT CHAIR	40 0	X		X				0	0	0
JOHN GONTRUM CHAIR	1 0	X		X				0	0	0
ANTHONY SCLAMA VICE PRESIDENT	40 0			X				504,781	0	44,762
ROBERT LALLY VICE PRESIDENT	40 0			X				406,098	0	53,833
ADRIENNE KIRBY PRESIDENT	40 0			X				0	0	0
GLENN VISBEEN SENIOR VICE PRESIDENT	40 0				X			307,024	0	15,140
LAWRENCE STRASSNER VICE PRESIDENT	40 0				X			209,681	0	25,207
WILLIAM MCGUIRE PHYSICIAN	40 0					X		485,320	0	25,909

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM WATERFIELD CHIEF	40 0					X		421,336	0	34,779
YVONNE OTTAVIANO CHIEF	40 0					X		402,687	0	35,930
SAMUEL SMITH MEDICAL DIRECTOR	40 0					X		400,360	0	40,866
DANIEL PICARD PHYSICIAN	40 0					X		386,240	0	41,285

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DRUGS/PHARMACY	28,783,599	28,729,051	54,548	
MEDICAL/SURGICAL SUPPLIES	23,961,750	23,904,985	56,765	
BAD DEBTS	17,951,015	17,951,015		
IMPLANTS/PROST	8,789,087	8,789,087		
MAINTENANCE AND CLEANING	5,426,675	5,216,147	210,528	

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Franklin Square Hospital Center Inc

Employer identification number  
52-0608007

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		386,702		386,702
b Buildings . . . . .		87,728,193	65,380,664	22,347,529
c Leasehold improvements . . . . .		4,230,080	3,392,952	837,128
d Equipment . . . . .		174,506,922	125,747,494	48,759,428
e Other . . . . .		154,326,855	4,809,509	149,517,346
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				221,848,133



Part XI

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

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

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART XIV	The Corporation accounts for uncertain tax positions in accordance with the Financial Accounting Standards Board (FASB) issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement 109 (FIN 48).



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
Franklin Square Hospital Center Inc

**Employer identification number**  
52-0608007

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .		0	6,095,309	0	6,095,309	1 490 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .		0	0	0	0	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .		0	0	0	0	0 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .		0	6,095,309	0	6,095,309	1 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	172	310,894	2,045,708	46,362	1,999,346	0 490 %
f Health professions education (from Worksheet 5) . . . .	15	1,312	14,562,485	0	14,562,485	3 570 %
g Subsidized health services (from Worksheet 6) . . . .	5	405	16,393,151	12,146,750	4,246,401	1 040 %
h Research (from Worksheet 7)	2	0	474,814	62,925	411,889	0 100 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	36	326	328,947	0	328,947	0 080 %
j <b>Total</b> Other Benefits . . . .	230	312,937	33,805,105	12,256,037	21,549,068	5 280 %
k <b>Total.</b> Add lines 7d and 7j . . . .	230	312,937	39,900,414	12,256,037	27,644,377	6 770 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing		0	0	0	0	0 %
2Economic development		0	0	0	0	0 %
3Community support	7	381	183,437	4,200	179,237	0 040 %
4Environmental improvements		0	0	0	0	0 %
5Leadership development and training for community members	1	41	2,196	0	2,196	
6Coalition building	1	40	542	0	542	
7Community health improvement advocacy	8	162	44,722	0	44,722	0 010 %
8Workforce development	1	100	692	0	692	
9Other	1	400	1,531	0	1,531	
10Total	19	1,124	233,120	4,200	228,920	0 050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	11,171,285
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)	5	0
6	Enter Medicare allowable costs of care relating to payments on line 5	6	0
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	0
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

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

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

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

MD

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-0608007

**Name:** Franklin Square Hospital Center Inc

### Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MedStar Health and its affiliated organizations report Bad Debt Expense in accordance with Generally Accepted Accounting Principles (GAAP) and HFMA 15. Amounts that are not expected to be collected, for patients qualifying under MedStar Health's financial assistance policy, are written off to Charity Care and reported as a reduction to revenue. Bad Debt Expense results from management's inability to collect revenues that meet the GAAP criteria for revenue recognition. Bad Debt represents an operating expense and is reflected as a separate line item on the organization's Statement of Operations. However, MedStar and its affiliated entities do not make a determination as to whether self pay amounts are collectible in determining revenue recognition. Reserve models, which have been developed based on historical collection results and which are adjusted periodically based on actual collections experience, are used to estimate uncollectible amounts across all payors including self pay. Bad debt determinations are made only after sufficient evidence is obtained to support that an amount is not collectible.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission (HSCRC) determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing uncompensated care in each payors' rates, which does not enable Maryland Hospitals to breakout any offsetting revenue related to uncompensated care. As such, the net effect for Medicare expenses and revenues in Maryland is zero.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission (HSCRC), determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland Hospitals to breakout any offsetting revenue related to Uncompensated Care.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission (HSCRC), determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland Hospital to breakout any offsetting revenue related to Uncompensated Care. Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero. The exception to this is the impact on the hospital of its share of the Medicaid assessment. In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate-setting system.



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the national. The Health Services Cost Review Commission (HSCRC), determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland Hospitals to breakout any offsetting revenue related to Uncompensated Care.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

In 2007, Franklin Square led, and financially supported, the Southeast Area Network of providers in conducting a community needs assessment of the health and well-being in the southeastern portion of Baltimore County. The purpose of this project was threefold: (1) assess current health and well-being in the southeast area, (2) identify discrepancies in service needs and outcomes among area residents, and (3) devise a strategic plan for correcting these discrepancies. Four critical needs were identified for the Franklin Square services area: cardiovascular disease management and prevention, domestic violence, cancer, and access to care for underserved populations. In April 2008, Franklin Square published an action plan for developing coordinated and collaborative efforts and investing in economic and social resources in ways that improve the health and well-being for all of southeast Baltimore County's residents. Assessment of resources which are currently available to meet the action plan were identified in FY2009 by a collaboration of professional networks, county agencies, and community organizations. Planning action items and seeking funding are FY2011 goals for the Network. Franklin Square participates on the MedStar Health Community Advisory Board to study demographics, assess community health disparities, inventory resources, and establish community benefit goals for both the Hospital and MedStar Health.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

Franklin Square's Charity Care Policy, including a description of the applicable communities it serves, is posted in each major patient registration area and in any other areas required by applicable regulations. Franklin Square communicates the information to patients as required by this policy and applicable regulations. Copies of the policy are available for all patients. Franklin Square's financial services staff works with uninsured and underinsured patients to understand each patient's financial situation prior to admission (for scheduled services) or prior to billing (for emergency services). Uninsured patients may be eligible for charity care or sliding-scale financial assistance. The financial counselors and financial services staff will determine eligibility for charity care and sliding scale financial assistance based on income, family size, and the extent of medical costs.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

Located in the Rosedale section of Eastern Baltimore County, Maryland, Franklin Square Hospital Center's primary service area includes sixteen zip codes from eastern Baltimore City thru eastern Baltimore County and extending up to southern Harford County, adjacent to the Chesapeake Bay. This area has a large base population of approximately 524,000, and is projected to grow by 2.6% in the next five years, to about 538,000. The service area has become a much more diverse community over the past few decades. The area, particularly eastern Baltimore City and eastern Baltimore County, can be described as blue-collar, high-school educated, and economically depressed, with a diverse population consisting of Caucasians (71.8%), African-Americans (20.3%), Asian/Pacific Islanders (2.5%), Hispanics/Latinos (3.1%), and Others (2.3%). Thirty-seven percent of the population is either very young or senior with 24% children under eighteen years old and 13% over 65 years old. Poverty is a significant problem in Eastern Baltimore County. Statistics show that 48% of the residents have a high school or lower level of education. Statistics also show that the median household income in the Essex / Middle River / Dundalk area of \$47,949 is much lower than the county average of \$65,531. The number of individuals who are uninsured or under insured in the hospital's catchment area is estimated to be 38% and growing. This is a direct result of the decline in manufacturing industries in the region, which are being reduced or declaring bankruptcy. Currently, the largest employer in the area is the Hospital. The increasing number of families and individuals with either no health insurance or severely curbed health insurance represents a serious concern for the healthcare community and government agencies.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

As a community partner, the Hospital engages in a number of community benefit activities to improve and promote the health and wellbeing of the community. In January 2008, Franklin Square, in partnership with Baltimore County and Healthcare for the Homeless in Baltimore City, established a new primary care access point for homeless persons in Baltimore County. The Hospital provides the primary healthcare staff, in-kind support in technical assistance, information technology, finance/budget/billing, and public relations and marketing. Franklin Square also provides write offs for labs and specialty services. Adult and youth tobacco use rates are high in Maryland and in the Hospital's service area, contributing to significant morbidity and mortality. In 1997, Franklin Square began offering community tobacco prevention programs. In 2000, Franklin Square began a multifaceted approach to tobacco prevention based on community data. The targeted populations include elementary, middle, and high school children as well as adults. Intervention programs tailored to the audience's educational level occur at health fairs and presentations.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Each year, Franklin Square Hospital evaluates over 300 children who have been suspected of being abused. Children in Eastern Baltimore County are almost 50% more likely as children in the rest of the county to be abuse victims. In 2000, after reviewing cases of children who were injured and treated in the Emergency Department (ED), it appeared that many were not receiving complete evaluations and cases of child abuse were possibly being missed. Additionally, in a two-year period from 1998-2000, five children who were born at Franklin Square returned severely injured from Abusive Head Trauma (AHT). In response to the increased incidence of abuse, the Department of Pediatrics developed a comprehensive approach to diagnose and prevent child abuse. The Franklin Square Hospital Child Protection Team (CPT) began to function in November 2000. The leaders of the CPT are a Social Worker Coordinator, the Medical Director, and on-call social work and medical staff. The team provides 24/7 coverage to the Hospital and evaluates any child who is suspected of being physically or sexually abused. This service has proven to be a significant contribution to the community - impacting thousands of parents and children.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

As a proud member of MedStar Health, Franklin Square Hospital is able to expand its capacity to meet the needs of the community by partnering with other MedStar Hospitals and associated entities. For example, MedStar Health resources assist the hospital in strategic planning to meet the needs of the under/uninsured. Through its community health function, MedStar Health provides Franklin Square with technical support to enhance community health programming. MedStar's corporate philanthropy division offers resources and technical support in securing philanthropic investors to ensure health services are available to all patients, regardless of ability to pay.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Franklin Square Hospital Center Inc	Employer identification number 52-0608007
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



**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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CARL J SCHINDELAR	(i)	233,899	253,312	0	38,400	10,286	535,897	0
	(ii)	281,215	123,178	0	38,400	10,287	453,080	0
KENNETH SAMET	(i)	0	0	0	0	0	0	0
	(ii)	1,163,764	1,175,787	1,297,852	47,263	18,822	3,703,488	1,743,040
ANTHONY SCLAMA	(i)	367,127	137,654	0	21,964	22,798	549,543	0
	(ii)	0	0	0	0	0	0	0
ROBERT LALLY	(i)	234,629	98,430	73,039	35,641	18,192	459,931	0
	(ii)	0	0	0	0	0	0	0
GLENN VISBEEN	(i)	230,519	76,505	0	0	15,140	322,164	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE STRASSNER	(i)	173,959	35,722	0	16,417	8,790	234,888	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MCGUIRE	(i)	430,969	54,351	0	24,181	1,728	511,229	0
	(ii)	0	0	0	0	0	0	0
WILLIAM WATERFIELD	(i)	373,708	47,628	0	23,415	11,364	456,115	0
	(ii)	0	0	0	0	0	0	0
YVONNE OTTAVIANO	(i)	350,500	52,187	0	21,914	14,016	438,617	0
	(ii)	0	0	0	0	0	0	0
SAMUEL SMITH	(i)	368,766	31,594	0	26,843	14,023	441,226	0
	(ii)	0	0	0	0	0	0	0
DANIEL PICARD	(i)	373,700	12,540	0	29,931	11,354	427,525	0
	(ii)	0	0	0	0	0	0	0

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.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 52-0608007  
Name: Franklin Square Hospital Center Inc

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493131018721
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SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization Franklin Square Hospital Center Inc	Employer identification number  52-0608007
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Identifier	Return Reference	Explanation
DESCRIPTION OF EXECUTIVE COMPENSATION	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 review ed 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 review s 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

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT AVAILABILITY	PART VI, SECTION C, QUESTION 19	MedStar Health posts its annual financial audit and quarterly financial reports 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

Identifier	Return Reference	Explanation
COMPENSATION FOOTNOTE	Form 990, Part VII, Line 4	Kenneth Samet Kenneth Samet's Other reportable compensation in Part II, Column (B) (iii) includes \$1,278,236 representing Mr Samet's accumulated entire accrued benefit in a supplemental retirement plan, w hich w as earned during the past 21 years of service This amount w as not actually paid to Mr Samet, but w as reported as compensation under FICA tax-reporting rules, and this entire amount w as also reported on Form 990 in prior years

Identifier	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 w ith MedStar that w ould result in a conflict of interest Such disclosures (if any) are review ed by the Governance Committee of the MedStar Health Board of Directors w hich 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 w hich w ould or could represent a conflict of interest Such disclosures (if any) are review ed by the Governance Committee of the MedStar Health Board of Directors w hich determines how the matter should be resolved In addition, Officers and Directors of Maryland Hospitals and Nursing Centers are required to annually disclose additional information relating to potential conflicts of interest and such disclosures are reported to the Maryland Health Services Cost Review Commission (HSCRC)

Identifier	Return Reference	Explanation
PROCESS FOR REVIEWING FORM 990	PART VI, SECTION B, LINE 11A	The process for review ing the Form 990 included education and transparency Senior financial executives, w orking w ith independent outside experts, thoroughly review ed 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 w ere provided to the follow ing committees of organization's governing body Finance, Audit, Governance, Strategic Planning, and Executive Compensation This education process took place over several months Follow ing these education sessions, the governing body w as provided a copy of the Form 990 in its final form and w as encouraged to provide any input or comments relating to the Form 990 prior to its filing

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Franklin Square Hospital Center Inc

Employer identification number  
52-0608007

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Medstar Health Anesthesia Services B LLC 9000 Franklin Square Drive Baltimore, MD 21237 20-5909703	Health Svcs	MD	8,560,037	1,080,329	NA

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Surgicenter at Pasadena LLC											
5565 Sterrett Place 5th Floor Columbia, MD21044 52-2009504	Medical Services	MD	NA	Related				No			No
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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

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.

[illegible]

Software ID:

Software Version:

EIN: 52-0608007

Name: Franklin Square Hospital Center Inc

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
Church Home Corporation  5565 Sterrett Place 5th Floor Columbia, MD21044 23-7374724	Medical Fund	MD	501(c)(3)	PF	NA
Harbor Hospital Inc  3001 South Hanover Street Baltimore, MD21225 52-0491660	Hospital	MD	501(c)(3)	3	NA
Medstar Health Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-2087445	Medical Svcs	MD	501(c)(3)	11b II	NA
Montgomery General Hospital  18101 Prince Philip Drive OIney, MD20832 52-0646893	Hospital	MD	501(c)(3)	3	NA
The Good Samaritan Hospital of Maryland  5601 Loch Raven Blvd Baltimore, MD21239 52-0591607	Hospital	MD	501(c)(3)	3	NA
The Union Memorial Hospital  201 East University Parkway Baltimore, MD21218 52-0591685	Hospital	MD	501(c)(3)	3	NA
Medstar Research Institute  108 Irving Street NW Washington, DC20010 52-6056274	Hospital	DC	501(c)(3)	3	NA
The Medstar-Georgetown Medical Center I  Hopsital Admin 1 Main Bldg Washington, DC20007 52-2218584	Hospital	DC	501(c)(3)	3	NA
Washington Hospital Center Corporation  110 Irving Street NW Washington, DC20010 52-1272129	Hospital	DC	501(c)(3)	3	NA
HH Medstar Health Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1542230	Medical Svcs	MD	501(c)(3)	11b II	NA
Bay Development Corp  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1132992	Foundation	MD	501(c)(3)	11a I	NA
Bay Life Services Inc  5565 Sterrett Place 5th Floor Columbia, MD21044 52-1496539	Mental Health	MD	501(c)(3)	9	NA
MedStar Surgery Center Inc  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1061679	Medical Svcs	MD	501(c)(3)	9	NA
Church Home and Hospital of the City of  5565 Sterrett Place 5th Floor Columbia, MD21044 52-0591600	Hospital	MD	501(c)(3)	3	NA
Foundation for Georgetown University Hos  Hopsital Admin 1 Main Bldg Washington, DC20007 52-2339873	Foundation	DC	501(c)(3)	11a I	NA
Good Samaritan Hospital Foundation Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-2307122	Foundation	MD	501(c)(3)	11a I	NA
Good Samaritan Nursing Center Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1672866	Medical Svcs	MD	501(c)(3)	9	NA
GS Housing Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1481656	Elder Housing	MD	501(c)(3)	9	NA
GS Properties Inc  5601 Loch Raven Blvd Baltimore, MD21239 52-1429853	Admin Svcs	MD	501(c)(3)	11a I	NA
Harbor Hospital Foundation Inc  3001 South Hanover Street Baltimore, MD21225 52-1284532	Foundation	MD	501(c)(3)	11a I	NA
Medstar Health Infusion Inc  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1980510	Medical Svcs	MD	501(c)(3)	9	NA
Medstar Health Visiting Nurses Associati  4061 Powdermill Road Calverton, MD20705 53-0196597	Medical Svcs	MD	501(c)(3)	9	NA
Medstar Long Term Care Corporation  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1489097	Hospital	MD	501(c)(3)	3	NA
Medstar VNA Healthcare  4061 Powdermill Road Suite 210 Calverton, MD20705 52-1458516	Medical Svcs	MD	501(c)(3)	9	NA
MGH Community Health Inc  18101 Prince Philip Drive OIney, MD20832 52-1372467	Medical Svcs	MD	501(c)(3)	9	NA
MGH Health Foundation Inc  18101 Prince Philip Drive OIney, MD20832 52-1129959	Foundation	MD	501(c)(3)	7	NA
MGH Health Services Inc  18101 Prince Philip Drive OIney, MD20832 52-1366812	Foundation	MD	501(c)(3)	11a I	NA
MGH Women's Board  18101 Prince Philip Drive OIney, MD20832 52-6039600	Foundation	MD	501(c)(3)	11a I	NA
National Rehabilitation Hospital  102 Irving Street NW Washington, DC20010 52-1369749	Hospital	DC	501(c)(3)	3	NA
Regional Rehab at OIney Inc  18101 Prince Philip Drive OIney, MD20832 52-2310902	Medical Svcs	MD	501(c)(3)	3	NA



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
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	Admin 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 Baltimore, MD21239 52-2299070	Elder Housing	MD	501(c)(3)	9	NA
Self Insurance Trust of Washington Hospi  110 Irving Street NW Washington, DC20010 52-1128332	Self Insuranc	DC	501(c)(3)	11a I	NA
Hospice of St Mary's Inc  PO Box 527 Leonardtown, MD20650 52-2153926	Support Org	MD	501(c)(3)	11b II	NA
St Mary's Hospital of St Mary's County  25500 Point Lookout Road Leonardtown, MD20650 52-0619006	Hospital	MD	501(c)(3)	3	NA
St Mary's Hospital Foundation Inc  PO Box 527 Leonardtown, MD20650 52-1051368	Support Org	MD	501(c)(3)	11d III	NA

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	Admin 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	Admin 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	NA	C Corp			
Franklin Square Drive Land Condo Associa 5565 Sterrett Place 5th Floor Columbia, MD21044 76-0756352	Condo Owner Assoc	MD	NA	C Corp			
MGH Diversified Services Inc 18101 Prince Philip Drive Olney, MD20832 52-1943602	Medical Services	MD	NA	C Corp			
St Mary's Health Alliance Inc 25500 Point Lookout Road Leonardtown, MD20650 52-1930331	Medical Services	MD	NA	C Corp			
Greenspring Financial Insurance Limited 23 Lime Tree Bay Avenue PO Box 1051 KY1-1102 Grand Cayman CJ 98-0188617	Insurance	CJ	NA	C Corp			