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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
The MedStar-Georgetown Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
Hospital Admin 1 Main Bldg
3800 Reservoir Road NW

City or town, state or country, and ZIP + 4
Washington, DC 20007

D Employer identification number
52-2218584

E Telephone number
(202) 784-3000

G Gross receipts $ 782,512,904

F Name and address of principal officer
RICHARD GOLDBERG
HOSPITAL ADMIN 1 MAIN BLDG
WASHINGTON, DC 20007

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 ▶

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

J Website: ▶ www georgetownuniversityhospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
GEORGETOWN UNIVERSITY HOSPITAL'S MISSION IS TO PROVIDE PHYSICAL AND SPIRITUAL COMFORT TO OUR PATIENTS AND FAMILIES IN THE JESUIT TRADITION OF CURA PERSONALIS, CARING FOR THE WHOLE PERSON

2 Check this box ▶ ☐ 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**	13
5	Total number of employees (Part V, line 2a)	**5**	4,413
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	330,309
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	131,762

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	878,117	706,008
9	Program service revenue (Part VIII, line 2g)	696,102,280	738,971,154
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	268,525	361,657
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,319,815	42,474,085
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	731,568,737	782,512,904
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)	366,770,718	377,979,081
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	331,436,908	359,142,782
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	698,207,626	737,121,863
19	Revenue less expenses Subtract line 18 from line 12	33,361,111	45,391,041

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	257,817,492	294,903,262
21	Total liabilities (Part X, line 26)	147,240,996	163,922,156
22	Net assets or fund balances Subtract line 21 from line 20	110,576,496	130,981,106

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-09

Marc R Berger AVP, Taxation/Financial Compliance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

As a proud member of MedStar Health, Georgetown University Hospital's mission is to provide physical and spiritual comfort to our patients and families in the Jesuit tradition of cura personalis, caring for the whole person Georgetown University Hospital is an acute care teaching and research hospital located in Northwest Washington, D C Centers of excellence include cancer, neurosciences, gastroenterology, transplant and vascular diseases and the hospital is accredited as a Magnet hospital for nursing In Fiscal Year 2010, Georgetown University Hospital had 16,549 inpatient admissions, an estimated 369,933 outpatient vists, and 34,001 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 $ 36,782,356 including grants of $ 0) (Revenue $ 21,794,987)

Georgetown University Hospital provided $36 8M health professions education in fiscal 2010 These services generally included physician and medical student training, as well as training for nurses, other healthcare professionals, and pastoral clinical care fellows

4b (Code) (Expenses $ 1,805,157 including grants of $ 0) (Revenue $ 0)

Georgetown University Hospital provided $1 8M in charity care services in fiscal 2010 Charity care is provided pursuant to MedStar Health's Charity Care Policy to members of the community whose income is below certain thresholds and for which the hospital is not compensated

4c (Code) (Expenses $ 1,366,808 including grants of $ 0) (Revenue $ 12,150)

Georgetown University Hospital provided $1 4M to support community health services in fiscal 2010 These services include community health education (support groups and self-help) Included are community based clinical services, such as screenings, free clinics, and health care support services which are driven by community needs and which operate at a loss

4d Other program services (Describe in Schedule O)
(Expenses $ 563,504,487 including grants of $) (Revenue $ 717,164,017)

4e **Total program service expenses** ▶ $ 603,458,808

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **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
b	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**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, *Annual Summary and Transmittal of U.S. Information Returns. 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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,413		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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 ▶ _____ 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	13		
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	Yes	
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 ▶ DC

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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

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

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

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

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	8,639,207	4,110,387	611,467

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 ▶ 14

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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
SAMUEL A KROLL INC DBA KROLL CONST 10300 SOUTH DOLFIELD ROAD OWINGS MILL, MD 21117	GENERAL CONTRACTING	5,169,633
SODEXO INC AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	FACILITIES MGMT	5,151,459
NURSEFINDERS PO BOX 910738 DALLAS, TX 75391	MEDICAL STAFFING	2,448,256
AMN HEALTHCARE INC 2735 COLLECTION CENTER DR CHICAGO, IL 60693	MEDICAL STAFFING	2,202,777
STANDARD PARKING CORP 1790 PAYSPHERE CIRCLE CHICAGO, IL 60674	PARKING SERVICES	1,866,824
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	706,008			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		706,008			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	900,099	728,724,727	728,724,727		
	b	TRAINING TUITION	900,099	10,246,427	10,246,427		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		738,971,154			
	3	Investment income (including dividends, interest and other similar amounts)		343,093	0		343,093
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross Rents	3,618,632					
	b	Less rental expenses						
	c	Rental income or (loss)	3,618,632					
	d	Net rental income or (loss)		3,618,632			3,618,632

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	209	18,355				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)	209	18,355				
	d	Net gain or (loss)		18,564			18,564
Other Revenue	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	RESIDENT SERVICE REVENUE	900,099	14,234,826	14,234,826			
	b	MISCELLANEOUS	900,099	11,891,287	11,560,978	330,309		
	c	PHYSICIAN REVENUE	900,099	4,479,976	4,479,976			
	d	All other revenue		8,249,364	5,890,453		2,358,911	
	e	**Total.** Add lines 11a–11d		38,855,453				
	12	**Total revenue.** See Instructions		782,512,904	775,137,387	330,309	6,339,200	

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	4,863,964	4,136,294	727,670	
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	317,924,012	270,354,580	47,569,432	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,093,770	7,713,768	1,380,002	
9	Other employee benefits	26,957,652	22,950,673	4,006,979	
10	Payroll taxes	19,139,683	16,284,130	2,855,553	
11	Fees for services (non-employees)				
a	Management	34,597,281		34,597,281	
b	Legal	2,443,488		2,443,488	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	57,635,736	48,770,722	8,865,014	
12	Advertising and promotion	2,179,918	113,657	2,066,261	
13	Office expenses	4,765,759	4,977,826	-212,067	
14	Information technology	397,619	45,089	352,530	
15	Royalties	0			
16	Occupancy	6,151,994	3,307,560	2,844,434	
17	Travel	1,271,341	1,101,419	169,922	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	24,240	24,240		
20	Interest	0			
21	Payments to affiliates	7,649,547	7,649,547		
22	Depreciation, depletion, and amortization	26,730,762	26,730,762		
23	Insurance	20,087,457	530,838	19,556,619	
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	18015255	56,959,865	56,880,843	79,022	
b	MEDICAL/SURGICAL SUPPLIES	41,226,713	41,089,662	137,051	
c	BAD DEBT	29,563,542	29,563,542		
d	IMPLANTS/PROSTHESES	23,931,871	23,931,871		
e	MISCELLANEOUS	22,904,878	18,988,195	3,916,683	
f	All other expenses	20,620,771	18,313,590	2,307,181	
25	**Total functional expenses.** Add lines 1 through 24f	737,121,863	603,458,808	133,663,055	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,857,550	1	2,548,883
	2	Savings and temporary cash investments		71	2	71
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		102,892,696	4	133,897,423
	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		11,427,119	8	10,378,882
	9	Prepaid expenses and deferred charges		1,095,665	9	1,579,418
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 288,519,415			
	b	Less accumulated depreciation	10b 144,098,903	139,535,217	10c	144,420,512
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,000,000	14	0
	15	Other assets See Part IV, line 11		9,174	15	2,078,073
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		257,817,492	16	294,903,262
Liabilities	17	Accounts payable and accrued expenses		103,413,950	17	120,507,159
	18	Grants payable			18	
	19	Deferred revenue		331,524	19	-81,121
	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		43,495,522	25	43,496,118
	26	**Total liabilities.** Add lines 17 through 25		147,240,996	26	163,922,156
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		110,576,496	27	130,981,106
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		110,576,496	33	130,981,106
	34	Total liabilities and net assets/fund balances		257,817,492	34	294,903,262

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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				
b Buildings		113,956,229	54,789,451	59,166,778
c Leasehold improvements		555,014	197,401	357,613
d Equipment		170,425,950	89,026,454	81,399,496
e Other		3,582,222	85,597	3,496,625
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				144,420,512

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	43,496,118

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

Part XI Reconciliation of Change in Net Assets from Form 990 to 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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This 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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This 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 AUDIT FOOTNOTE	FORM 990 SCH 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)

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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
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

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 ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	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 eligibile 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	4,302,161	0	4,302,161	0 580 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		0	59,190,908	57,570,892	1,620,016	0 220 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs		0	63,493,069	57,570,892	5,922,177	0 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	42	49,207	2,196,908	12,150	2,184,758	0 300 %
f Health professions education (from Worksheet 5)	2	0	58,577,343	21,794,987	36,782,356	5 000 %
g Subsidized health services (from Worksheet 6)		0	0	0	0	0 %
h Research (from Worksheet 7)	1	0	447,045	0	447,045	0 060 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	32	1,903	167,334	4,058	163,276	0 020 %
j **Total** Other Benefits	77	51,110	61,388,630	21,811,195	39,577,435	5 380 %
k **Total.** Add lines 7d and 7j	77	51,110	124,881,699	79,382,087	45,499,612	6 180 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1	30	0	0	0	
2	Economic development		0	0	0	0	0 %
3	Community support		0	0	0	0	0 %
4	Environmental improvements		0	0	0	0	0 %
5	Leadership development and training for community members		0	0	0	0	0 %
6	Coalition building		0	0	0	0	0 %
7	Community health improvement advocacy	1	0	0	0	0	
8	Workforce development		0	0	0	0	0 %
9	Other		0	0	0	0	0 %
10	**Total**	2	30	0	0	0	0 %

Part III Bad 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	10,849,820		
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	116,259,778
6	Enter Medicare allowable costs of care relating to payments on line 5	6	132,531,427
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-16,271,649
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	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 IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
DBA GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW WASHINGTON,DC 20007	X	X		X	X	X	X		

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

The process in which it is decided which community needs will be addressed within the community benefits activities at GUH vary by department and area of focus Departments tend to focus on issues related to their expertise and the need for this expertise within the community as identified by Catholic Charities and the DC Department of Health Of these needs, examples include pediatric services, OB/GYN services, epilepsy, stroke, cancer, diabetes, and dietary

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

The organization serves the community of the greater Washington, DC area and beyond

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

The effectiveness of our major COmmunity Benefit program initiatives is measured in conjunction with the District of Columbia Department of Health's community health data Another way we measure our effectiveness is by following up with those who attended and/or participated in our various community benefit activities AN analysis may indicate a need to either continue a program or increase its outreach Conversely, if a decline in numbers is determined, there may be a need for a program reduction or discontinuation and focus on designing programs where it is determined other needs exist

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 communites served

See additional data

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**	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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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				
JOY DRASS-MAXWELL	(i)	292,390	302,994	0	17,227	9,279	621,890	0
	(ii)	327,234	145,750	0	17,227	9,280	499,491	0
RICHARD GOLDBERG	(i)	409,232	159,094	0	28,778	18,493	615,597	0
	(ii)	0	0	0	0	0	0	0
KENNETH A 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
JOHN PAHIRA	(i)	310,348	163,042	0	28,595	8,612	510,597	0
	(ii)	0	0	0	0	0	0	0
RUSSELL T WALL III	(i)	351,084	57,200	0	27,488	7,949	443,721	0
	(ii)	0	0	0	0	0	0	0
PAUL WARDA	(i)	272,037	118,249	0	20,859	9,557	420,702	0
	(ii)	0	0	0	0	0	0	0
STEPHEN EVANS	(i)	573,563	0	0	22,659	12,191	608,413	0
	(ii)	0	0	0	0	0	0	0
JOYCE JOHNSON	(i)	327,709	124,722	0	46,005	16,482	514,918	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SACHTLEBEN	(i)	237,422	95,981	0	23,907	12,342	369,652	0
	(ii)	0	0	0	0	0	0	0
LINDA WINGER	(i)	220,050	67,731	0	27,821	10,417	326,019	0
	(ii)	0	0	0	0	0	0	0
NADIM HADDAD	(i)	337,940	790,336	0	22,659	10,824	1,161,759	0
	(ii)	0	0	0	0	0	0	0
LYNT JOHNSON	(i)	582,762	344,321	0	27,918	10,610	965,611	0
	(ii)	0	0	0	0	0	0	0
THOMAS FISHBEIN	(i)	682,957	179,063	0	20,859	1,961	884,840	0
	(ii)	0	0	0	0	0	0	0
FIRAS AL-KAWAS	(i)	266,193	550,022	0	28,393	9,240	853,848	0
	(ii)	0	0	0	0	0	0	0
JOHN KLIMKIEWICZ	(i)	420,059	362,864	0	27,232	10,518	820,673	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

Additional Data

Software ID:
Software Version:
EIN: 52-2218584
Name: The MedStar-Georgetown Medical Center Inc

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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
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

Identifier	Return Reference	Explanation
EXECUTIVE COMPENSATION PROCESS	Form 990 - Part VI, Section B, Question 15	The Executive Compensation Committee of the Board of Directors of MedStar Health, Inc (the "Committee") has oversight over the executive compensation program (the "Program") of MedStar Health, Inc and its affiliates Total compensation for the top management officials, officers and key employees of MedStar Health, Inc and its affiliates are reviewed and approved by the Committee with assistance and guidance from an independent third party advisor The members of the Committee are independent from all of the participants in the Program The main objective of the Program is to provide market competitive total compensation that is internally equitable and has a strong pay-for-performance linkage Performance is evaluated at the system, operating unit, and individual levels The overall total compensation philosophy is managed at the 75th percentile of the competitive market for comparable size (net revenue) and type (tax-exempt healthcare organizations) Where appropriate, additional industry data is considered (general business and/or taxable healthcare) for selected positions that can be recruited from or potentially lost to these industries (e g , information technology, finance, etc) The Committee has engaged Ernst & Young LLP ("E&Y") to serve as an advisor on the reasonableness and competitiveness of the Program In determining reasonableness and competitiveness, E&Y reviews market practices and trends, and makes recommendations related to the Program E&Y utilizes information from custom surveys, national compensation surveys, proprietary databases, and client experiences to determine its final recommendations E&Y presents their findings and recommendations to the Committee The Committee makes the final decisions on all of the compensation determinations of the Program All decisions made by the Committee are contemporaneously documented

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

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
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, QUESTION 12C	Appointment of Boards of Directors MedStar Health (and its subsidiaries) require all nominated Directors, prior to their appointment or election, to disclose the existence of (or potential existence of) any transaction with MedStar that would result in a conflict of interest Such disclosures (if any) are reviewed by the Governance Committee of the MedStar Health Board of Directors which determines how the matter should be resolved Annual Disclosures - All Officers, Directors, and Senior Managers All Officers, Directors and Senior Managers are required, not less than annually, to complete a survey of questions concerning any transactions or relationships which would or could represent a conflict of interest Such disclosures (if any) are reviewed by the Governance Committee of the MedStar Health Board of Directors which determines how the matter should be resolved

Identifier	Return Reference	Explanation
PROCESS FOR REVIEWING FORM 990	Part VI, Section B, Line 11A	The process for reviewing the Form 990 included education and transparency Senior financial executives, working with independent outside experts, thoroughly reviewed the revised Form 990 and accompanying instructions and provided education sessions on the revised Form to the organization's governing body and its senior officers In addition, separate education sessions were provided to the following committees of organization's governing body Finance, Audit, Governance, Strategic Planning, and Executive Compensation This education process took place over several months Following these education sessions, the governing body was provided a copy of the Form 990 in its final form and was encouraged to provide any input or comments relating to the Form 990 prior to its filing

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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
The MedStar-Georgetown Medical Center Inc

Employer identification number
52-2218584

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
MGMC LLC 3800 Reservoir Road NW Washington, DC 20007 52-2228444	Hospital	DC	161,176,224	36,619,256	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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**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)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-2218584
Name: The MedStar-Georgetown Medical 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
Franklin Square Hospital Center Inc 9000 Franklin Square Drive Baltimore, MD21237 52-0608007	Hospital	MD	501(c)(3)	3	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 Olney, 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
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
Franklin Square Hospital Center Foundati 9000 Franklin Square Drive Baltimore, MD21237 52-2329546	Foundation	MD	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 Olney, MD20832 52-1372467	Medical Svcs	MD	501(c)(3)	9	NA
MGH Health Foundation Inc 18101 Prince Philip Drive Olney, MD20832 52-1129959	Foundation	MD	501(c)(3)	7	NA
MGH Health Services Inc 18101 Prince Philip Drive Olney, MD20832 52-1366812	Foundation	MD	501(c)(3)	11a I	NA
MGH Women's Board 18101 Prince Philip Drive Olney, 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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Regional Rehab at Olney Inc 18101 Prince Philip Drive Olney, MD20832 52-2310902	Medical Svcs	MD	501(c)(3)	3	NA
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 98-0188617	Insurance		NA	C Corp			

Additional Data

Software ID:
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Name: The MedStar-Georgetown Medical 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			
JOY DRASS-MAXWELL PRESIDENT	40 0	X		X				595,384	472,984	53,013
RICHARD GOLDBERG PRESIDENT/DIRECTOR	40 0	X		X				568,326	0	47,271
EDMUND B CRONIN JR CHAIR/DIRECTOR	1 0	X		X				0	0	0
JOSEPH S BRUNO VICE CHAIR/DIRECTOR	1 0	X		X				0	0	0
KENNETH A SAMET DIRECTOR	1 0	X						0	3,637,403	66,085
JOHN PAHIRA DIRECTOR/KIDNEY STONE CENTER	40 0	X						473,390	0	37,207
RUSSELL T WALL III DIRECTOR	40 0	X						408,284	0	35,437
ANATOLY DRITSCHILO DIRECTOR	40 0	X						39,842	0	0
MARK ABBRUZZESE DIRECTOR	1 0	X						0	0	0
NED BRODY DIRECTOR	1 0	X						0	0	0
JAMES A D'ORTA DIRECTOR	1 0	X						0	0	0
HOWARD J FEDEROFF DIRECTOR	1 0	X						0	0	0
MORTON FUNGER DIRECTOR	1 0	X						0	0	0
CHRISTOPHER KALHORN DIRECTOR	1 0	X						0	0	0
JOHN S J LANGAN DIRECTOR	1 0	X						0	0	0
STEPHEN RAY MITCHELL DIRECTOR	1 0	X						0	0	0
FRANCIS X RIENZO DIRECTOR	1 0	X						0	0	0
JOHN W ROLLINS JR DIRECTOR	1 0	X						0	0	0
CAROL TAYLOR DIRECTOR	1 0	X						0	0	0
PAUL WARDA VICE PRESIDENT/CFO	40 0			X				390,286	0	30,416
STEPHEN EVANS VP MEDICAL AFFAIRS	40 0				X			573,563	0	34,850
JOYCE JOHNSON SR VICE PRESIDENT	40 0				X			452,431	0	62,487
MICHAEL SACHTLEBEN VP/EXEC DIRECTOR-GPG	40 0				X			333,403	0	36,249
LINDA WINGER VP,PROF OF SVCS & RESEARCH	40 0				X			287,781	0	38,238
NADIM HADDAD DIRECTOR GI FELLOWSHIP	40 0					X		1,128,276	0	33,483

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			
LYNT JOHNSON CHAIR,DEPT OF SURGERY	40 0					X		927,083	0	38,528
THOMAS FISHBEIN DIVISION CHIEF	40 0					X		862,020	0	22,820
FIRAS AL-KAWAS CHIEF OF ENDOSCOPY	40 0					X		816,215	0	37,633
JOHN KLIMKIEWICZ DIRECTOR,DIVISION OF SPORTS	40 0					X		782,923	0	37,750

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
18015255	56,959,865	56,880,843	79,022	
MEDICAL/SURGICAL SUPPLIES	41,226,713	41,089,662	137,051	
BAD DEBT	29,563,542	29,563,542		
IMPLANTS/PROSTHESES	23,931,871	23,931,871		
MISCELLANEOUS	22,904,878	18,988,195	3,916,683	

Additional Data

Software ID:
Software Version:
EIN: 52-2218584
Name: The MedStar-Georgetown Medical Center Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
PENSION LIABILITY	14,323,762
ADVANCED REVENUE PAYMENTS	2,288
PATIENT SERVICE REFUNDS	3,129,300
CREDIT BALANCE REFUNDS	10,908,634
SALES TAXES PAYABLE	26,420
SECURITY DEPOSITS	3,148
WORKERS COMPENSATION FUNDS	4,484,423
SETTLEMENTS	3,579,773
REFUND	500
OTHER LIABILITIES	3,493,577
ASBESTOS ABATEMENT LIABILITY	3,544,293

Additional Data

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Name: The MedStar-Georgetown Medical Center Inc

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

This is a cost-to-ratio charge determined from our financial report

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

If it is determined that a patient may potentially qualify for a charitable/financial program, a hold is placed on the account to prevent it from being reported as bad debt until program approvals have been obtained If it is approved, the account is documented and the necessary adjustments are made to close the account

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

Not Applicable

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

The organization informs and educates its patients 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 by implementing the following instructive measures One of thse measures is posting a statement regarding financial assistance/charity care in admissions areas of the hospital Another is upon admission and upon discharge, patients are provided with written materials regarding their financial assistance/charity care eligibility In determining whether one is eligible, staff use methodology from our charity care policy In addition, at GUH staff is also available to explain qualifications should the patient and/or person desire more information and/or if the patient and/or person requesting financial assistance does not qualify for charity care Furthermore, staff at GUH will work with the patient and/or person to determine what other financial assistance options are available for that individual elsewhere and then assist with enrollment if needed

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

As a teaching hospital, GUH educates and mentors the next generation of health care professionals and leaders through resident, medical student, nursing and health technician education programs At GUH our teaching goes beyond that of our staff We educate our community as well through such events as community lectures For example, in FY 10 GUH held free educational community lectures on the topics of Deep Brain Stimulation, Kidney Cancer, Pancreatic Cancer, Movement Disorders, Spasticity, Radiology, and Prostate Cancer These lectures are well attended not only in the immediate Georgetown community but also by those residing in the greater Metropolitan Washington Area Another way we teach and inform our community at GUH is through screenings, mailings, and educational fairs/expos An example of this is our WUSA "Buddy Check 9" Program which focuses on breast cancer prevention providing educational kits to DC area women and local community groups In addition, in FY 2010 GUH sent educational kits to members of our community on such topics as Prostate Cancer, Pancreatic Cancer, Dialysis, Cyberknife, Liver Transplant, Vascular Disease, Deep Brain Stimulation (DBS), and Colonoscopy information Also, we held screenings on Prostate Cancer as well as participated in educational fairs/expos such as the Health and Resource Fair The Pediatrics KIDS Mobile Medical Clinic (KMMC), provides comprehensive medical care to medically underserved areas throughout Washington DC The KMMC delivers primary medical care to children including immunizations, sick visits, and psychiatric and specialty referrals Some exmaples of KMMG community benefits in FY 10 include Help the Homeless Walkathon, Health & Resource Fair, KMMC Healthcare on Wheels Health Fair, HSC Pediatric Center June Fair, and McHappy Day

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

As a proud member of MedStar Health, Georgetown University 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 Georgetown University Hospital with technical support to enhance community health programming MedStar's corporate philanthropy division offers resources and technical support in securing philanthropic investors to ensure health services are available to all patients, regardless of ability to pay