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DLN: 93493136040852

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)

OMB No 1545-0047

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

Open to Public Inspection

| For the             | 2010 ca                   | ılendar year, or tax year begi                       | nning 07-01-2010 and ending 06-30-20   | 11          |            |                            |           |                                  |
|---------------------|---------------------------|--|--|-------------|------------|----------------------------|-----------|----------------------------------|
| Check If            | applicable                | C Name of organization<br>Meritus Medical Center Inc |  |             |            | D Emp                      | loyer     | identification number            |
| Address             | change                    | Doing Business As                                    |  |             |            | 52-0                       | 0607      | 949                              |
| Name ch             | nange                     | Dolling Dusiliess As                                 |  |             |            | E Telep                    | hone      | number                           |
| Initial ref         | turn                      | Number and street (or P O box                        | ıf mail ıs not delivered to street address)  | Room/s      | suite      | (301                       | .)790     | 0-8872                           |
| Terminat            | ted                       | 11116 Medical Campus Road                            |  |             |            |                            |           |                                  |
| -<br>Amended        | d return                  | City or town, state or country, a                    | nd ZIP + 4   |             |            | <b>G</b> Gross             | receip    | ots \$ 303,228,089               |
| -<br>Application    | on pending                | Hagerstown, MD 21742                                 |  |             |            |                            |           |                                  |
|                     |                           | <b>F</b> Name and address of                         | principal officer  | H(a)        | Ic thic o  | group roturn               | for offil | ıates?                           |
|                     |                           | Joseph Ross  | •  | (4)         | 15 0 115 0 | gi oup recuir              | nor ann   | lates   Tes   TVO                |
|                     |                           | 11116 Medical Campus<br>Hagerstown, MD 21742         | Road   | H(b)        | Are all a  | affiliates in              | cluded    | Yes ▼ No                         |
|                     |                           | ,  |  | ı           |            |                            |           | t (see instructions)             |
| Tax-exe             | mpt status                | ▼ 501(c)(3)  | ◀ (insert no )   | H(c)        | Group      | exempt                     | ion n     | umber 🟲                          |
| Websit              | te:⊫ ww                   | w meritushealth com                                  |  |             |            |                            |           |                                  |
| Form of o           | rmanization               | Corporation Trust Associ                             | ation Other In-  | I Ves       | r of for   | nation 19                  | 204       | <b>M</b> State of legal domicile |
| Tolliford           | nganization               | 1 Corporation 1 Trust   Assoc                        | ation ) Other F  | L Tea       | 1 01 1011  | nation 13                  |           | MD                               |
| Part I              | Sum                       | mary   |  |             |            |                            |           |                                  |
|                     | Meritus                   | Medical Center, Inc (MMC) i                          | ssion or most significant activities<br>s an acute care hospital located in Hage<br>the panhandle of West Virginia | rstown, Ma  | arylan     | d and se                   | rves      | the residents of western         |
| <u> </u>            |                           |  |  |             |            |                            |           |                                  |
| 2                   |                           |  |  |             |            |                            |           |                                  |
| 2                   | Check th                  | nis box 🛏 if the organization                        | n discontinued its operations or disposed  | d of more t | han 25     | % of its                   | net       | assets                           |
|                     |                           | •  | erning body (Part VI, line 1a)   |             |            |                            | 3         | 8                                |
| 3<br>4<br>5<br>6    | Number                    | of independent voting membe                          | ers of the governing body (Part VI, line 1   | b)          |            | İ                          | 4         | 4                                |
| 5                   | Total nu                  | mber of individuals employed                         | ın calendar year 2010 (Part V, line 2a)  |             |            | •                          | 5         | 2,212                            |
| 6                   | Total nu                  | mber of volunteers (estimate                         | ıf necessary)  |             |            | İ                          | 6         | 370                              |
|                     | Total un                  | related business revenue fror                        | n Part VIII, column (C), line 12   |             |            | •                          | 7a        | 1,024,534                        |
| ь                   | Net unre                  | lated business taxable incom                         | ne from Form 990-T, line 34  |             |            | •                          | 7b        | -454,254                         |
|                     |                           |  |  |             | Prior      | Year                       |           | Current Year                     |
| 8                   | Contri                    | butions and grants (Part VIII                        | ., line 1 h)   |             |            | 458,                       | 483       | 450,488                          |
| 9<br>10             | Progra                    | ram service revenue (Part VIII, line 2g)             |  |             |            |                            | 585       | 276,520,687                      |
| <u>a</u> 10         | Invest                    | tment income (Part VIII, coli                        | ımn (A), lınes 3, 4, and 7d)   |             | 2,910,754  |                            | 7,175,560 |                                  |
| ¥   11              | Other                     | revenue (Part VIII, column (                         | A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |             |            | 1,157,                     | 188       | 1,133,628                        |
| 12                  |                           |  | 11 (must equal Part VIII, column (A), l  | ne          | 2          | 56,021,                    | ا ۱       | 285,280,363                      |
| 13                  |                           |  | art IX, column (A), lines 1–3)   |             |            | 112,                       | _         | 119,271                          |
| 14                  |                           |  | rt IX, column (A), line 4)   |             |            | 112,                       | -         | 0                                |
| 15                  |                           |  | oyee benefits (Part IX, column (A), lines  |             |            |                            | -         |                                  |
| &   13              | 5-10)                     |  | oyee benefits (Fart 1X, column (A), mes  | '           | 1          | 32,508,                    | 787       | 131,824,483                      |
| \$\frac{1}{6}   16a | Profes                    | sional fundraising fees (Part                        | IX, column (A), line 11e)  |             |            |                            |           | 0                                |
| ਨੂੰ   ਫ਼            | Total fu                  | ındraısıng expenses (Part IX, columr                 | n (D), line 25) <b>▶</b> 0   |             |            |                            |           |                                  |
| "   <sub>17</sub>   | Other                     | expenses (Part IX, column (A                         | A), lines 11a-11d, 11f-24f)  |             | 1          | 23,975,                    | 811       | 143,293,039                      |
| 18                  | Total                     | expenses Add lines 13-17 (                           | must equal Part IX, column (A), line 25)   |             | 2          | 56,597,                    | 501       | 275,236,793                      |
| 19                  | Reven                     | ue less expenses Subtract li                         | ne 18 from line 12   |             |            | -576,                      | 491       | 10,043,570                       |
| 9                   |                           |  |  | Beg         | _          | of Curre                   | nt        | End of Year                      |
| se-care 20 21 22    | Tabali                    | accate (Part V line 10)                              |  | <u> </u>    |            | <b>ar</b><br>35,961,       | 170       |                                  |
| 20<br>2 21          |                           |  |  |             |            | 33,361 <u>,</u><br>33,379, |           | 428,264,494                      |
|                     |                           |  | act line 21 from line 20   | <del></del> |            | 33,379,<br>02,581,         |           | 117,076,459                      |
| Part II             |                           | nature Block   | act line 21 hom line 20  | ·           | 1          | 02,301,                    | / 31      | 117,070,439                      |
| nder pen            | alties of pe<br>and belie | erjury, I declare that I have exa                    | mined this return, including accompanying<br>ate. Declaration of preparer (other than offi                         |             |            |                            |           |                                  |
|                     | ****                      |  |  |             | _          | 2-05-15                    |           |                                  |
| ign                 | [                         | ature of officer                                     |  |             | Dat        | e                          |           |                                  |
| lere                |                           | nond A Grahe VP/Treasurer<br>or print name and title |  |             |            |                            |           |                                  |
|                     | Print/Type                | •  | Drawarada arzustinis   | <b>.</b>    | 17         | heck if se                 | lf-       | D.T.W.                           |
| . 1 . 1             | preparer's                | s name   | Preparer's signature   | Date        |            | mployed                    |           | PTIN                             |
| aid                 | Firm's nai                | me • Meritus Medical Center                          |  |             |            |                            |           | Firm's EIN                       |
| reparer             | Firm's add                | dress • 251 East Antietam Street                     |  |             |            |                            |           | Dhama k                          |
| se Only             |                           | Hagerstown, MD 21740                                 |  |             |            |                            |           | Phone no 🕨                       |
| ay the I            | RS discus                 |  | er shown above? (see instructions) .   |             |            |                            |           | ⊤Yes ⊤No                         |

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

| Form                                      | 990 (20  | 2010)  | Page 2   |
|---|--|--|--|
| Pari                                      |  | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III  | F  |
| 1   | Briefly  | ly describe the organization's mission   |  |
| our ce<br>respe<br>comn<br>healt<br>excel | ommunit<br>ct we aff<br>nunity's<br>ncare thi<br>lence in  | n of MMC is to be the most effective provider of health services in our service area through (1) Leadership nity's healthcare needs (2) Accessibility of those services in partnership with our extended community (3 afford our patients, physicians, customers, and employees MMC will succeed in accomplishing its mission s preeminent quality healthcare provider via a five-part strategy. This strategy includes (1) Creating and through an integrated delivery system, (2) Forming a framework of partnerships and affiliations, (3) Establi in partnership with the medical community, (4) Providing excellent health education in cooperation with appreciation a health plan that assures a holistic approach to medical issues and coverage.  | B) The high level of of ensuring it is the enhancing regional shing centers of   |
|   |  |  |  |
| 2   | the prio   | ne organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ?   | Yes ┌ No   |
| 3   | service  |  | Yes 🔽 No   |
| 4   | Describ<br>Section   | s," describe these changes on Schedule O<br>ribe the exempt purpose achievements for each of the organization's three largest program services by exp<br>on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount<br>ations to others, the total expenses, and revenue, if any, for each program service reported  |  |
| 4a  | bringing Center I interver of highly given til perform surgery single-re allows b from sk chemotil treatme services and the week ac offers b conditio specializ Departn all Thei | less between the cardiac services to the community services in cardiac screening, diagnosis, intervention, and rehabilitation are reflected in the most up-to-date technologies to assist physicians in diagnosing and treating heart disease. The board certifies rentional cardiologists offer patients a highly specialized experience in structual heart disease and electrical heart malfunctions. The phy-trained nurses and technicians The Center for Clinical Research is a growing program that manages from fifteen to twenty actually the researchers are certified by the Association of Clinical Research Professionals. Physicians serve as the principal investigal mine the program has clearly demonstrated a decreased length of hospital stay and improved recovery rates The Family Birthing Centrom maternity care provides privacy and family bonding. The room is equipped for labor, delivery, postpartum, and newborn castosided nursing to assistance with the activities of daily living. They also can help with medication management issues The John Rotherapy, intensity modulated radiation therapy, and image guided radiation therapy. The center also offers MammoSite which dement for breat cancer patients in just five days Total Rehab Care is a comprehensive service providing a full range of rehabiliation res, traumatic brain injury rehab, outpatient therapies, inpatient joint replacement, occupational rehabiliation, and support groups herapists develop individualized treatment plans for every patient As a level III trauma service, the medical center offers twenty for access to trauma surgeons, neurosurgeons, and orthopedic surgeons, as well as a specialized trauma team and consulting physics is bariatire surgery which includes the most common procedures of gastric bypass and adjustable gastric banding. This can be a treation of morbid obesity. The Wound Center care is customized to each patient's unique situation to promote the healing process. The alizes in diabetic foot and leg ulcers, bone infections, preparation and preservation | offered Mentus Medical dicardiologists and y are supported by a team we research studies at any tors for the research studies by as well as the actual enter is a special place where it is a special place where it is a special care nursery il spectrum of care, ranging Marsh Cancer Center offers livers partial irradiation programs, including pediatric Skilled physicians, nurses, our hour a day, seven days a cans The Weight Loss Clinic attention for the lifelong is wound Center team. The vision of the Nursing on of quality healthcare for they believe that the |
| 4b  | (Code  | e ) (Expenses \$ including grants of \$ ) (Revenue \$  | )  |
|   |  |  |  |
| <b>4</b> c                                | (Code  | e ) (Expenses \$ including grants of \$ ) (Revenue \$  | )  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| 4d  |  | er program services (Describe in Schedule O ) enses \$ including grants of \$ ) (Revenue \$  | )  |

Total program service expenses►\$

211,307,119

| Part TV | Checklist | of Regu    | uired Sc | hedules   |
|---------|-----------|------------|----------|-----------|
|         | CIICCNIIS | . OI IXCUI | un cu o  | .iicuuics |

|     |  |     | 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 (see instruction)? 🕏   | 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   | Yes |     |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                | 5   |     | No  |
| 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? <i>If</i> "Yes," complete Schedule D, Part IV | 9   |     | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\bullet}$  | 10  | Yes |     |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |     |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |     |
| b   | 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.   | 11b |     | No  |
| C   | 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.   | 11c |     | No  |
| d   | 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.  | 11d | Yes |     |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   | 11e | Yes |     |
| f   | 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 (ASC 740)? If "Yes," complete Schedule D, Part X.            | 11f | Yes |     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a |     | No  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional                     | 12b | Yes |     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E  | 13  |     | No  |
|     | 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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV             | 14b |     | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.   | 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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)                                      | 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  |     | N o |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a | Yes |     |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                         | 20b | Yes |     |

| Par | t 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  |                | N o    |
| 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  | Yes            |        |
| 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            |        |
|     | 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 lines 24b-24d and complete Schedule K. If "No," go to line 25  | 24a | Yes            |        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |                | No     |
| 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 |                | No     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |                | No     |
| 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? <i>If "Yes," complete Schedule L, Part III </i> | 27  |                | No     |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |                |        |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a | Yes            |        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b | Yes            |        |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c | Yes            |        |
| 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  |                | No     |
| 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 $512(b)(13)$ ?   | 35  |                | No     |
| а   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Box$ Yes $\checkmark$ 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes            |        |
|     |  | F   | orm <b>990</b> | (2010) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

|    | Check if Schedule O contains a response to any question in this Part V   |            | . [ |          |
|----|--|------------|-----|----------|
|    |  |            | Yes | No       |
| а  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 219   |            |     |          |
| b  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0  |            |     |          |
| С  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         | Yes |          |
| a  | 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  |            |     |          |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Yes |          |
|    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |     |          |
| а  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 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 |          |
| a  | 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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |            |     |          |
| a  | 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       |
| С  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |     | Νo       |
| a  | 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         |     | No       |
| ,  | Organizations that may receive deductible contributions under section 170(c).  |            |     | 1        |
| а  | 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       |
|    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     | No       |
| С  | 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  |            |     |          |
| e  | Did the organization 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         |     | Νo       |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | No       |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     | No       |
| i  | 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       |
| 1  | Sponsoring organizations maintaining donor advised funds.  |            |     |          |
| а  | 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       |
| .0 | Section 501(c)(7) organizations. Enter  Instruction foce and control control to the control of t |            |     |          |
|    | Initiation fees and capital contributions included on Part VIII, line 12 10a   Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   10b  |            |     |          |
|    | facilities   |            |     |          |
|    | Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   |            |     |          |
|    | Gross income from members or snareholders  |            |     |          |
| _  | against amounts due or received from them )  |            |     | 1        |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     | No       |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |     |          |
|    | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     | 1        |
| а  | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a        |     | Νo       |
| b  | Enter the amount of reserves the organization is required to maintain by the states  |            |     |          |
| c  | In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  |            |     |          |
| 1- | Did the organization receive any nayments for indeer tanning corvices during the tay year?   | 14-        |     | N ~      |
|    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>14b |     | No<br>No |

**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.

| Se  | ection A. Governing Body and Management   |     |     |     |
|-----|---|-----|-----|-----|
|     |   |     | Yes | No  |
|     |   |     |     |     |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |     |     |     |
| b   | Enter the number of voting members included in line 1a, above, who are independent  |     |     |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | Yes |     |
| 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 governing documents since the prior Form 990 was filed?  | 4   |     | No  |
| 5   | Did the organization become aware during the year of a significant 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  |     |     |     |
| а   | 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  |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)   |     |     |     |
| KE  | evenue Code.)   |     | Yes | No  |
| 10a | Does the organization have local chapters, branches, or affiliates?   | 10a | 103 | No  |
|     | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,   | 100 |     | 110 |
| _   | affiliates, and branches to ensure their operations are consistent with those of the organization?  | 10b |     | No  |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Yes |     |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |     |     |     |
|     | 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 |     |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  | 12c | Yes |     |
| 13  | Does the organization have a written whistleblower policy?  | 13  | Yes |     |
| 14  | Does the organization have a written document retention and destruction policy?   | 14  | Yes |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |     |     |
| а   | The organization's CEO, Executive Director, or top management official  | 15a | Yes |     |
| b   | Other officers or key employees of the organization   | 15b | Yes |     |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )   |     |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a | Yes |     |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its   | 104 | 162 |     |
| J   | 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 | Yes |     |
| Se  | ection C. Disclosure  |     |     | I   |
| 17  |   |     |     |     |
|     | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)   |     |     |     |

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

☐ O wn website ☐ A nother's website ☐ U pon 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 Raymond A Grahe

11116 Medical Campus Road Hagerstown, MD 21742

(301)790-8872

# 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

- ◆ 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| <b>(A)</b><br>Name and Tıtle            | (B)<br>Average<br>hours<br>per                                | Posi<br>t                         | tion (<br>hat a       | (che    |              | I                            |        | ( <b>D)</b> Reportable compensation from the | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other compensation      |  |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|
|   | week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)           | from the organization and related organizations |  |
| (1) William Su MD<br>Director           | 20 00   | Х                                 |                       |         |              |                              |        | 135,506                                      | 0   | 0   |  |
| (2) Thomas Gilbert MD<br>Physician      | 50 00   |                                   |                       |         |              | х                            |        | 769,417                                      | 0   | 21,205  |  |
| (3) T Michael White<br>Vice President   | 50 00   |                                   |                       |         | х            |                              |        | 326,557                                      | 0   | 19,631  |  |
| (4) Rodney Shoop<br>Director            | 3 00  | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |  |
| (5) Raymond Grahe<br>VP/Treasurer       | 50 00   |                                   |                       | х       |              |                              |        | 288,799                                      | 0   | 27,880  |  |
| (6) Pamela Bradford MD<br>Director      | 3 00  | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |  |
| (7) Nancy Rothrock<br>Secretary         | 40 00   |                                   |                       | х       |              |                              |        | 77,124                                       | 0   | 11,313  |  |
| (8) Michael Zampelli<br>Vice President  | 10 00   |                                   |                       |         | х            |                              |        | 0  | 286,650   | 41,031  |  |
| (9) Matthew Wagner MD<br>Physician      | 50 00   |                                   |                       |         |              | х                            |        | 300,557                                      | 0   | 24,116  |  |
| (10) Mary Towe<br>Vice President        | 50 00   |                                   |                       |         | х            |                              |        | 188,540                                      | 0   | 15,200  |  |
| (11) Marc Kross MD<br>Director          | 3 00  | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |  |
| (12) Kelly Corbi<br>Vice President      | 50 00   |                                   |                       |         | Х            |                              |        | 181,442                                      | 0   | 19,673  |  |
| (13) Joseph Ross<br>President & CEO     | 3 00  | Х                                 |                       | х       |              |                              |        | 0  | 0   | 0   |  |
| (14) Jayantılal Kadıwar MD<br>Physician | 50 00   |                                   |                       |         |              | х                            |        | 420,662                                      | 0   | 19,023  |  |
| (15) James P Hamill<br>Former Pres      | 50 00   | х                                 |                       | х       |              |                              |        | 482,711                                      | 0   | 22,807  |  |
| (16) Gregory Snook<br>Chairman          | 3 00  | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |  |

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

|                    |  |   |   |                       |         |              |                              |          | <u>.</u>                                     |   |   |  |   |
|--------------------|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|--|---|
|                    | (A)<br>Name and Title  | (B)<br>Average<br>hours   | (C)<br>Position (check all<br>that apply) |                       |         |              |                              |          | (D)<br>Reportable<br>compensation            | (E) Reportable compensation                           |   | ( <b>F</b> )<br>Estima<br>amount o                   | ted<br>f other                          |
|                    |  | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director         | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former   | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) |   | compens<br>from t<br>rganizati<br>relate<br>organiza | he<br>on and<br>ed                      |
| (17) G<br>Physici  | arry Seligman MD<br>an   | 50 00   |   |                       |         |              | х                            |          | 216,108                                      |   | o |  | 20,445                                  |
|                    | eborah Addo-Samuels<br>esident   | 50 00   |   |                       |         | х            |                              |          | 203,620                                      |   | 0 |  | 18,455                                  |
|                    | ynthia Pellegrino<br>nairman   | 3 00  | х   |                       |         |              |                              |          | 0  |   | 0 |  | 0                                       |
|                    | arolyn Sımonsen<br>esident   | 50 00   |   |                       |         | х            |                              |          | 182,404                                      |   | 0 |  | 11,894                                  |
| ` '                | arey Leverett<br>esident   | 50 00   |   |                       |         | х            |                              |          | 175,448                                      |   | 0 |  | 18,321                                  |
| (22) Ba            | arbara Miller<br>r   | 3 00  | х   |                       |         |              |                              |          | 0  |   | 0 |  | 0                                       |
| (23) Ad<br>Physici | driana Maldonaldo-Brem<br>an   | 50 00   |   |                       |         |              | х                            |          | 189,166                                      |   | 0 |  | 28,360                                  |
|                    |  |   |   |                       |         |              |                              |          |  |   |   |  |   |
|                    |  |   |   |                       |         |              |                              |          |  |   |   |  |   |
| 1b                 |  |   |   |                       |         |              |                              | Þ        |  |   |   |  |   |
| d                  | Total from continuation sheets:  Total (add lines 1b and 1c) .   | to Part VII, Sec  |   |                       |         |              | <u> </u>                     | <b> </b> | 4,138,061                                    | 286,650   | + |  | 319,354                                 |
| 2                  | Total number of individuals (incli<br>\$100,000 in reportable compens  | udıng but not lın   | nıted to                                  | thos                  | e lıs   | ted a        | above                        |          |  | •   |   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| -                  |  |   |   |                       |         |              |                              |          |  |   |   | Yes  | No                                      |
|                    | Did the organization list any <b>forr</b><br>on line 1a? <i>If</i> "Yes," complete Sch   |   |   |                       |         | ey e<br>•    | mploy<br>•                   | ee, o    | r highest compens                            | ated employee   | 3 |  | No                                      |
|                    | 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  |   |   |  |   |
|                    | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person                       |   |   |                       |         |              |                              | 5        |  | No  |   |  |   |

# Section B. Independent Contractors

\$100,000 in compensation from the organization  $\blacktriangleright$ 37

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

|  | (A)<br>Name and business address                              | (B) Description of services | (C)<br>Compensation |
|--|---|-----------------------------|---------------------|
| Neurosurgical Specialists LLC<br>1150 Professional Court<br>Hagerstown, MD 21740   |   | Medical                     | 497,434             |
| Hagerstown Heart PA<br>1733 Howell Road<br>Hagerstown, MD 21740                    |   | Medical                     | 465,045             |
| EmCare Inc<br>7032 Collection Center Drive<br>Chicago, IL 60693                    |   | Medical                     | 898,437             |
| Blue Ridge Anesthesia Associates LLC<br>119 King Street<br>Hagerstown, MD 21740    |   | Medical                     | 1,533,757           |
| Associates in Medical Physics<br>7505 Greenway Center Drive<br>Greenbelt, MD 20770 |   | Medical                     | 488,905             |
| 2 Total number of independent  | contractors (including but not limited to those listed above) | ) who received more than    |                     |

| Form 99<br><b>Part \</b>                                  |                   | •  |   |   |   |  | Pag                                     | e <b>9</b> |
|---|-------------------|--|---|---|---|--|---|------------|
| <b>2</b> 311 <b>4</b>                                     | <b>/</b>          | Statement of Reven   | ue  |   | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue |            |
| Contributions, giffs, grants<br>and other similar amounts | b<br>d<br>e<br>f  | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in I | 1c . 1d  1e ., and 1f e nes 1a-1f \$              | 54,125  | 450,488   |  |   |            |
| Program Service Revenue                                   | 2a<br>b<br>c<br>d | Wellness Pharmacy  Patient revenue Other revenue Cafeteria sales   |   | Business Code<br>900099<br>900099<br>900099<br>900099 | 109,725<br>105,925<br>273,822,984<br>1,117,066<br>1,244,532 | 105,925<br>273,822,984<br>1,117,066                |   |            |
| Progra  | g<br>3            | Total. Add lines 2a-2f.  Investment income (including and other similar amounts)  Income from investment of tax-exe.  Royalties  | ng dividends, interest  empt bond proceeds        |   | 120,455<br>276,520,687<br>5,682,950<br>0                    |  |   | 5,682,95   |
|   | b<br>c            | Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)   | (I) Real 109,094 109,094                          | (II) Personal   | 109,094   | 109,094  |   |            |
|   | b<br>c            | Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)   | (i) Securities 19,650,415  17,947,726  1,702,689▶ | (II) O ther<br>-210,079                               | 1,492,610   |  |   | 1,492,61   |
|   | b                 | Gross income from fundraisi (not including  \$ of contributions reported on See Part IV, line 18  Less direct expenses .  Net income or (loss) from fu   | line 1c)<br>. a<br>b                              |   | 0   |  |   |            |
|   | b<br>c<br>10a     | Less direct expenses .  Net income or (loss) from ga  Gross sales of inventory, les returns and allowances .   | a a   |   | 0   |  |   |            |
|   | 11a               |  | les of inventory F                                | Business Code<br>722210<br>541700                     | 539,597<br>484,937  |  | 539,597<br>484,937                      |            |
|   | e                 | I All other revenue : Total. Add lines 11a-11d  Total revenue. See Instructi   |   |   | 1,024,534<br>285,280,363                                    | 276,629,781  | 1,024,534<br>m <b>990</b> (20           |            |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| 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). |  |                                |                             |                                 |                         |  |  |  |  |
|--|--|--------------------------------|-----------------------------|---------------------------------|-------------------------|--|--|--|--|
|  |  |                                | (B) (C), and (              | D).                             | (D)                     |  |  |  |  |
|  | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | ( <b>A</b> )<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>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  | 119,271                        | 119,271                     |                                 |                         |  |  |  |  |
| 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   | 4,012,261                      |                             | 4,012,261                       |                         |  |  |  |  |
| 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   | 99,863,747                     | 79,890,998                  | 19,972,749                      |                         |  |  |  |  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 0                              |                             |                                 |                         |  |  |  |  |
| 9  | Other employee benefits  | 20,044,961                     | 16,035,969                  | 4,008,992                       |                         |  |  |  |  |
| 10   | Payroll taxes  | 7,903,514                      | 6,322,811                   | 1,580,703                       | _                       |  |  |  |  |
| а  | Fees for services (non-employees) Management   | 0                              | ·                           |                                 |                         |  |  |  |  |
| ь  | Legal  | 309,957                        | 247,966                     | 61,991                          |                         |  |  |  |  |
| С  | Accounting   | 233,580                        | 186,864                     | 46,716                          |                         |  |  |  |  |
| d  | Lobbying   | 15,430                         | 15,430                      |                                 |                         |  |  |  |  |
| е  | Professional fundraising services See Part IV, line 17   | 0                              |                             |                                 |                         |  |  |  |  |
| f  | Investment management fees   | 99,218                         | 79,374                      | 19,844                          |                         |  |  |  |  |
| g  | Other  | 15,480,896                     | 12,384,717                  | 3,096,179                       |                         |  |  |  |  |
| 12   | Advertising and promotion  | 685,891                        | 548,713                     | 137,178                         |                         |  |  |  |  |
| 13   | Office expenses  | 1,255,332                      | 1,004,266                   | 251,066                         |                         |  |  |  |  |
| 14   | Information technology   | 1,715,919                      | 1,372,735                   | 343,184                         |                         |  |  |  |  |
| 15   | Royalties  | 0                              |                             |                                 |                         |  |  |  |  |
| 16   | Occupancy  | 4,409,854                      | 3,527,883                   | 881,971                         |                         |  |  |  |  |
| 17   | Travel   | 585,684                        | 468,547                     | 117,137                         |                         |  |  |  |  |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                              |                             |                                 |                         |  |  |  |  |
| 19   | Conferences, conventions, and meetings   | 121,922                        | 97,538                      | 24,384                          |                         |  |  |  |  |
| 20   | Interest   | 8,909,404                      | 5,345,642                   | 3,563,762                       |                         |  |  |  |  |
| 21   | Payments to affiliates   | 327,110                        | 261,688                     | 65,422                          |                         |  |  |  |  |
| 22   | Depreciation, depletion, and amortization  | 19,587,835                     | 11,752,701                  | 7,835,134                       |                         |  |  |  |  |
| 23   | Insurance  | 1,370,882                      | 1,096,706                   | 274,176                         |                         |  |  |  |  |
| 24   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) |                                |                             |                                 |                         |  |  |  |  |
| а  | Purchased linen service  | 759,375                        | 607,500                     | 151,875                         |                         |  |  |  |  |
| ь  | Prov for uncollectible acc   | 12,904,290                     | 10,323,432                  | 2,580,858                       |                         |  |  |  |  |
| С  | Physician fees   | 8,696,248                      | 6,956,998                   | 1,739,250                       |                         |  |  |  |  |
| d  | Medical supplies   | 59,732,777                     | 47,786,222                  | 11,946,555                      |                         |  |  |  |  |
| е  | Equipment maintenance  | 3,238,006                      | 2,590,405                   | 647,601                         |                         |  |  |  |  |
| f  | All other expenses   | 2,853,429                      | 2,282,743                   | 570,686                         |                         |  |  |  |  |
| 25   | Total functional expenses. Add lines 1 through 24f   | 275,236,793                    | 211,307,119                 | 63,929,674                      | 0                       |  |  |  |  |
| 26   | <b>Joint costs.</b> Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the  |                                |                             |                                 |                         |  |  |  |  |
|  | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  |                                |                             |                                 | <b>000</b> (2010)       |  |  |  |  |

| Pa            | rt X | Balance Sheet  |                                   |             |                          |             |                           |  |
|---------------|------|--|-----------------------------------|-------------|--------------------------|-------------|---------------------------|--|
|               |      |  |                                   |             | (A)<br>Beginning of year |             | <b>(B)</b><br>End of year |  |
|               | 1    | Cash—non-interest-bearing  |                                   |             |                          | 1           | 0                         |  |
|               | 2    | Savings and temporary cash investments   | 19,955,626                        | 2           | 17,126,778               |             |                           |  |
|               | 3    | Pledges and grants receivable, net   |                                   |             | 3                        | 0           |                           |  |
|               | 4    | Accounts receivable, net   |                                   | 32,272,912  | 4                        | 37,340,076  |                           |  |
|               | 5    | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of   | employees, and                    |             |                          |             |                           |  |
|               |      | Schedule L   |                                   | 5           | 0                        |             |                           |  |
|               | 6    | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) | mploy                             | ers, and    |                          |             |                           |  |
| \$            |      | Schedule L   |                                   |             | 6                        | 0           |                           |  |
| ssets         | 7    | Notes and loans receivable, net  |                                   | 6,069,111   | 7                        | 4,546,136   |                           |  |
| ⋖             | 8    | Inventories for sale or use  |                                   |             | 5,534,418                | 8           | 6,270,491                 |  |
|               | 9    | Prepaid expenses and deferred charges  | aid expenses and deferred charges |             |                          |             |                           |  |
|               | 10a  | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>   | 10a                               | 350,725,287 |                          |             |                           |  |
|               | ь    | Less accumulated depreciation  | 10b                               | 77,398,922  | 242,146,761              | 10c         | 273,326,365               |  |
|               | 11   | Investments—publicly traded securities   | 24,228,879                        | 11          | 33,868,350               |             |                           |  |
|               | 12   | Investments—other securities See Part IV, line 11  |                                   | 12          | 0                        |             |                           |  |
|               | 13   | Investments—program-related See Part IV, line 11   |                                   | 13          | 0                        |             |                           |  |
|               | 14   | Intangible assets  |                                   | 14          | 0                        |             |                           |  |
|               | 15   | Other assets See Part IV, line 11  |                                   |             | 100,157,838              | 15          | 50,442,168                |  |
|               | 16   | Total assets. Add lines 1 through 15 (must equal line 34) .  |                                   |             | 435,961,170              | 16          | 428, 264, 494             |  |
|               | 17   | Accounts payable and accrued expenses .  |                                   |             | 55, 138, 183             | 17          | 38,853,319                |  |
|               | 18   | Grants payable   |                                   |             |                          | 18          |                           |  |
|               | 19   | Deferred revenue   |                                   |             |                          | 19          |                           |  |
|               | 20   | Tax-exempt bond liabilities  |                                   |             | 262,903,342              | 20          | 263,026,204               |  |
| - S           | 21   | Escrow or custodial account liability Complete Part IV of Schedu   | le D                              |             |                          | 21          |                           |  |
| bilities      | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified   |                                   |             |                          |             |                           |  |
| Lia           |      | persons Complete Part II of Schedule L   |                                   |             |                          | 22          |                           |  |
|               | 23   | Secured mortgages and notes payable to unrelated third parties   | s .                               | •           | 10,158,902               | 23          | 6,477,567                 |  |
|               | 24   | Unsecured notes and loans payable to unrelated third parties   |                                   |             |                          | 24          |                           |  |
|               | 25   | Other liabilities Complete Part X of Schedule D  |                                   |             | 5,179,012                | 25          | 2,830,945                 |  |
|               | 26   | Total liabilities. Add lines 17 through 25   |                                   |             | 333,379,439              | 26          | 311,188,035               |  |
| - N           |      | Organizations that follow SFAS 117, check here ▶ 🔽 and com   | plete                             | lines 27    |                          |             |                           |  |
| <u>9</u>      |      | through 29, and lines 33 and 34.   |                                   |             |                          |             | n                         |  |
| <u>8</u>      | 27   | Unrestricted net assets  |                                   |             | 97,723,567               | 27          | 110,748,543               |  |
| ũ             | 28   | Temporarily restricted net assets  |                                   | 3,829,546   | 28                       | 5,299,298   |                           |  |
| 덛             | 29   | Permanently restricted net assets  | 1,028,618                         | 29          | 1,028,618                |             |                           |  |
| Fund Balances |      | Organizations that do not follow SFAS 117, check here ► a  | nd cor                            | nplete      |                          |             |                           |  |
| ō             |      | lines 30 through 34.   |                                   |             |                          |             |                           |  |
|               | 30   | Capital stock or trust principal, or current funds   |                                   |             |                          | 30          |                           |  |
| Assets        | 31   | Paid-in or capital surplus, or land, building or equipment fund  |                                   |             | 31                       |             |                           |  |
|               | 32   | Retained earnings, endowment, accumulated income, or other for   | ınds                              |             |                          | 32          |                           |  |
| ¥             | 33   | Total net assets or fund balances  |                                   | 102,581,731 | 33                       | 117,076,459 |                           |  |
|               | 34   | Total liabilities and net assets/fund balances   |                                   |             | 435,961,170              | 34          | 428,264,494               |  |

| Ра  | Check if Schedule O contains a response to any question in this Part XI   |          |    | . [~  |        |
|-----|---|----------|----|-------|--------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |    | 205 1 | 200 26 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        |    |       |        |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3        |    |       | 043,57 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4        |    | 102,5 | 581,73 |
| 5   | O ther changes in net assets or fund balances (explain in Schedule O )  | 5        |    | 4,4   | 151,15 |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6        |    | 117,0 | 76,45  |
| Pai | rt XIII Financial Statements and Reporting  |          |    |       |        |
|     | Check if Schedule O contains a response to any question in this Part XII  |          | •  | ୮     |        |
|     |   |          |    | 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 o 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 Schedule O |          |    | v     |        |
|     |   | •        | 2c | Yes   |        |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  | issued   |    |       |        |
|     | Separate basis Consolidated basis Both consolidated and separated basis   |          |    |       |        |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t<br>Single Audit Act and OMB Circular A-133?   | he       | За |       | No     |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | required | 3b |       | No     |

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DLN: 93493136040852

OMB No 1545-0047

# **SCHEDULE A**

Name of the organization

(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.

Inspection

**Employer identification number** 

Meritus Medical Center Inc 52-0607949 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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) (iii)

| (i)<br>Name of<br>supported<br>organization | <b>(ii)</b><br>EIN | Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | on in<br>ted in<br>rning | (v) Did you notify the organization in col (i) of your support? |    | Did you notify the<br>organization in<br>col (i) of your |    | (vi) Is the organization in col (i) organized in the US? |  | (vii)<br>A mount of<br>support |
|---|--------------------|---|--|--------------------------|---|----|--|----|--|--|--------------------------------|
|   |                    | instructions))  | Yes  | No                       | Yes   | No | Yes  | No |  |  |                                |
|   |                    |   |  |                          |   |    |  |    |  |  |                                |
|   |                    |   |  |                          |   |    |  |    |  |  |                                |
|   |                    |   |  |                          |   |    |  |    |  |  |                                |
| =   |                    |   |  |                          |   |    |  |    |  |  |                                |
|   |                    |   |  |                          |   |    |  |    |  |  |                                |
| Total                                       |                    |   |  |                          |   |    |  |    |  |  |                                |

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u> </u> | ection A. Public Support   |                    | and to quanty t    |                     |                      | Jaco complete    |                  |
|----------|--|--------------------|--------------------|---------------------|----------------------|------------------|------------------|
|          | endar year (or fiscal year beginning   |                    |                    |                     |                      |                  |                  |
| Care     | in)  | <b>(a)</b> 2006    | <b>(b)</b> 2007    | <b>(c)</b> 2008     | <b>(d)</b> 2009      | <b>(e)</b> 2010  | <b>(f)</b> Total |
| 1        | Gifts, grants, contributions, and  |                    |                    |                     |                      |                  |                  |
|          | membership fees received (Do not   |                    |                    |                     |                      |                  |                  |
|          | ınclude 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   |                    |                    |                     |                      |                  |                  |
| Ū        | line 4   |                    |                    |                     |                      |                  |                  |
| S        | ection B. Total Support  |                    | <u> </u>           | <b>I</b> I.         |                      |                  |                  |
|          | endar year (or fiscal year beginning   |                    |                    |                     |                      |                  |                  |
|          | ın) <b>&gt;</b>  | <b>(a)</b> 2006    | <b>(b)</b> 2007    | <b>(c)</b> 2008     | <b>(d)</b> 2009      | <b>(e)</b> 2010  | <b>(f)</b> Total |
| 7        | A mounts from line 4   |                    |                    |                     |                      |                  |                  |
| 8        | Gross income from interest,  |                    |                    |                     |                      |                  |                  |
| Ū        | dividends, payments received on  |                    |                    |                     |                      |                  |                  |
|          | securities loans, rents, royalties   |                    |                    |                     |                      |                  |                  |
|          | and income from similar  |                    |                    |                     |                      |                  |                  |
|          | sources  |                    |                    |                     |                      |                  |                  |
| 9        | Net income from unrelated  |                    |                    |                     |                      |                  |                  |
|          | business activities, whether or  |                    |                    |                     |                      |                  |                  |
|          | not the business is regularly  |                    |                    |                     |                      |                  |                  |
|          | carried on   |                    |                    |                     |                      |                  |                  |
| 10       | Other income Do not include gain   |                    |                    |                     |                      |                  |                  |
|          | or loss from the sale of capital   |                    |                    |                     |                      |                  |                  |
|          | assets (Explain in Part IV )   |                    |                    |                     |                      |                  |                  |
| 11       | Total support (Add lines 7   |                    |                    |                     |                      |                  |                  |
|          | through 10)  |                    |                    |                     |                      |                  |                  |
| 12       | Gross receipts from related activiti   | es, etc (See inst  | ructions )         |                     |                      | 12               |                  |
| 13       | First Five Years If the Form 990 is t  | for the organizati | on's first, second | , thırd, fourth, or | fifth tax year as a  | 501(c)(3) organı |                  |
|          | check this box and <b>stop here</b>  |                    |                    |                     |                      |                  | <b>►</b>         |
|          | -tiC Ct-ti   | L'a Carana at B    |                    |                     |                      |                  |                  |
| <u> </u> | ection C. Computation of Pub Public Support Percentage for 2010              |                    |                    | 11 column (f))      |                      |                  |                  |
|          | · ·  |                    | •                  | II Column (1))      |                      | 14               |                  |
| 15       | Public Support Percentage for 2009   | Schedule A, Pa     | rt II, line 14     |                     |                      | 15               |                  |
| 16a      | <b>33 1/3% support test—2010.</b> If the                                     |                    |                    |                     | line 14 is 33 1/3%   | or more, check   |                  |
| _        | and <b>stop here.</b> The organization qua                                   |                    |                    |                     |                      |                  | <b>▶</b> □       |
| b        | <b>33 1/3% support test—2009.</b> If the                                     |                    |                    |                     | 5a, and line 15 is 3 | 33 1/3% or more, | - <del>-</del>   |
|          | box and <b>stop here.</b> The organization                                   |                    |                    |                     | 45.46                |                  | <b>►</b>         |
| 1/a      | 10%-facts-and-circumstances test-  |                    |                    |                     |                      |                  |                  |
|          | is 10% or more, and if the organization made                                 |                    |                    |                     |                      |                  | rt a d           |
|          | in Part IV how the organization mee  | ts the "racts and  | circumstances"     | test ine organiz    | ration qualifies as  | a publicly suppo |                  |
| L        | organization   | _2000 If+ba a      | anization did not  | chack a hay an l    | no 12 165 166 -      | r 17a and line   | <b>►</b> □       |
| D        | <b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ |                    |                    |                     |                      |                  |                  |
|          | Explain in Part IV how the organization                                      |                    |                    |                     |                      |                  | v                |
|          | supported organization   | aon meets the 10   | acts and circuilis | tances test file    | z organizacion qual  | mes as a publici | y<br>▶[¯         |
| 18       | Private Foundation If the organizati   | on did not check   | a box on line 13   | . 16a. 16b. 17a o   | r 17b, check this    | box and see      | - 1              |
|          | instructions   | on ala not check   | a box on fine 15   | , 100, 100, 1700    | I by check tills     | SON GING SCC     | <b>▶</b> □       |

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136040852

### OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

|  | ction 501(c)(4), (5), or (6) organ<br>me of the organization   | Zationo Complete i art iii  |   | Employer   | dentification number  |  |  |
|--|--|---|---|--|---|--|--|
|  | ritus Medical Center Inc   |   |   |  |   |  |  |
| Par  | t I-A Complete if the or   | ganization is exempt und  | er section 501(   | 52-06079<br>c) or is a section 5   |   |  |  |
| 1  | -  | ganization's direct and indirect p  |   |  |   |  |  |
| 2  | Political expenditures   | gamzation 3 ander and mander p  | oncical campaign ac   |  | ¢   |  |  |
| 3  | Volunteer hours  |   |   | r  | Ψ   |  |  |
|  |  |   |   |  |   |  |  |
|  |  | ganization is exempt und  |   |  |   |  |  |
| 1  |  | e tax incurred by the organizatior  |   |  | <b>-</b> \$   |  |  |
| 2  |  | e tax incurred by organization ma   |   | n 4955 <b>i</b>  | * \$  |  |  |
| 3  |  | section 4955 tax, did it file Form  | 4720 for this year?   |  | ☐ Yes     No  |  |  |
| 4a   | Was a correction made?   |   |   |  | ☐ Yes      No   |  |  |
| b  | If "Yes," describe in Part IV  |   |   |  |   |  |  |
| Par  | <u>-</u>   | ganization is exempt und  | _   |  | 501(c)(3).  |  |  |
| 1  |  | ended by the filing organization fo   |   |  | <b>-</b> \$   |  |  |
| 2  | Enter the amount of the filing of exempt funtion activities  | organization's funds contributed t  | o other organization  | s for section 527  | - \$  |  |  |
| 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b |  |   |   |  |   |  |  |
| 3  | Total exempt function expend   | tures Add lines 1 and 2 Enter h   | ere and on Form 112   | 20-POL, line 17b   | <b>•</b> \$   |  |  |
| 4  | Did the filing organization file   | Form 1120-POL for this year?  |   |  | \$ Yes \[ \bigcap \text{No}   |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio                                  |   | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered                          | n 527 political organizat<br>om the filing organizatio<br>to a separate political o  | ions to which the filing<br>n's funds Also enter the<br>organization, such as a   |  |  |
|  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio                                  | Form 1120-POL for this year?<br>nd employer identification numbe<br>For each organization listed, ente<br>ns received that were promptly a                            | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered                          | n 527 political organizat<br>om the filing organizatio<br>to a separate political o  | nons to which the filing on's funds Also enter the organization, such as a rmation in Part IV  (e) A mount of political contributions receive |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |
| 4  | Did the filing organization file<br>Enter the names, addresses a<br>organization made payments<br>amount of political contributio<br>separate segregated fund or a | Form 1120-POL for this year?  nd employer identification numbe  For each organization listed, ente  ns received that were promptly a  political action committee (PAC | r (EIN) of all section<br>or the amount paid fr<br>nd directly delivered<br>) If additional space | n 527 political organization the filing organizatio to a separate political or is needed, provide information (d) Amount paid fro filing organization. | m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,           |  |  |

| Р  | art II-A Complete if the organization under section 501(h)).                              | is exempt under section 501(c)(3)   | and filed Form 5768                     | (election                                |  |  |  |
|----|---|---|---|--|--|--|--|
|    | Check If the filing organization belongs to a Check If the filing organization checked bo | n affiliated group<br>x A and "limited control" provisions apply                    |   |  |  |  |  |
|    | Limits on Lobbying E<br>(The term "expenditures" means ar                                 |   | (a) Filing<br>O rganization's<br>Totals | <b>(b)</b> Affiliated<br>Group<br>Totals |  |  |  |
| 1a | Total lobbying expenditures to influence public o   | pınıon (grass roots lobbyıng)   |   |  |  |  |  |
| b  | Total lobbying expenditures to influence a legisl   |   |   |  |  |  |  |
| C  | Total lobbying expenditures (add lines 1a and 1   | o)  |   |  |  |  |  |
| d  | O ther exempt purpose expenditures  |   |   |  |  |  |  |
| е  | Total exempt purpose expenditures (add lines 1  | c and 1d)   |   |  |  |  |  |
| f  | Lobbying nontaxable amount Enter the amount to columns                                    | bbying nontaxable amount Enter the amount from the following table in both<br>lumns |   |  |  |  |  |
|    | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |  |  |  |
|    | Not over \$500,000  | 20% of the amount on line 1e  |   |  |  |  |  |
|    | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000                                     |   |  |  |  |  |
|    | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000                                   |   |  |  |  |  |
|    | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000                                    |   |  |  |  |  |
|    | Over \$17,000,000   | \$1,000,000   |   |  |  |  |  |
|    | Grassroots nontaxable amount (enter 25% of lir  | e 1f)   |   |  |  |  |  |
| h  | Subtract line 1g from line 1a If zero or less, ent  | er -0 -   |   |  |  |  |  |
| i  | Subtract line 1f from line 1c If zero or less, ente                                       | r-0-  |   |  |  |  |  |
| j  | If there is an amount other than zero on either lii<br>section 4911 tax for this year?    | ne 1h or line 1i, did the organization file Form                                    | 4720 reporting                          | ┌ Yes ┌ No                               |  |  |  |

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

|    | Lobbying Expendit  | ures During 4   | 4-Year Avera    | ging Period     |                 |           |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------|
|    | Calendar year (or fiscal year<br>beginning in)             | <b>(a)</b> 2007 | <b>(b)</b> 2008 | <b>(c)</b> 2009 | <b>(d)</b> 2010 | (e) Total |
| 2a | Lobbying non-taxable amount                                |                 |                 |                 |                 |           |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |           |
| c  | Total lobbying expenditures                                |                 |                 |                 |                 |           |
| d  | Grassroots non-taxable amount                              |                 |                 |                 |                 |           |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |           |
| f  | Grassroots lobbying expenditures                           |                 |                 |                 |                 |           |

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

|     | (election under section 501(n)).   | (     | (a)      |      | (b)   |       |
|-----|--|-------|----------|------|-------|-------|
|     |  | Yes   | No       | ١,   | Amoun | ıt    |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |       |          |      |       |       |
| а   | Volunteers?  |       | Νo       |      |       |       |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |       | Νo       |      |       |       |
| C   | Media advertisements?  |       | No       |      |       |       |
| d   | Mailings to members, legislators, or the public?   |       | Νo       |      |       |       |
| е   | Publications, or published or broadcast statements?  |       | No       |      |       |       |
| f   | Grants to other organizations for lobbying purposes?   |       | No       |      |       |       |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |       | No       |      |       |       |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  | Yes   |          |      |       |       |
| i   | Other activities? If "Yes," describe in Part IV  | Yes   |          |      | 1     | 5,430 |
| j   | Total lines 1c through 1:  |       |          |      | 1     | 5,430 |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |       | Νo       |      |       |       |
| b   | If "Yes," enter the amount of any tax incurred under section 4912  |       |          | 7    |       |       |
| С   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |       |          |      |       |       |
| d   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |       | Νo       |      |       |       |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | 501(c | :)(5),   | or s | ectio | n     |
|     |  |       |          |      | Yes   | No    |
| 1   | Were substantially all (90% or more) dues received nondeductible by members?   |       |          | 1    |       |       |
| 2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |       |          | 2    |       |       |
| 3   | Did the organization agree to carryover lobbying and political expenditures from the prior year?   |       |          | 3    |       |       |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".   |       |          |      | ectio | n     |
| 1   | Dues, assessments and similar amounts from members   | 1     |          |      |       |       |
| 2   | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |       |          |      |       |       |
| а   | Current year   | 2a    | <u> </u> |      |       |       |
| b   | Carryover from last year   | 2b    |          |      |       |       |
| С   | Total  | 2c    |          |      |       |       |
| 3   | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3     |          |      |       |       |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and                    |       |          |      |       |       |
| _   | political expenditure next year?   | 4     |          |      |       |       |
| _5_ | Taxable amount of lobbying and political expenditures (see instructions)   | 5     |          |      |       |       |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136040852

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

Open to Public

| tema   | l Revenue Service                        | ► Attach to Fo  | orm 990. ► See separate instructions.   |          |                     | Inspec             | tion      |
|--------|--|---|---|----------|---------------------|--------------------|-----------|
|        | me of the organi                         |   |   | Emp      | oyer identific      | cation numb        | er        |
| мег    | ritus Medical Center I                   | inc   |   | 52-0     | 0607949             |                    |           |
| Pa     |  |   | dvised Funds or Other Similar Fu  |          |                     | <b>s.</b> Comple   | te if the |
|        | organiz                                  | ation answered "Yes" to Form 99   | 0, Part IV, line 6.  (a) Donor advised funds  | •        | <b>b)</b> Funds and | other acce         | ınta      |
| 1      | Total number at                          | t end of year   | (a) Donor advised funds   |          | רם רעוועS allu      | other accou        | 1111.5    |
| •      |  | ributions to (during year)  |   |          |                     |                    |           |
| -<br>3 | Aggregate gran                           |   |   |          |                     |                    |           |
| 1      | Aggregate value                          | • • •   |   |          |                     |                    |           |
| 5      |  |   | sors in writing that the assets held in don organization's exclusive legal control?   | or advı  | sed                 | ┌ Yes              | ┌ No      |
| 5      | used only for cl                         |   | donor advisors in writing that grant funds<br>efit of the donor or donor advisor, or for ar   |          |                     | ┌ Yes              | ┌ No      |
| Pai    | rt III Consei                            | rvation Easements. Complete   | ıf the organızatıon answered "Yes" t  | o Form   | n 990, Part I       | [V, line 7.        |           |
| 2      | Preservation Preservation Complete lines | onservation easements held by the or<br>on of land for public use (e g , recreating<br>of natural habitat<br>on of open space<br>2a-2d if the organization held a qualing<br>the last day of the tax year |   | ertified | i historic stru     |                    | ea        |
|        |  |   | [   |          | Held at th          | e End of the       | Year      |
| а      | Total number o                           | f conservation easements  |   | 2a       |                     |                    |           |
| b      | Total acreage r                          | estricted by conservation easements   |   | 2b       |                     |                    |           |
| C      |  | servation easements on a certified his  | ` '   | 2c       |                     |                    |           |
| d      | Number of cons                           | servation easements included in (c) a   | equired after 8/17/06   | 2d       |                     |                    |           |
| 3      |  | servation easements modified, transfe<br>ar 🕨   | rred, released, extinguished, or terminate  | d by th  | e organızatıoı      | n during           |           |
| 1      | Number of state                          | es where property subject to conserva   | ation easement is located ►   |          |                     |                    |           |
| 5      |  | ization have a written policy regarding<br>the conservation easements it holds  | g the periodic monitoring, inspection, hand   | dling of | violations, ar      | nd<br><b>┌ Yes</b> | ┌ No      |
| 5      | Staff and volun                          | teer hours devoted to monitoring, insp  | pecting and enforcing conservation easem  | ents dı  | ırıng the year      | <b>*</b>           |           |
| 7      | A mount of expe                          | enses incurred in monitoring, inspecti  | ng, and enforcing conservation easements  | during   | the year 🟲 \$       |                    |           |
| 3      |  | servation easement reported on line 2<br>) and 170(h)(4)(B)(ii)?  | (d) above satisfy the requirements of sec   | tion     |                     | ┌ Yes              | ┌ No      |
| •      | balance sheet,                           |   | onservation easements in its revenue and<br>the footnote to the organization's financial<br>nents                                     |          |                     |                    |           |
| ar     |  |   | <b>ns of Art, Historical Treasures,</b><br>'Yes" to Form 990, Part IV, line 8.  | or Oth   | ner Similar         | Assets.            |           |
| La     | art, historical t                        | reasures, or other similar assets held  | 116, not to report in its revenue stateme<br>for public exhibition, education or researc<br>ancial statements that describes these it | h in fu  |                     |                    | e,        |
| b      | historical treas                         |   | 116, to report in its revenue statement a<br>public exhibition, education, or research ii   |          |                     |                    |           |
|        | (i) Revenues ir                          | ncluded in Form 990, Part VIII, line 1  |   |          | <b>►</b> \$         |                    |           |
|        | (ii) Assets incl                         | uded in Form 990, Part X  |   |          | <b>►</b> \$         |                    |           |
| 2      | If the organizat                         | •   | orical treasures, or other similar assets fo<br>S 116 relating to these items   | r finan  |                     |                    |           |
| а      | Revenues inclu                           | ided in Form 990, Part VIII, line 1   |   |          | <b>▶</b> \$         |                    |           |

Assets included in Form 990, Part X

| Par  | Organizations Maintaining Col  | iections of Art, H         | ISTO          | rie  | cai ireas                    | sures, or Otno     | <u>er Similar</u>           | Asse    | ts (co           | ntinued)  |
|------|--|----------------------------|---------------|------|------------------------------|--------------------|-----------------------------|---------|------------------|-----------|
| 3    | Using the organization's accession and other items (check all that apply)                          | records, check any of      | the 1         | foll | owing that                   | are a significant  | use of its col              | lection | 1                |           |
| а    | Public exhibition  | d                          | ı ſ           | _    | Loan or ex                   | xchange program    | s                           |         |                  |           |
| b    | Scholarly research   | e                          | . [           | _    | Other                        |                    |                             |         |                  |           |
| С    | Preservation for future generations  |                            |               |      |                              |                    |                             |         |                  |           |
| 4    | Provide a description of the organization's co<br>Part XIV   | llections and explain h    | now tl        | hey  | further the                  | e organızatıon's e | exempt purpo                | se in   |                  |           |
| 5    | During the year, did the organization solicit o<br>assets to be sold to raise funds rather than to |                            |               |      |                              |                    | mılar                       | Г       | Yes              | ┌ No      |
| Par  | Part IV, line 9, or reported an am   | ements. Complete           | ıf th         | e (  | organizati                   |                    | Yes" to Forr                | n 990   | ),               |           |
| 1a   | Is the organization an agent, trustee, custod<br>included on Form 990, Part X?                     | an or other intermedia     | ry fo         | r c  | ontribution                  | s or other assets  | not                         | Γ       | Yes              | ┌ No      |
| b    | If "Yes," explain the arrangement in Part XIV  | and complete the foll      | owing         | g ta | ible                         |                    | T                           | Amou    | nt               |           |
| c    | Beginning balance  |                            |               |      |                              | 1c                 |                             | AIIIOU  |                  |           |
| d    | Additions during the year  |                            |               |      |                              | 1d                 |                             |         |                  |           |
| e    | Distributions during the year  |                            |               |      |                              | 1u                 | +                           |         |                  |           |
| f    | Ending balance   |                            |               |      |                              | 1f                 | +                           |         |                  |           |
| 2a   | Did the organization include an amount on Fo   | rm 990 Part V line 2:      | 1 2           |      |                              |                    |                             |         | Yes              |           |
|      | If "Yes," explain the arrangement in Part XIV  | Till 990, Part A, lille 2. | 1,            |      |                              |                    |                             | '       | 165              | 1 110     |
|      | rt V Endowment Funds. Complete in  | f the organization a       | nswe          | -re  | d "Yes" to                   | o Form 990 Pa      | rt IV line 1                | 0       |                  |           |
|      | Zildownielie i diladir delinpiete  |                            | <b>(b)</b> Pr |      |                              |                    | <b>d)</b> Three Years E     |         | <b>)</b> Four Y  | ears Back |
| 1a   | Beginning of year balance  | 1,044,234                  |               | 1    | ,056,042                     | 1,031,425          |                             |         |                  |           |
| b    | Contributions  |                            |               |      |                              |                    |                             | $\perp$ |                  |           |
| С    | Investment earnings or losses  | 24,155                     |               |      | 23,318                       | 29,534             |                             |         |                  |           |
| d    | Grants or scholarships   |                            |               |      |                              |                    |                             |         |                  |           |
| е    | Other expenditures for facilities and programs   | 22,163                     |               |      | 35,126                       | 4,917              |                             |         |                  |           |
| f    | Administrative expenses  |                            |               |      |                              |                    |                             | _       |                  |           |
| g    | End of year balance  | 1,046,226                  |               | 1    | ,044,234                     | 1,056,042          |                             |         |                  |           |
| 2    | Provide the estimated percentage of the year   | end balance held as        |               |      |                              |                    |                             |         |                  |           |
| а    | Board designated or quasi-endowment 🕨  |                            |               |      |                              |                    |                             |         |                  |           |
| b    | Permanent endowment ► 53 000 %   |                            |               |      |                              |                    |                             |         |                  |           |
| С    | Term endowment ▶ 47 000 %  |                            |               |      |                              |                    |                             |         |                  |           |
| 3a   | Are there endowment funds not in the posses  | sion of the organizatio    | n tha         | at a | re held and                  | d administered fo  | r the                       |         | W                | B1 -      |
|      | organization by (i) unrelated organizations  |                            |               |      |                              |                    | Г                           | 3a(i)   | Yes              | No<br>No  |
|      | (ii) related organizations   |                            |               | ٠.   |                              |                    | <u> </u>                    | 3a(ii)  |                  | No        |
| b    | If "Yes" to 3a(II), are the related organization   |                            |               |      |                              |                    |                             | 3b      |                  | No        |
| 4    | Describe in Part XIV the intended uses of the  | e organization's endow     | ment          | fu   | nds                          |                    | _                           |         |                  |           |
| Par  | t VI Investments—Land, Buildings   | , and Equipment.           | See           | F    | orm 990,                     | Part X, line 10    |                             |         |                  |           |
|      | Description of investment  |                            |               |      | Cost or other<br>(investment |                    | (c) Accumula<br>depreciatio |         | ( <b>d</b> ) Boo | ok value  |
| 1a   | Land   |                            |               |      |                              | 15,585,243         | 3                           |         | 1                | 5,585,243 |
| b    | Buildings  |                            |               |      |                              | 168,903,230        | 9,177                       | ,169    | 15               | 9,726,061 |
| c    | Leasehold improvements   |                            |               |      |                              |                    |                             |         |                  |           |
| d    | Equipment  |                            |               |      |                              | 165,082,993        | 68,221                      | ,753    | 90               | 5,861,238 |
| е    | Other  | <u> </u>                   |               |      |                              | 1,153,823          | 3                           |         |                  | 1,153,823 |
| Tota | I. Add lines 1a-1e (Column (d) should equal Fo   | rm 990, Part X, column (   | (B), li       | ne   | 10(c).) .                    |                    | 🕨                           |         | 27               | 3,326,365 |

| Part VII Investments—Other Securities. See   | e Form 990, Part X, line 1 |                 |                                       |
|--|----------------------------|-----------------|---------------------------------------|
| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul>                         | ( <b>b)</b> Book value     |                 | d of valuation<br>· year market value |
| (1)Financial derivatives   |                            |                 |                                       |
| (2)Closely-held equity interests   |                            |                 |                                       |
| Other  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
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|  |                            |                 |                                       |
|  |                            |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)   | <b>F</b>                   |                 |                                       |
| Part VIII Investments—Program Related. Se  | ee Form 990, Part X, line  | 13.             |                                       |
| (a) Description of investment type   | (b) Book value             | (c) Method      | d of valuation                        |
| (a) Description of investment type   | (b) Book value             | Cost or end-of- | year market value                     |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
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|  |                            |                 |                                       |
| Table (Californ (b) should a real Form 2000, Part V, and (D) has 12.)  | <b>F</b>                   |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, I |                            |                 |                                       |
| (a) Descri   |                            |                 | (b) Book value                        |
| (1) Other assets   | •                          |                 | . ,                                   |
| (2) Net assets held by MHF   |                            |                 | 5,237,853                             |
| (3) Assets held by trustee-debt & construct  |                            |                 | 27,776,762                            |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
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|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line   |                            |                 | 50,442,168                            |
| Part X Other Liabilities. See Form 990, Part  (a) Description of Liability   | (b) A mount                |                 |                                       |
| <u>-</u>   | (b) Amount                 |                 |                                       |
| Federal Income Taxes   | 2 2 2 2 2 4 5              |                 |                                       |
| Accrued retirement benefits  | 2,830,945                  |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
|  |                            |                 |                                       |
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|  |                            |                 |                                       |
|  |                            |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )  | 2,830,945                  |                 |                                       |
|  |                            |                 |                                       |

| Par  | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen  | ıts         |                   |
|------|--|-------------|-------------------|
| 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 | Reconciliation of Revenue per Audited Financial Statements With Revenue p  | er Re       | turn              |
| 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   |             |                   |
| а    | Net unrealized gains on investments  |             |                   |
| b    | Donated services and use of facilities   |             |                   |
| C    | Recoveries of prior year grants  |             |                   |
| d    | Other (Describe in Part XIV)   |             |                   |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e          |                   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3           |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1  |             |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a  |             |                   |
| Ь    | Other (Describe in Part XIV)   |             |                   |
| _ C  | Add lines <b>4a</b> and <b>4b</b>  | 4c          |                   |
| 5    | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  | 5           | <b>Date:</b>      |
| 1    | Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial | per i       | Return            |
| _    | statements   | 1           |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25   |             |                   |
| а    | Donated services and use of facilities   |             |                   |
| b    | Prior year adjustments   |             |                   |
| C    | Other losses   |             |                   |
| d    | Other (Describe in Part XIV)   | .           |                   |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e          |                   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3           |                   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |             |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |             |                   |
| b    | Other (Describe in Part XIV)   |             |                   |
| C    | Add lines <b>4a</b> and <b>4b</b>  | 4c          |                   |
| 5    | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)   | 5           |                   |
|      | t XIV Supplemental Information   |             |                   |
| Com  | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Pa     | irt IV , li | ines 1 b and 2 b. |

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 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   |
|-----------------|--|---|
| Part X          |  | MMC follows the accounting guidance for uncertainties in income tax positions which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold This applies to positons taken or expected to be taken in a tax return |
| Part XI, Line 8 | ,  | Minimum pension liability adjustment \$714279 Net assets held by Meritus Healthcare Foundation \$1470059 Other \$ -444468   |
| Part V, Line 4  | Part V, Line 4 Intended uses of the endowment fund | Charity care  |

# OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization Meritus Medical Center Inc

**Employer identification number** 

| Da     | art I Financial Assist   | ance and C      | artain Oth                          | or Community Bo                        |   | 0607949                      |           |                      |                |
|--------|--|-----------------|-------------------------------------|--|---|------------------------------|-----------|----------------------|----------------|
| Ľ      | FINANCIAI ASSIST   | ance and C      | ertain Uth                          | er Community Be                        | HEITTS AT COST                            |                              |           | Yes                  | No             |
| 1a     | Did the organization have a  | finnancial assi | stance policy                       | / during the tax vear? I               | f "No," skip to auestio                   | <sub>пба.</sub> Г            | 1a        | Yes                  |                |
|        | If "Yes," is it a written policy   |                 |                                     |  |   |                              | 1b        | Yes                  |                |
| 2      | If the organization has multi  |                 |                                     |  | describes application o                   | of the financial             | IU        | 163                  |                |
|        | assistance policy to its vari  | ous hospital fa |                                     | g the tax year                         |   |                              |           |                      |                |
|        | Applied uniformly to all h   | •               | ls                                  | Applied uniformly                      | to most hospitals                         |                              |           |                      |                |
| 3      | Answer the following based organization's patients durin   |                 | ncıal assıstaı                      | nce eligibility criteria th            | nat applied to the large                  | st number of the             |           |                      |                |
| а      | Does the organization use Foundaries of Tyles,   | •               | ,                                   | ,                                      |   |                              | За        | Yes                  |                |
|        | <b>┌</b> 100% <b>┌</b> 150%  | . <b>Г</b> 20   | о% Г                                | Other                                  | %   |                              |           |                      |                |
| b      | Does the organization use Fi   | PG to determir  | ne eligibility f                    | or providing <i>discounted</i>         |   | dıvıduals? If                | 3b        | Yes                  |                |
|        |  | _               | _                                   | _                                      |   | 50.000000000                 |           |                      |                |
|        | <b>F</b> 200% <b>F</b> 250%  | ь Г зо          | о% Г                                | 350% <b>Г</b> 40                       | 0% 🔽 Other_                               | <u>%</u>                     |           |                      |                |
| С      | If the organization does not<br>determining eligibility for fre<br>test or other threshold, rega | e or discounte  | d care Inclu                        | de in the description wh               | nether the organization                   |                              |           |                      |                |
| 4      | Did the organization's financ<br>provide for free or discounte                                   | d care to the " | medically inc                       | ligent"?                               |   |                              | 4         | Yes                  |                |
| 5a     | Did the organization budget amour  |                 |                                     |  |   | · ·                          | 5a        | Yes                  |                |
| b      | If "Yes," did the organization   |                 |                                     |  |   | <b>⊢</b>                     | 5b        |                      | No             |
| С      | If "Yes" to line 5b, as a resu<br>care to a patient who was eli                                  |                 |                                     |  | unable to provide free (<br>· · · · · · · | or discounted                | 5c        |                      | No             |
| 6a     | Does the organization prepa  |                 |                                     | ort during the tax                     |   | L                            | 6a        | Yes                  |                |
| 6b     | year?  |                 |                                     | ublic?                                 |   | 1                            | 6b        | <br> Yes             |                |
|        | Complete the following table worksheets with the Schedul   | using the worl  |                                     |  | instructions Do not s                     | ubmit these                  | <u>ob</u> | 103                  |                |
| 7      | Financial Assistance and   |                 | Community E                         | Benefits at Cost                       |   | L                            |           |                      |                |
|        | Financial Assistance and<br>Means-Tested Governmen<br>Programs                                   | (a) Number of   | (b) Persons<br>served<br>(optional) | (c) Total community<br>benefit expense | (d) Direct offsetting revenue             | (e) Net community be expense | nefit     | (f) Pero<br>total ex |                |
| а      | Financial Assistance at cost   |                 | 2.725                               | 0 500 503                              |   | 0.500                        |           |                      | 490.0/         |
| b      | (from Worksheets 1 and 2) Unreimbursed Medicaid (from  |                 | 3,725                               | 9,588,597                              |   | 9,588                        | ,59/      | 3                    | 480 %          |
| •      | Worksheet 3, column a) . Unreimbursed costs—other  |                 |                                     | 638,272                                |   | 638                          | ,272      | 0                    | 230 %          |
| С      | means-tested government<br>programs (from Worksheet 3,<br>column b)                              |                 |                                     |  |   |                              |           |                      |                |
| d      | <b>Total</b> Financial Assistance and<br>Means-Tested Government<br>Programs                     |                 | 3,725                               | 10,226,869                             |   | 10,226                       | ,869      | 3                    | 710 %          |
| e      | Other Benefits Community health improvement services and community benefit operations (from      |                 | 207 400                             | 1 295 020                              |   | 1 206                        | 020       | 0                    | 4 <b>70</b> %  |
| f      | (Worksheet 4) Health professions education   |                 | 397,490                             | 1,286,029                              |   | 1,286                        | ,029      | U                    | 470 %          |
|        | (from Worksheet 5) Subsidized health services  |                 | 4,496                               | 117,003                                |   | 117                          | ,003      | 0                    | 040 %          |
| g      | (from Worksheet 6)   |                 | 24,829                              | 11,851,304                             | 2,733,447                                 | 9,117                        | _         |                      | 310 %          |
| h<br>: | Research (from Worksheet 7)  |                 | 406                                 | 811,458                                | 484,937                                   | 326                          | ,521      | 0                    | 120 %          |
|        | Cash and in-kind contributions to community groups (from Worksheet 8)                            |                 | 1,672                               | 444,471                                | 287,649                                   |                              | ,822      |                      | 060 %          |
| -      | Total Other Benefits  Total Add lines 7d and 71  |                 | 428,893<br>432,618                  | 14,510,265                             | 3,506,033                                 | 11,004<br>21,231             |           |                      | 000 %<br>710 % |
| ĸ      | Total. Add lines 7d and 7j   | I               | 432,018                             | 24,737,134                             | 3,506,033                                 | 21,231                       | ,101      | /                    | 110 %          |

| Schedule H (Form 990) 2010   |   |                                  |   |                       |                       |  |              |                        | age . |
|--|---|----------------------------------|---|-----------------------|-----------------------|--|--------------|------------------------|-------|
| activities during  | the tax year, an                                |                                  |   |                       |                       | I how its community ding activities promo                      |              |                        | alth  |
| of the communit  | (a) Number of activities or programs (optional) | (b) Persons<br>served (optional) | (c) Total community<br>building expense |                       | rect offse<br>revenue | tting (e) Net communit<br>building expense                     |              | (f) Perce<br>total exp |       |
| Physical improvements and hou  | sing  |                                  |   |                       |                       |  |              |                        |       |
| 2 Economic development   |   |                                  |   |                       |                       |  |              |                        |       |
| 3 Community support  |   | 48                               | 1,258                                   |                       |                       | 1  | ,258         |                        |       |
| Environmental improvements   |   | 10                               | 1,230                                   |                       |                       | -  | 230          |                        |       |
| <ul> <li>5 Leadership development and tra</li> </ul>                                   | aining  |                                  |   |                       |                       |  | $\dashv$     |                        |       |
| for community members  |   |                                  |   |                       |                       |  | $\dashv$     |                        |       |
| <ul><li>Coalition building</li><li>Community health improvemen</li></ul>               | t   |                                  |   |                       |                       |  | +            |                        |       |
| advocacy   |   | 4                                | 1,279                                   |                       |                       | 1,   | ,279         |                        |       |
| Workforce development     Other  |   | 1 000                            | 603                                     |                       |                       |  |              |                        |       |
| 0 Total  |   | 1,000<br>1,052                   | 693<br>3,230                            |                       |                       | 3  | 693<br>,230  |                        |       |
| Part IIII Bad Debt, Med  | icare, & Collec                                 |                                  |   |                       |                       |  |              |                        |       |
| ection A. Bad Debt Expense  Did the organization repo Statement No 15?                 |   |                                  |   | ancıal M              |                       |  | 1            | Yes                    | No    |
| Enter the amount of the o  |   |                                  |   | •                     | 2                     | 9,984,049  |              |                        |       |
| B Enter the estimated amou<br>attributable to patients el                              |   |                                  |   | licy .                | 3                     | 1,806,601  | l            |                        |       |
| Provide in Part VI the tex<br>In addition, describe the<br>rationale for including a p | costing methodolog                              | ıy used ın detei                 | rmining the amounts                     |                       |                       |  |              |                        |       |
| ection B. Medicare   |   |                                  |   |                       |                       |  |              |                        |       |
| Enter total revenue receiv   | ved from Medicare                               | (including DSH                   | and IME)                                |                       | 5                     | 261,906,044  |              |                        |       |
| Enter Medicare allowable   | costs of care relati                            | ng to payments                   | s on line 5                             |                       | 6                     | 239,028,749  |              |                        |       |
| <ul><li>Subtract line 6 from line !</li><li>Describe in Part VI the e</li></ul>        | •   | •                                |   |                       | 7                     | 22,877,295   |              |                        |       |
| Also describe in Part VI the e<br>Check the box that descr                             | the costing method                              | ology or source                  |   |                       |                       |  |              |                        |       |
| Cost accounting syst   | em 🔽 Co   | st to charge ra                  | tio <b>Г</b>                            | Other                 |                       |  |              |                        |       |
| ection C. Collection Practices   |   |                                  |   |                       |                       |  |              |                        |       |
| Does the organization have   |   |                                  |   |                       |                       |  | 9a           | Yes                    |       |
| b If "Yes," does the organize patients who are known to<br>Part IV Management (        |   | care or financia                 | al assistance? Desc                     |                       |                       |  | 9b           | Yes                    |       |
| (a) Name of entity   |   | ) Description of pr              |   | <b>c)</b> Organi      | zation's              | (d) Officers, directors,                                       | Τ.,          | <b>≘)</b> Physic       | lans' |
|  |   | activity of entity               |   | orofit % o<br>ownersh | r stock               | trustees, or key<br>employees' profit %<br>or stock ownership% | pro          | ofit % or<br>ownership | stock |
| Tri-State Health Part Inc  Maryland Care Inc   | PHO<br>healthcare                               |                                  |   |                       | 50 000 %              |  | <del> </del> | 50 0                   | 00 %  |
| maryiana Cale IIIC   | meaitheale                                      |                                  |   | 2                     | 25 000 %              |  | $\bot$       |                        |       |
|  |   |                                  |   |                       |                       | <u>                                     </u>                   |              |                        |       |
|  |   |                                  |   |                       |                       |  |              |                        |       |
|  |   |                                  |   |                       |                       |  |              |                        |       |
| i  |   |                                  |   |                       |                       |  | T            |                        |       |
|  |   |                                  |   |                       |                       |  | $\top$       |                        |       |
| 3  |   |                                  |   |                       |                       |  | +            |                        |       |
|  |   |                                  |   |                       |                       |  | +            |                        |       |
| 0  |   |                                  |   |                       |                       |  | 1            |                        |       |
| 1  |   |                                  |   |                       |                       |  | †            |                        |       |
| .2   |   |                                  |   |                       |                       |  | +            |                        |       |
| 12   |   |                                  |   |                       |                       |  | +-           |                        |       |

| Part                        | V Facility Information  |                   |                            |                     |                   |                         |                   |             |          |                  |
|-----------------------------|---|-------------------|----------------------------|---------------------|-------------------|-------------------------|-------------------|-------------|----------|------------------|
| (list in<br>larges<br>How n | on A. Hospital Facilities order of size, measured by total revenue per facility, from t to smallest)  nany hospital facilities did the organization operate during x year?  1 | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Ortical access hospital | Research facility | ER-24 hours | ER-other |                  |
| Name                        | and address   |                   |                            |                     |                   |                         |                   |             |          | Other (Describe) |
| 0                           | Meritus Medical Center Inc<br>11116 Medical Campus Road<br>Hagerstown, MD 21742   | ×                 | х                          |                     |                   | х                       |                   | х           |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   | -                 |                            |                     |                   |                         |                   |             |          |                  |
|                             |   | $\vdash$          |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   |                   |                            |                     |                   |                         |                   |             |          |                  |
|                             |   | 1                 |                            |                     | <u> </u>          |                         |                   |             |          |                  |
|                             |   | -                 |                            |                     |                   |                         |                   |             |          |                  |
|                             | 1   | 1                 | I                          | 1                   | I                 | 1                       | I                 | 1           | I        | 1                |

| ow many non-nospital facilities did the organization | on operate during the tax year? |
|--|---------------------------------|
| ame and address                                      | Type of Facility (Describe)     |
|  |                                 |
|  |                                 |
| -  |                                 |
|  |                                 |
|  |                                 |
|  |                                 |
|  |                                 |
|  |                                 |
| 0  | Schedule H (Form 99             |

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

#### Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities 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.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 5 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference                  | Explanation   |
|------------|----------------------------------|---|
|            | Part VI - Additional Information | Line 7a Column (d), Line 7f Columns (c) and (d) - Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission, (HSCRC) determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing. Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Line 7b Columns (c) through (f) - Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission, (HSCRC) determines payment through a rate-setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all-payor system includes a method for referencing. Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any directed offsetting revenue related to Uncompensated Care. Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero. The exception to this is the impact on the hospital of its share of the Medicaid assessment. In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate-setting system. |

| Identifier | ReturnReference                                 | Explanation |
|------------|---|-------------|
|            | Part V - Explanation of Number of Facility Type | N/A         |

| Identifier | ReturnReference  | Explanation |
|------------|--|-------------|
|            | Part VI - States Where Community<br>Benefit Report Filed | MD          |

| Part VI - Amitated Health Care System Roles and Premotion  West Maryland - is located at the crossroads of pitch west with the premotive mode, and the Eastern Penhandle of West Virgima - As the lergest employer in Washington County, it has a deep understanding of the needs of the community. It's programs span the continuous of healthcare, ranging from prescribes and outpetent care. The system delivers patient care through two primary components, MRC and MEL Located in Hagerstown, MRC, an acute care hospital-which open and parents of the community. It's a special care and outpetent care. The system delivers patient care through two primary components, MRC and MEL Located in Hagerstown, MRC, an acute care hospital-which open and parents of the control of the care of the control of the care of the control of the care of the control of the care of th | Identifier | ReturnReference                 | Explanation  |
|--|------------|---------------------------------|--|
| Directors works closely with the MH boards and leadership to match resources with MH needs, enabling caregivers to provide   |            | Part VI - Affilated Health Care | Meritus Health - the largest healthcare provider in Western Maryland - is located at the crossroads of Western Maryland, southern Pennsylvania, and the Eastern Panhandle of West Virginia As the largest employer in Washington County, it has a deep understanding of the needs of the community. Its programs span the continuum of healthcare, ranging from inpatient care to occupational health services to physician practices and outpatient care. The system delivers patient care through two primary components, MMC and ME. Located in Hagerstown, MMC, an acute care hospital- which opened. December 11, 2010 - has 267 single-patient rooms, along with the most advanced technologies available. Services include a special care nursery, a level III trauma program, a primary stroke center, a wound center, as well as a cardiac diagnostic laboratory. Other hospital services that address outpatient needs continue to be available, such as the John R. Marsh. Cancer Center, Total Rehab Care, the Center for Clinical Research, and the Center for Bariatric Surgery State-of-the-art medical technologies at MMC include new technologies such as advanced 3T magnited tomography (SPECT) scanners, and cardiac interventions. Patients will benefit from the convenient location of MMC, which is adjacent to the Robinwood Professional Center, operated by ME. With this proximity, patients can take advantage of an array of both inpatient and outpatient services. The medical mall houses a pharmacy, medical laboratory, an urgent care clinic, surgery centers, and diagnostic imaging services. In addition, there are numerous physician practices, offering a wide variety of medical specialties ME, an affiliate of MH, is a leading provider in ambulatory health care services in the tri-state region. Its mission is to engage in ambulatory health activities that complement the goals and objectives of MH, is a leading provider in ambulatory health activities that complement the goals and objectives of MH, is a leading provider in ambulatory health activities that c |
| the very best care possible every single day   |            |                                 | match resources with MH needs, enabling caregivers to provide  |

| I dentifier | ReturnReference   | Explanation   |
|-------------|---|---|
|             | Part VI - Explanation Of How<br>Organization Furthers Its Exempt<br>Purpose | Explanation  The mission, vision and values of the Meritus Medical Center (MMC) are summarized in MMC's pledge Responsiveness to need Excellence in Caring Respect for All The pledge says that MMC strives to meet the healthcare needs of the citizens of the tri-state region, is dedicated to providing quality patient care in a safe and caring environment andthat MMC esteems the personal dignity of patients and staff alike Every day, the hospital's employees live out MMC's values by treating others as they would like to be treated MMC participates in a variety of activities that focus on the well-being of the patients, including committees and teams that evaluate the progress in the areas of quality patient care, patient safety and professional development Many staff members provide outreach to the community through educational offerings which have been identified by a survey of community health education needs MMC is a vibrant healthcare facility, where dedicated staff engages patients and their families in their care, promoting a partnership that leads to improved patient outcomes. At the same time, employees work together to plan a future that focuses on the well-being of the citizens of the tri-state region. The focus for any healthcare organization is the community it serves. At Meritus Health, the parent company of Mentus Medical Center, we want to ensure that we are a good corporate citizen. We do that in two very important ways the way we use our financial resources to provide healthcare services and through the oversight provided by our boards of directors. All surplus funds are used for the purchase of capital equipment which improves the quality of care provided. As a tax exempt hospital, we contribute funds to help many people who might not be able to afford their healthcare. These dollars are used to provide free, reduced-cost or subsidized services to many individuals in the community. It's a collaborative effort involving numerous areas of the health system in activities such as health education and |

| Identifier | ReturnReference | Explanation   |
|------------|-----------------|---|
|            | Activities      | Meritus Medical Center participates in an on-going, nationally recognized program called KidShape. It seeks to improve the health and well-being of children from ages 6 to 17. It targets overweight and obese children by involving them and their parents in a program that emphasizes eating management and fun activities to get kids active. The program benefits the whole family. Children are referred by their physicians and parents may self-refer. It is an outreach program implemented by the hospital's community health education outreach department. The KidShape program was initiated in April 2008. Since that time, 19 families have completed the course. Evaluations were done at the end of each course. KidShape staff reported the following. 1.69% decreased or maintained their. BMI 2.72% decreased their blood pressure. 3.52% increased vegetable consumption. 4.45% increased fruit consumption. 5.67% decreased their "junk" food intake. 6.54% decreased. TV time on weekends. 7.46% increased time they spend exercising. 8.46% increased their self esteem. As a result of the evaluations, the hospital is continuing its commitment to providing the KidShape program in our community. |

| Identifier | ReturnReference                 | Explanation  |
|------------|---------------------------------|--|
|            | Part VI - Community Information | Meritus Medical Center is a regional medical center for residents of the tri-state area including Washington County, Maryland, Frederick County, Maryland, Franklin County, PA, Fulton County, PA, Morgan County, WV, Jefferson County, WV, and Berkley County, WV The hospital's primary service area is Washington County, MD and residents of the county make up the majority of the hospital's customers. However, with service offerings including a regional trauma center, a center for bariatric surgery, non-primary and primary angioplasty, and a designated stroke center, the hospital draws from southern PA and northern WV for a variety of services. For example, in 2009, emergency medical service providers brought more than 200 Frederick county residents to Meritus Medical Center's trauma center for treatment According to the Hagerstown-Washington County Economic Development Commission, people are moving to Washington County for its employment opportunities, world-class educational system, and excellent quality of life. With a net increase of 1,000 people, Washington County ranks first in Maryland for the largest total migration increase according to the U.S. Census Bureau 2007 Statistics. The population of the county is 145,384 and is projected to grow to 170,950 by 2020, according to the Maryland Department of Planning |

| Identifier | ReturnReference  | Explanation   |
|------------|--|---|
|            | Part VI - Patient Education of<br>Eligibility for Assistance | Meritus Medical Center informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. The financial assistance policy and contact information is posted in the admitting area, emergency room and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit MMC follows the Maryland. Hospital Association's Standards for Financial Assistance for Maryland MMC will provide 100 percent free hospital care for patients below 150 percent of Federal Poverty levels and who have less than \$10,000 in net assets. When a patient's income and/or net assets does not qualify them for 100 percent financial assistance, they may be eligible to qualify for financial assistance based on a sliding scale. MMC will consider the size of a patient's bill relative to their ability to pay in determining financial assistance options, which could include payment plans. MMC will grant financial assistance for services determined to be medically necessary. |

| Identifier | ReturnReference            | Explanation   |  |  |
|------------|----------------------------|---|--|--|
|            | Part VI - Needs Assessment | Meritus Medical Center completed a commmunity health needs assessment in the Spring of 2009. It was sent to major community agencies to determine what they knew and perceived to be the most important healthcare needs of Washington County residents. Twenty agencies were surveyed, including the healthcare organizations, the United Way, and the Department of Social Services. Internal healthcare providers were also surveyed, some of them included the healthcare management department, medical director of internal medicine, and the community health education and outreach department Respondents completed a survey which asked them to identify the three most important health needs they have encountered, which ones they have designated as current fiscal year priorities, and to name any other agencies that should be included in the survey Respondents listed the following as the most important health needs mental health services, services for the elderly, dental services, and obesity. They identified three that are fiscal year priorities mental health, dental services, and substance abuse. In response to the community needs assessment completed in 2009, MMC responded to the identified needs during fiscal year 2011. The first need identified needs during fiscal year 2011. The first need identified was to improve access to adolescent mental health and social functioning MMC developed a model to provide inschool assessment and counseling services at Boonsboro High School which experienced above average substance abuse rates and suicide MMC secured grant funding of \$70,000 from Maryland Physicians Care and secured funding for building renovations from Washington County Community Partnership. The program services were implemented by Villa Maria Catholic Charities and 34 adolescents were treated MMC also worked to advocate and enhance existing community child and adult mental health services by providing expertise to the mental health providers MMC helped to secure an early childhood mental health grant from Maryland Hospital As |  |  |
|            |                            | could be obtained 204 persons completed obesity screening and education for fiscal year 2011  |  |  |

| Identifier                      | ReturnReference                                | Explanation   |  |  |
|---------------------------------|--|---|--|--|
| Number of Hospital Faciltiy - 0 | Determination of Individuals Without Insurance | MMC will follow the Maryland Hospital Association Standards for Financial Assistance for Maryland a MMC will provide 100 percent free hospital care for patients below 200 percent of Federal Poverty levels and the income threshold for reduced-cost medically necessary care is between 200 and 300 percent of the federal poverty level and who have less than \$10,000 in net assets b When a patient's income and/or net assets does not qualify them for 100 percent Financial Assistance, they may be eligible to qualify for financial assistance based on a sliding scale as referenced in Appendix 1 c MMC will consider the size of a patient's bill relative to their ability to pay in determining financial assistance and financial assistance options, which could include payment plans d MMC will grant financial assistance for services determined to be medically necessary e It is recognized that Amish and Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs These groups rely on their religious community to pull resources together to pay for healthcare bills for members of their community These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service |  |  |

| Identifier | ReturnReference                             | Explanation   |  |  |  |
|------------|---|---|--|--|--|
|            | Collection Practices For Qualified Patients | Meritus Medical Center is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. Financial assistance can be offered during, or after services are rendered. The financial assistance procedures are designed to assist individuals who qualify for less than full coverage under available federal, state and local medical assistance programs, but whom residual "self-pay" balances exceed their own ability to pay Meritus Medical Center informs patients and/or their families of the hospital's financial assistance policy by providing a copy of the policy and contact information as part of the intake process. The financial assistance policy and contact information is posted in the admitting area, emergency room and other areas throughout the facility where eligible patients are likely to present. When applicable, a representative of the hospital discusses the availability of financial assistance as well as Medicaid and other governmental benefits with patients or their families. The hospital makes every effort to inform patients of this policy throughout their visit A financial application that has been approved for financial assistance will remain eligible for a period of six months. Patients or guarantors incurring accounts after the six month period will be required to reapply, so that any changes in their financial status can be reassessed. Accounts receivable accounts approved for financial assistance will be reconciled by the Finance. Department at fiscal year endand reported annually to the Health Services Cost Review Commission of the State of Maryland. If financial assistance is denied, a payment arrangement will be obtained on any balance due by the patient or the guarantor by a Patient Financial Services Representative. |  |  |  |

| Identifier | ReturnReference                       | Explanation  |  |  |
|------------|---------------------------------------|--|--|--|
|            | rait III, Lille 4 - Dad Debt Expelise | Meritus Medical Center (MMC) provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific accounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management detemines that recovery is unlikely and MMC ceases collection efforts. Losses have been consistant with management's expectations. |  |  |

| Identifier | ReturnReference        | Explanation  |
|------------|------------------------|--|
|            | With Physicans Clinics | Subsidized health services for Meritus Medical Center include the following (1) Hospital owned endocrinology and diabetes program (2) Western Maryland Medication Assistance Center (3) Hospital owned psychiatric practice (4) Level III trauma program (5) On-call fees for emergency specialist call (6) Hospital owned respiratory care program (7) Hospice of Washington County allowed a voluntary contractual allowance |

| Identifier | ReturnReference     | Explanation   |
|------------|---------------------|---|
|            | of Bad Debt Expense | Meritus Medical Center (MMC) is committed to providing quality health care for all patients regardless of their inability to meet the associated financial obligation and without discrimination on the grounds of race, color, national origin or creed. It shall be the policy of MMC to ensure that all appropriate and reasonable efforts have been made prior to referring an account to bad debt, a collection agency or outside attorney. In addition, a satisfactory level of control is maintained over bad debts and levels of management are involved in the decision making process prior to write-off and/or assignment of bad debt. |

| Identifier | ReturnReference     | Explanation  |
|------------|---------------------|--|
|            | Costing Methodology | The direct cost was calculated by using the expense categories for salaries and wages, benefits, expendable suppiles, purchased services, repairs and maintenance and depreciation The indirect cost was calculated using the approved methodology on the community benefit report |

| Identifier | ReturnReference          | Explanation   |
|------------|--------------------------|---|
|            | Community Benefit Report | MMC prepares a community benefits report through the<br>Maryland Health Services Cost Review Commission (HSCRC),<br>and it is available via their website |

Schedule H (Form 990) 2010

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Meritus Medical Center Inc

DLN: 93493136040852 OMB No 1545-0047

Employer identification number

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

| Meritus Medical Center Inc   |                       |  |                              |   |   | 52-0607949                             |                                     |
|--|-----------------------|--|------------------------------|---|---|--|-------------------------------------|
| Part I General Information   |                       |  |                              |   |   |  |                                     |
| <ol> <li>Does the organization maintain<br/>the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol> | vard the grants or as | sıstance <sup>?</sup>                    |                              |   | the grants or assist  | ance, and                              | ✓ Yes                               |
| Part II Grants and Other A Form 990, Part IV, lin duplicated if additional   | e 21 for any recip    | ient that received n                     | nore than \$5,000. Ch        | eck this box if no one                    | recipient receive   | ed more than \$5,000                   | es" to<br>. Part II can be          |
| <b>1 (a)</b> Name and address of organization or government  | (b) EIN               | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gra<br>or assistance |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
| 2 Enter total number of section 50   | O1(c)(3) and govern   | nent organizations .                     |                              |   |   |  | 0                                   |
| 3 Enter total number of other orga   |                       |  |                              |   |   | _                                      | 0                                   |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
|----------|---|
|          | Use Schedule I-1 (Form 990) if additional space is needed.  |

| (a)Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|---------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| (1) HSCRC Nursing Grant        | 13                              | 119,271                             |                                   | N/A  | N/A                                   |
|                                |                                 |                                     |                                   |  |                                       |
|                                |                                 |                                     |                                   |  |                                       |
|                                |                                 |                                     |                                   |  |                                       |
|                                |                                 |                                     |                                   |  |                                       |
|                                |                                 |                                     |                                   |  |                                       |
|                                |                                 |                                     |                                   |  |                                       |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier               | Return Reference | Explanation   |
|--------------------------|------------------|---|
| Grantmaker's Description |                  | The HSCRC grant provides money to employees of the Hospital who are enrolled in the Hagerstown Community College              |
| of How Grants are Used   |                  | nursing program. The grant program pays for all of the student's tuition, books, and fees with an agreement that upon         |
|                          |                  | graduation the student will work for the Hospital as a registered nurse. The grant also provides monies for registered nurses |
|                          |                  | who are working on their MSN in education. Each award recipient will be required to sign a Service Card Agreement with the    |
|                          |                  | Meritus Medical Center The length of payback will be one year of service (equivalent to 2,080 hours of service) for each year |
|                          |                  | of the grant you receive The program is five semesters long and most recipients will owe 4,160 hours                          |

DLN: 93493136040852

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

Open to Public Inspection

| MEI | ntus Pietrical Center Inc   |  | 52-0607949             |    |     |    |
|-----|---|--|------------------------|----|-----|----|
| Pa  | rt I Questions Regarding Compensation   |  |                        |    |     |    |
|     |   |  | _                      |    | Yes | Νo |
| 1a  | Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide   |  |                        |    |     |    |
|     | First-class or charter travel   | lousing allowance or residence for     | personal use           |    |     |    |
|     | ☐ Travel for companions ☐ P   | ayments for business use of perso      | nal residence          |    |     |    |
|     |   | lealth or social club dues or initiati | on fees                |    |     |    |
|     | Discretionary spending account P  | ersonal services (e g , maid, chauf    | feur, chef)            |    |     |    |
| b   | If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abov   |  |                        | 1b | Yes |    |
| 2   | Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director,   |  |                        | 2  | Yes |    |
| 3   | Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply  Compensation committee                      | establish the compensation of the      |                        |    |     |    |
|     | ✓ Independent compensation consultant ✓ C   | Compensation survey or study           |                        |    |     |    |
|     | Form 990 of other organizations   | pproval by the board or compensa       | tion committee         |    |     |    |
| 4   | During the year, did any person listed in Form 990, Part VII, S<br>or a related organization  | Section A, line 1a with respect to th  | ne filing organization |    |     |    |
| а   | Receive a severance payment or change-of-control payment fi   | rom the organization or a related o    | rganızatıon?           | 4a |     | Νo |
| b   | Participate in, or receive payment from, a supplemental nonqu   | ialified retirement plan?              |                        | 4b | Yes |    |
|     | Participate in, or receive payment from, an equity-based comp   |  |                        | 4c |     | Νo |
|     | If "Yes" to any of lines 4a-c, list the persons and provide the a   | applicable amounts for each item ii    | n Part III             |    |     |    |
| 5   | Only 501(c)(3) and 501(c)(4) organizations only must complete For persons listed in form 990, Part VII, Section A, line 1a, discompensation contingent on the revenues of |  | ny                     |    |     |    |
| а   | The organization?   |  |                        | 5a |     | Νo |
| b   | Any related organization?   |  |                        | 5b |     | Νo |
|     | If "Yes," to line 5a or 5b, describe in Part III  |  |                        |    |     |    |
| 6   | For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the net earnings of   | d the organization pay or accrue ai    | ıy                     |    |     |    |
| а   | The organization?   |  |                        | 6a |     | Νo |
| b   | Any related organization?   |  |                        | 6b |     | Νo |
|     | If "Yes," to line 6a or 6b, describe in Part III  |  |                        |    |     |    |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, d payments not described in lines 5 and 6? If "Yes," describe in  |  | n-fixed                | 7  |     | No |
| 8   | Were any amounts reported in Form 990, Part VII, paid or acc<br>subject to the initial contract exception described in Regs sec<br>in Part III                            | •                                      |                        | 8  |     | No |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable   | le nresumntion procedure describe      | d in Regulations       |    |     |    |

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

|                                  |             |                          |   |   | <u> </u>                          |                                    |  |   |
|----------------------------------|-------------|--------------------------|---|---|-----------------------------------|------------------------------------|--|---|
| (A) Name                         |             | (B) Breakdown of         | W-2 and/or 1099-MI                        |   | (C) Retirement and other deferred | ( <b>D)</b> Nontaxable<br>benefits | <b>(E)</b> Total of columns (B)(ı)-(D) | (F) Compensation                                |
|                                  |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                                    | (B)(I)-(U)                             | reported in prior<br>Form 990 or<br>Form 990-EZ |
| (1) Thomas Gilbert MD            | (ı)<br>(ıı) | 765,329                  |   | 4,088                                     | 6,125                             | 15,080                             | 790,622                                |   |
| (2) T Michael White              | (ı)<br>(ıı) | 319,237                  |   | 7,320                                     | 8,674                             | 10,957                             | 346,188                                |   |
| (3) Raymond Grahe                | (ı)<br>(ıı) | 280,919                  |   | 7,880                                     | 17,150                            | 10,730                             | 316,679                                |   |
| (4) Michael Zampelli             | (ı)<br>(ıı) | 281,022                  |   | 5,628                                     | 26,790                            | 14,241                             | 327,681                                |   |
| (5) Matthew Wagner MD            | (ı)<br>(ıı) | 296,419                  |   | 4,138                                     | 9,800                             | 14,316                             | 324,673                                |   |
| (6) Mary Towe                    | (ı)<br>(ıı) | 186,656                  |   | 1,884                                     | 12,882                            | 2,318                              | 203,740                                |   |
| (7) Kelly Corbi                  | (ı)<br>(ıı) | 173,137                  |   | 8,305                                     | 6,046                             | 13,627                             | 201,115                                |   |
| (8) Jayantılal Kadıwar<br>MD     | (ı)<br>(ıı) | 414,540                  |   | 6,122                                     | 6,164                             | 12,859                             | 439,685                                |   |
| (9) James P Hamill               | (ı)<br>(ıı) | 459,897                  |   | 22,814                                    | 10,922                            | 11,885                             | 505,518                                |   |
| (10) Garry Seligman<br>MD        | (ı)<br>(ıı) | 209,735                  |   | 6,373                                     | 8,697                             | 11,748                             | 236,553                                |   |
| (11) Deborah Addo-<br>Samuels    | (ı)<br>(ıı) | 201,304                  |   | 2,316                                     | 8,243                             | 10,212                             | 222,075                                |   |
| (12) Carolyn Sımonsen            | (ı)<br>(ıı) | 175,898                  |   | 6,506                                     | 6,006                             | 5,888                              | 194,298                                |   |
| (13) Carey Leverett              | (ı)<br>(ıı) | 171,776                  |   | 3,672                                     | 6,832                             | 11,489                             | 193,769                                |   |
| (14) A driana<br>Maldonaldo-Brem | (ı)<br>(ıı) | 182,259                  |   | 6,907                                     | 10,152                            | 18,208                             | 217,526                                |   |
| (15)                             |             |                          |   |   |                                   |                                    |  |   |
| ( 16 )                           |             |                          |   |   |                                   |                                    |  |   |
| i                                |             |                          |   |   |                                   |                                    |  | 1 7 (5 000) 2010                                |

#### 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<br>Reference  | Explanation |
|------------|--|-------------|
|            | Part I, Line  1a Relevant  Information in  regards to  selections on  1a |             |

Schedule J (Form 990) 2010

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Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493136040852

Open to Public Inspection

Name of the organization
Meritus Medical Center I

Department of the Treasury

Internal Revenue Service

Employer identification number

|     | itus Medical Center Inc                                 |                        |                     |                  |                     |                |             |            | Ę              | 2-060  | 7949 |                      |  |               |
|-----|---|------------------------|---------------------|------------------|---------------------|----------------|-------------|------------|----------------|--------|------|----------------------|--|---------------|
| Pa  | rt I Bond Issues  | _                      |                     |                  |                     | <u> </u>       |             |            |                |        | 1    |                      |  |               |
|     | (a) Issuer Name   | (b) Issuer EIN         | (c) CUSIP #         | (d) Date Issued  | <b>(e)</b> Issue Pr | ıce <b>(f)</b> | Description | of Purpose | ( <b>g)</b> De | feased | Beh  | On<br>alf of<br>suer |  | Pool<br>ncing |
|     |   |                        |                     |                  |                     |                |             |            | Yes            | No     | Yes  | No                   | Yes  | No            |
| A   | MD HIth & Hig Ed Fac Aut                                | 52-0936091             | 574217T21           | 02-12-2008       | 264,300             | ,000 Const     | ruction-new | hospital   |                | Х      |      | Х                    |  |               |
|     |   |                        |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
|     |   |                        |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| Pa  | rt III Proceeds   |                        |                     |                  |                     | Α              | 1           | В          | I              | С      |      |                      | D  |               |
| 1   | Amount of bonds retired                                 |                        |                     |                  | •                   | Α              |             | <u> </u>   |                |        |      |                      |  |               |
| 2   | A mount of bonds legally de                             | efeased                |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 3   | Total proceeds of issue                                 |                        |                     |                  | 2                   | 62,855,181     |             |            |                |        |      |                      |  |               |
| 4   | Gross proceeds in reserve                               | funds                  |                     |                  |                     | 18,344,513     |             |            |                |        |      |                      |  |               |
| 5   | Capitalized interest from pi                            | roceeds                |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 6   | Proceeds in refunding escr                              | ow                     |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 7   | Issuance costs from proce                               | eds                    |                     |                  |                     | 3,121,975      | 5           |            |                |        |      |                      |  |               |
| 8   | Credit enhancement from p                               | proceeds               |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 9   | Working capital expenditur                              | es from proceeds       |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 10  | Capital expenditures from [                             | proceeds               |                     |                  | 2                   | 35,980,961     |             |            |                |        |      |                      |  |               |
| 11  | Other spent proceeds                                    |                        |                     |                  |                     | 5,407,732      | 2           |            |                |        |      |                      |  |               |
| 12  | Other unspent proceeds                                  |                        |                     |                  |                     |                |             |            |                |        |      |                      |  |               |
| 13  | Year of substantial comple                              | tion                   |                     |                  | 2.0                 | 10             |             |            |                |        |      | •                    |  |               |
|     |   |                        |                     |                  | Yes                 | No             | Yes         | No         | Yes            |        | No   | Yes                  | <u>;                                    </u> | No            |
| 14  | Were the bonds issued as p                              | part of a current refu | nding issue?        |                  |                     | Х              |             |            |                |        |      |                      |  |               |
| 15  | Were the bonds issued as p                              | part of an advance re  | efunding issue?     |                  |                     | X              |             |            |                |        |      |                      |  |               |
| 16  | Has the final allocation of p                           | proceeds been made     | ?                   |                  | Х                   |                |             |            |                |        |      |                      |  |               |
| 17  | Does the organization mair allocation of proceeds?      | ntaın adequate books   | s and records to su | pport the final  | х                   |                |             |            |                |        |      |                      |  |               |
| Pai | TITTE Private Business                                  | s Use                  |                     |                  |                     | •              | <u> </u>    | •          |                | •      |      |                      |  |               |
|     |   |                        |                     |                  |                     | A              | -           | В          |                | Ç      |      |                      | D  |               |
|     |   |                        |                     |                  | Yes                 | No             | Yes         | No         | Yes            |        | No   | Yes                  | <u>;                                    </u> | No            |
| 1   | Was the organization a part property financed by tax-ex |                        | , or a member of an | LLC, which owned |                     | ×              |             |            |                |        |      |                      |  |               |

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Part III Private Business Use (Continued)

| _  | Titude Bubiness Coc (Continuou)  |     |          |     |    |     |    |     |    |
|----|--|-----|----------|-----|----|-----|----|-----|----|
|    |  |     | Α        |     | В  | •   | С  |     | )  |
|    |  | Yes | No       | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?   |     | х        |     |    |     |    |     |    |
| b  | Are there any research agreements that may result in private business use of bond-financed property?   |     | х        |     |    |     |    |     |    |
| C  | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?   | X   |          |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  |     | 30 000 % |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     |          |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5   |     | 30 000 % |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  | Х   |          |     |    |     |    |     |    |

| Part IV | Arbi | <u>tra</u> | ge |
|---------|------|------------|----|
|         |      |            |    |

|            |  | A   |    | В   |    | C   |    | D   |    |
|------------|--|-----|----|-----|----|-----|----|-----|----|
|            |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1          | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | х   |    |     |    |     |    |     |    |
| 2          | Is the bond issue a variable rate issue?   |     | Х  |     |    |     |    |     |    |
| 3a         | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |     | ×  |     |    |     |    |     |    |
|            |  |     | ^  |     |    |     |    |     |    |
| b          | Name of provider   |     |    |     |    |     |    |     |    |
| С          | Term of hedge  |     |    |     |    |     |    |     |    |
| d          | Was the hedge superintegrated?   |     |    |     |    |     |    |     |    |
| e          | Was a hedge terminated?  |     |    |     |    |     |    |     |    |
| <b>4</b> a | Were gross proceeds invested in a GIC?   |     | Х  |     |    |     |    |     |    |
| b          | Name of provider   |     |    |     |    |     |    |     |    |
| С          | Term of GIC  |     |    |     |    |     |    |     |    |
| d          | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |     |    |     |    |     |    |     |    |
| 5          | Were any gross proceeds invested beyond an available temporary period?   |     | х  |     |    |     |    |     |    |
| 6          | Did the bond issue qualify for an exception to rebate?   | V   |    |     |    |     |    |     |    |

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |
|            |                  |             |
|            |                  |             |

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# Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ►See separate instructions. OMB No 1545-0047

2010

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Department of the Treasury Internal Revenue Service

|               | rt I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organization or section from 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 9 |           |                  |                  |             |                     |          |                                       |                   |              | Employer identification number |        |  |  |  |
|---------------|--|-----------|------------------|------------------|-------------|---------------------|----------|---------------------------------------|-------------------|--------------|--------------------------------|--------|--|--|--|
| Part I        |  |           |                  |                  |             |                     |          | ) organ                               |                   | only).       | 406                            |        |  |  |  |
|               | Complete if the organizat  | ion ans   | werea            | Yes" on For      | m 990, i    | art IV, line 25a (  | or 250,  | or Form                               | 990-EZ,           | Part V, I    |                                | (c)    |  |  |  |
| 1             | (a) Name of disq   | ualıfıed  | person           |                  |             | <b>(b)</b> Desc     | ription  | oftrans                               | action            |              |                                | ected? |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              | Yes                            | No     |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                | +      |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               | er the amount of tax impos   |           | _                |                  | _           |                     |          | _                                     | •                 | r            |                                |        |  |  |  |
|               | tion 4958  |           |                  |                  |             |                     |          |                                       |                   | * \$         |                                |        |  |  |  |
| <b>3</b> Ente | er the amount of tax, if any   | , on line | e 2, abo         | ve, reimburs     | ed by th    | ie organization .   |          |                                       |                   | · » <u> </u> |                                |        |  |  |  |
| Part II       |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               | Complete if the organiz  |           |                  | d "Yes" on F<br> | orm 990     | ), Part IV, line 26 | , or Foi | m 990-                                | EZ, Part V<br>(f) |              | a                              |        |  |  |  |
| (a) Name      | e of interested person and   | 1         | oan to<br>om the | <b>(c)</b> 0 rig | unal        |                     |          | e) In Approved by board or committee? |                   | ved          | (g)Written agreement?          |        |  |  |  |
| (a) Italii    | purpose  |           | ization?         | principal a      |             | (d)Balance due      | defa     |                                       |                   |              |                                |        |  |  |  |
|               |  | То        | From             |                  |             |                     | Yes      | No                                    | Yes               | No           | Yes                            | No     |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          | +                                     |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          | +                                     | +                 | 1            |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
| otal .        |  |           |                  |                  | <b>►</b> \$ |                     |          |                                       |                   |              |                                |        |  |  |  |
| art III       | Grants or Assistar<br>Complete if the orga   |           |                  |                  |             |                     | / lino   | 27                                    |                   |              |                                |        |  |  |  |
|               | · · · · · · · · · · · · · · · · · · ·  |           |                  |                  |             | een interested per  |          |                                       |                   |              |                                | _      |  |  |  |
| ( a           | a) Name of interested pers   | on        | `                |                  |             | ganızatıon          |          | ( <b>c)</b> Ar                        | nount of g        | rant or ty   | ype of assis                   | tance  |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |
|               |  |           |                  |                  |             |                     |          |                                       |                   |              |                                |        |  |  |  |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship<br>between interested<br>person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing organization revenues? |    |
|-------------------------------|--|----------------------------|--------------------------------|------------------------------------|----|
|                               | organization   |                            |                                | Yes                                | No |
| (1) Greg Snook                | Director   | 146,181                    | See suppl info below           |                                    | No |
| (2) Marc Kross MD             | Director   | 614,374                    | See suppl info below           |                                    | No |
| (3) Raymond A Grahe           | Officer  | 99,218                     | See suppl info below           |                                    | Νo |
| (4) William Su MD             | Director   | 135,506                    | See suppl info below           |                                    | No |
|                               |  |                            |                                |                                    |    |

#### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation   |
|------------|------------------|---|
|            |                  | Marc Kross, MD has contracts with MMC to serve as Surgeon and Chief of Trauma, to provide emergency room call coverage and to provide trauma call coverage William Su, MD has a contract directly with MMC to provide emergency room and trauma call coverage Raymond Grahe is an officer of the MHF board and an employee of MMC and served on the local board of Columbia Bank until 1/1/2011 Greg Snook is the owner of a property that is leased by Meritus Enterprises and his brother owns a storage company in which various entities under MH lease space |

Schedule L (Form 990 or 990-EZ) 2010

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
Meritus Medical Center Inc

Employer identification number

52-0607949

| Identifier | Return<br>Reference                    | Explanation   |
|------------|--|---|
|            | Statement of<br>Program<br>Service Acc | Meritus Health is the largest healthcare provider in Western Maryland, located at the crossroads of Western Maryland, southern Pennsylvania, and the eastern panhandle of West Virginia MMC is an acute care hospital with 272 single-patient rooms providing services including a spiecial care nursery, a designated trauma center, a primary stroke center, a wound center, and a designated cardiac interventional center. As the leading provider of healthcare services in the tri-state region, Meritus Health's primary service area is Washington County, Maryland - with residents of that county making up the majority of the hospital's customers - while also serving residents of Frederick County, Maryland, Franklin County, Pennsylvania, Fulton County, Pennsylvania, Morgan County, West Virginia, Jefferson County, West Virginia, and Berkeley County, West Virginia in a quest to meet the health care needs of the community and region, MMC constructed a new facility that opened in December of 2010. With the new facility, basic needs such as a larger emergency room are being met, and technologies that were not available even a year ago have been added to bring the facility into the next century. The improvements will benefit the staff and the patients of MMC. From single-patient rooms to high-tech operating suites, MMC will maximize patient care. As a sole community provider, MMC must provide around the clock care in the Emergency Department (ED) it has become increasingly difficult to insure 24/7 specialist coverage for the ED in the current environment of decreased physician reimbursement and increasing volume. Therefore, MMC pays on-call fees for emergency specialist call to insure adequate physician coverage in the ED. Those specialities contracted with to provide emergency specialist call include cardiology, critical care, ENT, eye, Gl, general surgery, interventional cardiologist, neurology, neurosurgery, ortho, pediatrics, plastics, and urology |

| Identifier | Return<br>Reference | Explanation   |
|------------|---------------------|---|
|            | Schedule K          | As of the fiscal year ending June 30, 2010, MMC was entering the final stages of its new hospital, which was the purpose of Maryland Health & Higher Educational Facility's 2008 bond in this regard, the above mentioned new hospital facility was completed and opened on December 11, 2010 |

| ldentifier | Return<br>Reference | Explanation   |
|------------|---------------------|---|
|            | ·                   | Meritus Medcial Center is audited as part of the consolidated audit of the Meritus Health, Inc. entities. The medical center received consolidated audited financial statements prepared in accordance with GAAP from an independent accounting firm. |

| Identifie | Return Reference            | Explanation   |
|-----------|-----------------------------|---|
|           | Part VII, Section 6, Line 8 | Joseph Ross began employment on March 30, 2011 and did not receive any compensation during calendar year 2010 |

| Identifier | Return<br>Reference  | Explanation  |
|------------|----------------------|--|
|            | Part VI, Line<br>16b | As defined by the Meritus Medical Center bylaws which state the process for joint venture activity, a joint venture arrangement with a taxable entity would first be evaluated by the Meritus Medical Center Board and the Meritus Health, Inc Board After presentation and approval by those two boards, the Finance & Capital Board of Meritus Health, Inc would evaluate the financial implications of the joint venture. The Audit & Business Integrity Committee of the Meritus Health, Inc. Board would analyze any possible interested party transactions and the limitations and prohibitions associated with the section 501(c)(3) status of the medical center. The Meritus Health, Inc. Board would ultimately need to approve any joint venture resolutions. |

| Identifier | Return<br>Reference  | Explanation  |
|------------|----------------------|--|
|            | Part VI, Line<br>16a | Meritus Medical Center holds a 25% equity interest in Maryland Care, Inc. Maryland Care, Inc. is a managed care organization ("MCO") that was established to serve Maryland's Medicaid population as a result of the State's requirement for Medicaid patients to be a member of an MCO Meritus Medical Center holds a 50% equity interest in Tri-State Health Partners ("THP"). THP is an innovative physician-hospital organization ("PHO") established to organize, assemble and facilitate the provision of cost effective health care services. The partnership consists of more than 200 local physicians and the Hospital. THP is involved in the medical management of more than 6,000 covered lives through regional self-insured businesses. In April of 2009, THP developed a clinical integration program that was approved by the Federal Trade Commission ("FTC"). THP has one of only three clinical integration programs that have been approved by the FTC to date. Within a clinical integration program, physicians agree to work together with a high degree of cooperation, collaboration and mutual interdependence that focuses on improving the quality of care they collectively provide. Physicians use electronic health record technology to coordinate treatment among the patients' healthcare providers, which can substantially reduce the cost of care. |

| Identifier | Return<br>Reference | Explanation  |
|------------|---------------------|--|
|            | Volunteers          | Meritus Medical Center receives volunteers that are recruited by the Meritus Medical Center Auxiliary, Inc ("Auxiliary") The mission of the Auxiliary is to cooperate and assist in the work of the medical center by promoting the medical center's work in the community and supplementing the work of the staff of the medical center |

| ldentifier | Return Reference   | Explanation   |
|------------|--|---|
| '          | Form 990, Part VI, Line 19 Other<br>Organization Documents Publicly<br>Available | Governing documents, conflict of interest policy, and financial statements are available upon request. In addition, the annual audited financial statements are available on the organization's website |

| ldentifier                        | Return Reference   | Explanation   |
|-----------------------------------|--|---|
| Form 990,<br>Part VI,<br>Line 15b | Form 990, Part VI,<br>Line 15b<br>Compensation Review<br>and Approval Process<br>for Officers and Key<br>Employees | Annually in September, the Compensation Committee of the MH Board meets and reviews the following as it relates to compensation of the CEO and other key employees. Market Data - Presented by an independent third party compensation consultant Performance Evaluation - Provided by the CEO Overall Financials- used for Bonus Current Salary Along with Merit Guidelines The independent third party compensation consultant then makes recommendations to the compensation committee and the committee deliberates, discusses, and approves the recommendation as is or makes amendments to it before approval. The report and resulting decision is then reported to the MH Board The positions reviewed on 9/24/10 were as follows. CEO, VP for Information Services, VP for Financial Services, VP for Patient Care Services, Chief Medical Officer, VP for Business Integrity, VP for Human Resources, VP for Nursing Services, VP for Meritus Enterprises and Executive Director of the MHF |

| ldentifier                        | Return<br>Reference   | Explanation  |
|-----------------------------------|---|--|
| Form 990,<br>Part VI,<br>Line 12c | Form 990, Part VI,<br>Line 12c<br>Explanation of<br>Monitoring and<br>Enforcement of<br>Conflicts | An annual disclosure of interest is required for all officers, directors or trustees, and key employees. These disclosures are then reviewed against the accounts payable system to determine the amount, if any, of transactions that have occurred. All disclosures and transactions are reviewed in detail by the following group of individuals. Vice President for Business Integrity, Director of Internal Audit, Chair of the MH Board, Chair of the Audit and Business Integrity Committee, President and CEO of MH, and Legal Counsel. A summmary of all disclosures are then provided to the full Audit and Business Integrity Committee for review After this review, a copy of the disclosures, by Board or Committee, listing the type of involvement/transactions the entity has with the named disclosure, if any, are provided to the chair of the Board or Committee. Any director with a determined conflict is prohibited from participating in the Board's decisions and decisions with regards to that transaction. |

| ldentifier                       | Return<br>Reference                                      | Explanation  |
|----------------------------------|--|--|
| Form 990,<br>Part VI, Line<br>11 | Form 990, Part VI,<br>Line 11 Form 990<br>Review Process | The Form 990 was prepared by the Finance department of MH and reviewed by an independent accounting firm. A copy of the Form 990 was provided to the Audit and Business Integrity Committee of the MH Board (Parent). Acting under the authority of the MH Board, the Committee reviewed the Form 990 prior to the submission of the Form 990 to the Internal Revenue Service. In addition, the Form 990 will be provided to the MHF Board before it is filed with the Internal Revenue Service. |

| ldentifier                    | Return Reference              | Explanation  |
|-------------------------------|-------------------------------|--|
| Form 990, Part<br>VI, Line 7a | Members or Shareholders Elect | MMC nominates candidates for their board and presents the nominees to the MH Board (Parent) through the board designated Governance Committee Final election occurs through the MH Board The MH Board also approves the budget |

| ldentifier                   | Return Reference | Explanation  |
|------------------------------|------------------|--|
| Form 990, Part<br>VI, Line 6 |                  | The sole member of the Corporation, MMC, is MH MH has the right to elect the members of the governing body and approve significant decisions of the governing body |

| ldentifier                      | Return Reference  | Explanation   |
|---------------------------------|---|---|
| Form 990,<br>Part VI, Line<br>2 | Description of     Business or Family     Relationship of Officers, | Marc Kross, MD has contracts with MMC to serve as Surgeon and Chief of Trauma, to provide emergency room call coverage and to provide trauma call coverage William Su, MD has a contract directly with MMC to provide emergency room and trauma call coverage Raymond Grahe is an officer of the MHF board and an employee of MMC and served on the local board of Columbia Bank until 1/1/2011 Greg Snook is the owner of a property that is leased by Meritus Enterprises and his brother owns a storage company in which various entities under MH lease space |

| ldentifier                    | Return<br>Reference                           | Explanation  |
|-------------------------------|---|--|
| Form 990,<br>Part III, Line 2 | Form 990, Part III,<br>Line 2 New<br>Services | elCU (eCare Program) - A technology that links video cameras and physiologic monitoring systems within ICU units, as well as other data from clinical information systems to a remote elCU site. The remote site is staffed by experienced board-certified intensivists and specially trained nursing staff, who monitor the condition of the patients and apply the latest evidence-based decision support tools in managing the care provided to each of the patients. |

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

DLN: 93493136040852

Schedule R (Form 990) 2010

2010

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service

Name of the organization
Meritus Medical Center Inc

52-0607949

| Part I Identification of Disregarded Entities (Comp  | olete if the organization                                 | on answered "Yes                                    | " on Form 990, Pa             | rt IV, line 33.)                                 |  |                             |  |
|--|---|---|-------------------------------|--|--|-----------------------------|--|
| (a) Name, address, and EIN of disregarded entity   | (b) Primary activity Legal domicile (st or foreign counti |   | ( <b>d)</b><br>e Total income | (e)<br>End-of-year assets                        | <b>(f)</b><br>Direct controlling<br>entity |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | nizations (Complete the tax year.)                        | ıf the organizatioi                                 | n answered "Yes" (            | n Form 990, Part                                 | IV, line 34 becaus                         | e it had                    | one  |
| (a) Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity                            | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section    | (e) Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling<br>entity        | Section 5<br>conti<br>organ | <b>g)</b><br>512(b)(13<br>rolled<br>nization |
| (A) Manking Has like and Faundaking Tra  |   |   |                               |  |  | Yes                         | No   |
| (1) Meritus Healthcare Foundation Inc  |   |   |                               |  | l <sub>M</sub> II                          |                             |  |
| 11116 Medical Campus Road  | Fundraising   | MD  | 501(c)(3)                     | 11c  | МН   |                             | No   |
| Hagerstown, MD 21742<br>01-0639265   |   |   |                               |  |  |                             |  |
| (2) Meritus Health Inc   |   |   |                               |  |  |                             |  |
| 11116 Medical Campus Road  | Parent corporation  | MD  | 501(c)(3)                     | 11-III FI  | NA   |                             | No   |
| Hagerstown, MD 21742<br>52-1656378   |   |   |                               |  |  |                             |  |
| (3) Meritus Medical Center Endowment Fund  |   |   |                               |  |  |                             | 1  |
| 11116 Medical Campus Road  | Develops rental properties                                | MD  | 501(c)(3)                     | 11-III FI  | мн   |                             | No   |
| Hagerstown, MD 21742<br>23-7411960   |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |
|  |   |   |                               |  |  |                             |  |

Cat No 50135Y

|  |    |     | ole as a Partners<br>reated as a partne |         | answered " | Yes" on Form 990, | Part IV, lır | ne 34 |
|--|----|-----|---|---------|------------|-------------------|--------------|-------|
|  | 4. | (c) | <br>(e)                                 | <br>, , | (h)        | (i)               | (j)          |       |

| <b>(a)</b><br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | <b>(f)</b><br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h<br>Disprop<br>allocat | rtionate | (i) Code V—UBI amount In box 20 of Schedule K-1 (Form 1065) | <b>(j</b><br>Gener<br>mana<br>partr | iging | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|---|--------|--|-------------------------------------|---------------------------------------|--------------------------|----------|---|-------------------------------------|-------|---------------------------------------|
|   |                                |   |        |  |                                     |                                       | Yes                      | No       |   | Yes                                 | No    |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          |   |                                     |       |                                       |
|   |                                |   |        |  |                                     |                                       |                          |          | 1 10 4 11   | _                                   |       |                                       |

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)<br>Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership |
|--|--------------------------------|--|-------------------------------------|---|------------------------------|--|---------------------------------------|
| (1) Mentus Insurance Company Ltd<br>PO Box 1109GT<br>Grand Cayman<br>CJ<br>98-0162257        | Captive insurance              | CJ   | мн                                  |   |                              |  | 100 000 %                             |
| (2) Mentus Enterprises Inc<br>11116 Medical Campus Road<br>Hagerstown, MD21742<br>52-1393624 | Health serv                    | MD   | мн                                  | С согр  |                              |  | 100 000 %                             |
|  |                                |  |                                     |   |                              |  |                                       |
|  |                                |  |                                     |   |                              |  |                                       |
|  |                                |  |                                     |   |                              |  |                                       |
|  |                                |  |                                     |   |                              |  |                                       |
|  |                                |  |                                     |   |                              |  |                                       |

| Part V Transactions With Related Org  | <b>ganizations</b> (Complete ıf the organızatıon ans  | swered "Yes"      | on Form 990, Par                       | t IV, line 34, 35, 3   | 5A, or 36.)                          |     |      |  |  |
|---|---|-------------------|--|------------------------|--------------------------------------|-----|------|--|--|
| Note. Complete line 1 if any entity is listed in  | Parts II, III or IV                                   |                   |  |                        |                                      | Yes | No   |  |  |
| f 1 During the tax year, did the orgranization engage                                       | in any of the following transactions with one or more | related organiz   | ations listed in Part                  | s II-IV?               |                                      |     |      |  |  |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity |   |                   |  |                        |                                      |     |      |  |  |
| <b>b</b> Gift, grant, or capital contribution to other org                                  | anızatıon(s)  |                   |  |                        | 1b                                   |     | No   |  |  |
| c Gift, grant, or capital contribution from other organization(s)                           |   |                   |  |                        |                                      |     |      |  |  |
| <b>d</b> Loans or loan guarantees to or for other organ                                     | ızatıon(s)  |                   |  |                        | 1d                                   |     | No   |  |  |
| e Loans or loan guarantees by other organizatio   | n(s)  |                   |  |                        | 1e                                   |     | No   |  |  |
| <b>f</b> Sale of assets to other organization(s)  |   |                   |  |                        | 1f                                   |     | No   |  |  |
| g Purchase of assets from other organization(s)   |   |                   |  |                        |                                      |     |      |  |  |
| <b>h</b> Exchange of assets   | F   |                   |  |                        |                                      |     |      |  |  |
| 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   |  |  |
| <b>k</b> Performance of services or membership or fun                                       | draising solicitations for other organization(s)      |                   |  |                        | 1k                                   |     | No   |  |  |
| Performance of services or membership or fundraising solicitations by other organization(s) |   |                   |  |                        |                                      |     |      |  |  |
| m Sharing of facilities, equipment, mailing lists, or other assets                          |   |                   |  |                        |                                      |     |      |  |  |
| n Sharing of paid employees   |   |                   |  |                        | 1n                                   |     | No   |  |  |
| • Reimbursement paid to other organization for  | expenses  |                   |  |                        | 10                                   |     | No   |  |  |
| <b>p</b> Reimbursement paid by other organization for                                       | expenses  |                   |  |                        | <b>1</b> p                           |     | No   |  |  |
| <b>q</b> Other transfer of cash or property to other org                                    | anızatıon(s)  |                   |  |                        | <b>1</b> q                           |     | No   |  |  |
| r Other transfer of cash or property from other o   | rganization(s)  |                   |  |                        | 1r                                   |     | No   |  |  |
| 2 If the answer to any of the above is "Yes," see   | the instructions for information on who must complet  | te this line, inc | ludıng covered relatı                  | onships and transact   | ıon thresholds                       |     |      |  |  |
|   | (a)<br>other organization                             |                   | <b>(b)</b><br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determi<br>involved |     | ount |  |  |
| (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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d) Are all partners section 501(c)(3) organizations? |    | <b>(e)</b><br>Share of<br>end-of-year<br>assets | (f) Dispropitionate allocations? |          | (g)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | mana<br>part | (h)<br>General or<br>managing<br>partner? |  |
|---|--------------------------------|--|---|----|---|----------------------------------|----------|---|--------------|---|--|
|   |                                |  | Yes   | No |   | Yes                              | No       |   | Yes          | No  |  |
|   |                                |  |   |    |   |                                  |          |   | +            | $\vdash$                                  |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              | 1   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  | $\vdash$ |   | +            | $\vdash$                                  |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              | T   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   | -            | $\vdash$                                  |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              | ╁   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   | +            | +   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |
|   |                                |  |   |    |   |                                  |          |   |              |   |  |

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010



Consolidated Financial Statements and Report of Independent Certified Public Accountants

# Meritus Health, Inc.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

June 30, 2011 and 2010

# CONTENTS

|   | Page |
|---|------|
| REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS                              | 3    |
| CONSOLIDATED FINANCIAL STATEMENTS   |      |
| BALANCE SHEETS  | 5    |
| STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS                              | 6    |
| STATEMENTS OF CASH FLOWS  | 7    |
| NOTES TO FINANCIAL STATEMENTS   | 8    |
| SUPPLEMENTARY INFORMATION   |      |
| REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON SUPPLEMENTARY INFORMATION | 35   |
| CONSOLIDATING BALANCE SHEETS  | 36   |
| CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS                | 38   |



### **Report of Independent Certified Public Accountants**

To the Board of Directors Meritus Health, Inc Audit - Tax - Advisory

Grant Thornton LLP
1 South Street, Suite 2400
Baltimore, MD 21202-7304
T 410 685 4000
F 410 837 0587
www.GrantThornton.com

We have audited the accompanying consolidated balance sheets of Mentus Health, Inc. (formerly The Washington County Health System, Inc. and Subsidiaries) ("Mentus") at June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of Mentus' management. Our responsibility is to express an opinion on these financial statements based on our audit. We did not audit the financial statements of Mentus Healthcare Foundation (formerly Antietam Healthcare Foundation) (the "Foundation"), which statements reflect total assets of approximately three and two percent of total consolidated assets at June 30, 2011 and 2010, respectively, and total revenues of approximately one percent of the related consolidated total revenues for the years then ended of Mentus. Those statements were audited by other auditors, whose report thereon has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Foundation, is based on the reports of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mentus' internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion and the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mentus Health, Inc. (formerly The Washington County Health System, Inc. and Subsidianes) as of June 30, 2011 and 2010, and the results of its operations and changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Therton LLT

Baltimore, Maryland September 26, 2011

Meritus Health, Inc. (Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATED BALANCE SHEETS

### June 30,

| ASSETS   | 2011                            | 2010                     |
|--|---------------------------------|--------------------------|
| CURRENT ASSETS   |                                 |                          |
| Cash and cash equivalents                                | \$ 18,380,698                   | \$ 23,025,683            |
| Restricted cash  | 2,614,437                       | 2,601,651                |
| Short-term investments                                   | 4,399,794                       | 4,731,657                |
| Current portion of assets whose use is limited           | 10,232,054                      | 23,081,967               |
| Accounts receivable, net                                 | 45,878,319                      | 41,385,245               |
| Supplies   | 10,252,192                      | 9,640,469                |
| Prepaid and other current assets                         | <u>5,914,333</u>                | <u>5,749,191</u>         |
| Total current assets                                     | 97,671,827                      | 110,215,863              |
| EQUITY INVESTMENTS IN AFFILIATES                         | 22,752,291                      | 19,432,755               |
| ASSETS WHOSE USE IS LIMITED                              |                                 |                          |
| Board designated funds                                   | 75,555,190                      | 60,171,745               |
| Supplemental retirement benefit investments              | 3,539,997                       | 2,969,470                |
| Temporarily and permanently restricted donor funds       | <u>1,165,136</u>                | 924,031                  |
| 4 1 111  | 80,260,323                      | 64,065,246               |
| Assets held by trustee for debt service and construction | 18,465,329                      | 59,402,684               |
| Funds designated for insurance purposes                  | <u>7,647,952</u><br>106,373,604 | 7,154,386<br>130,622,316 |
|  | 100,575,004                     | 150,022,510              |
| PROPERTY, PLANT AND EQUIPMENT, net                       | 303,540,192                     | 272,716,066              |
| PLEDGES RECEIVABLE, net                                  | 3,893,162                       | 3,484,189                |
| DEFERRED FINANCING COSTS, net                            | 2,805,574                       | 2,937,209                |
| OTHER ASSETS   | <u>1,292,149</u>                | <u>759,506</u>           |
| Total assets   | \$ <u>538,328,799</u>           | \$ <u>540,167,904</u>    |

The accompanying notes are an integral part of these financial statements.

| LIABILITIES AND NET ASSETS               | 2011                  | 2010                  |
|--|-----------------------|-----------------------|
| CURRENT LIABILITIES                      |                       |                       |
| Accounts payable and accrued expenses    | \$ 15,151,202         | \$ 12,761,464         |
| Construction and retainage payable       | 1,153,823             | 14,166,331            |
| Accrued salaries, wages and withholdings | 4,151,982             | 8,920,979             |
| Accrued compensation benefit             | 16,210,039            | 15,014,599            |
| Advances from third-party payors         | 6,684,832             | 6,663,875             |
| Accrued interest payable                 | 7,795,244             | 7,504,756             |
| Current portion of long-term debt        | 9,140,210             | 6,067,114             |
| Total current liabilities                | 60,287,332            | 71,099,118            |
| LONG-TERM DEBT, net of current portion   | 266,146,562           | 273,591,018           |
| ACCRUED RETIREMENT BENEFITS              | 3,900,084             | 8,312,366             |
| ASSET RETIREMENT OBLIGATION              | -                     | 1,993,500             |
| OTHER LONG-TERM LIABILITIES              | 4,555,379             | <u>3,500,265</u>      |
| Total liabilities                        | 334,889,357           | 358,496,267           |
| NET ASSETS                               |                       |                       |
| Unrestricted                             |                       |                       |
| Mentus                                   | 190,332,321           | 170,208,396           |
| Non-controlling interest                 | 1,440,713             | 1,664,348             |
| Total unrestricted net assets            | 191,773,034           | 171,872,744           |
| Temporarily restricted                   | 10,637,790            | 8,770,275             |
| Permanently restricted                   | 1,028,618             | <u>1,028,618</u>      |
| Total net assets                         | <u>203,439,442</u>    | <u>181,671,637</u>    |
| Total liabilities and net assets         | \$ <u>538,328,799</u> | \$ <u>540,167,904</u> |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

# CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

### Years ended June 30,

|   | 2011                | 2010              |
|---|---------------------|-------------------|
| Unrestricted revenue, gains and other support                   |                     |                   |
| Net patient service revenue                                     | \$327,046,507       | \$301,173,125     |
| Sales   | 27,809,493          | 28,884,376        |
| Rental income, net of expense                                   | 1,932,293           | 2,056,141         |
| Loss on disposal of assets                                      | (197,187)           | (384,413)         |
| Other revenue   | 9,765,511           | 4,795,330         |
| Equity earnings in affiliates                                   | 7,094,777           | 7,231,427         |
| Net assets released from restriction used for operations        | <u>847,815</u>      | <u>1,236,272</u>  |
| •   | 374,299,209         | 344,992,258       |
| Expenses  |                     |                   |
| Salaries and wages  | 141,555,417         | 138,625,975       |
| Professional fees   | 9,620,750           | 9,781,100         |
| Cost of goods sold  | 19,070,547          | 19,558,504        |
| Supplies and other  | 147,655,304         | 141,454,848       |
| Interest  | 9,212,306           | 621,399           |
| Depreciation and amortization                                   | 22,153,445          | 16,366,229        |
| Provision for bad debts   | 14,550,932          | 13,722,835        |
|   | 363,818,701         | 340,130,890       |
| Operating income before other items                             | 10,480,508          | 4,861,368         |
| Other items   |                     |                   |
| Demolition costs  | (954,579)           | _                 |
| Early retirement costs  | (569,942)           | (1,451,379)       |
| Transition costs  | <u>(2,797,289</u> ) | <u>(706,986</u> ) |
|   | (4,321,810)         | (2,158,365)       |
| Operating income  | 6,158,698           | 2,703,003         |
| Non-operating gains (losses), net                               |                     |                   |
| Investment returns, net   | 12,762,559          | 10,240,301        |
| Other, net  | 874,080             | (1,545,929)       |
| Income tax expense  | (174,635)           | _(1,194,992)      |
| Excess of revenue over expenses                                 | 19,620,702          | 10,202,383        |
| Excess of revenue over expenses attributable to non-controlling |                     |                   |
| interest  | <u>(296,365</u> )   | (300,815)         |
| Excess of revenue over expenses attributable to Meritus         | 19,324,337          | 9,901,568         |

The accompanying notes are an integral part of these financial statements.

|   | 2011               | 2010               |
|---|--------------------|--------------------|
| Other changes in unrestricted net assets                      |                    |                    |
| Net assets released from restrictions for property, plant and |                    |                    |
| equipment   | <del>-</del>       | 2,946,776          |
| Change in retirement benefit obligation                       | 714,279            | 2,445,987          |
| Change in non-controlling interests                           | (223,635)          | (159,184)          |
| Other   | <u>85,309</u>      | <u>1,375,715</u>   |
| Increase in unrestricted net assets                           | 19,900,290         | 16,510,862         |
| Temporarily restricted net assets                             |                    |                    |
| Contributions   | 2,667,532          | 3,142,588          |
| Net realized and unrealized gains and losses on investments   | 47,798             | 19,836             |
| Net assets released from restrictions for property, plant and |                    |                    |
| equipment   | -                  | (2,946,776)        |
| Net assets released from restrictions for operations          | <u>(847,815)</u>   | (1,236,272)        |
| Increase (decrease) in temporarily restricted net assets      | <u>1,867,515</u>   | _(1,020,624)       |
| INCREASE IN NET ASSETS  | 21,767,805         | 15,490,238         |
| Net assets  |                    |                    |
| Beginning of year   | <u>181,671,637</u> | <u>166,181,399</u> |
| End of year   | \$203,439,442      | \$181,671,637      |

Meritus Health, Inc. (Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATED STATEMENTS OF CASH FLOWS

### Years ended June 30,

|  | 2011               | 2010                       |
|--|--------------------|----------------------------|
| Cash flows from operating activities                                       |                    |                            |
| Increase in net assets   | \$ 21,767,805      | \$ 15,490,238              |
| Adjustments to reconcile increase in net assets to net cash                | \$\pi_1,707,005    | Ψ 13, τ/0, 230             |
| provided by operating activities   |                    |                            |
| Depreciation and amortization  | 22,153,445         | 16,366,229                 |
| Provision for bad debts  | 14,550,932         | 13,722,835                 |
| Change in retirement benefit obligation                                    | (714,279)          | (2,445,987)                |
| Change in non-controlling interest   | 223,635            | 159,184                    |
| Net realized and unrealized gains on investments                           | (10,583,839)       | (7,839,926)                |
| Loss on disposal of assets   | 197,187            | 384,413                    |
| Equity earnings in affiliates  | (7,094,777)        | (7,231,427)                |
|  | 165,960            | 99,675                     |
| Accretion of asset retirement obligation Changes in assets and liabilities | 105,900            | 99,073                     |
| Accounts receivable  | (19,044,006)       | (0.160.160)                |
|  | (776,865)          | (9,460,460)<br>(1,024,791) |
| Supplies, prepaid, and other current assets<br>Other assets                | (941,616)          | 794,890                    |
|  | (9+1,010)          | 194,090                    |
| Accounts payable, accrued expenses and long-term liabilities               | 513,054            | 1,768,037                  |
|  | (4,768,997)        | 1,080,963                  |
| Accrued salaries, wages and withholdings                                   | * ' '              | 700,699                    |
| Accrued compensation benefit   | (752,427)          |                            |
| Advances from third-party payors   | 20,957             | 590,196                    |
| Interest payable   | 290,488            | (1.255.002)                |
| Retirement benefits  | <u>(1,069,798)</u> | (1,255,883)                |
| Net cash provided by operating activities                                  | 14,136,859         | 21,898,885                 |
| Cash flows from investing activities                                       |                    |                            |
| Purchase of property, plant and equipment                                  | (66,021,503)       | (112,494,039)              |
| Proceeds from the disposal of assets                                       | 5                  | 217,886                    |
| Purchase of restricted cash, short-term investments, and assets            |                    |                            |
| whose use is limited   | (314,611,853)      | (529,195,760)              |
| Sale of restricted cash, short-term investments, and assets                | , ,                | , , ,                      |
| whose use is limited   | 362,613,394        | 625,800,326                |
| Equity investments in affiliates   | <u>3,775,241</u>   | 3,248,304                  |
| • •  |                    |                            |
| Net cash used in investing activities                                      | (14,244,716)       | (12,423,283)               |

The accompanying notes are an integral part of these financial statements.

|   | 2011                      | 2010                   |
|---|---------------------------|------------------------|
| Cash flows from financing activities Proceeds from long-term debt Payments on long-term debt                                    | 1,300,000<br>(5,837,128)  | 700,000<br>(6,931,468) |
| Net cash used in financing activities   | (4,537,128)               | <u>(6,231,468</u> )    |
| NET (DECREASE) INCREASE IN CASH AND<br>CASH EQUIVALENTS   | (4,644,985)               | 3,244,134              |
| Cash and cash equivalents Beginning of year   | _23,025,683               | 19,781,549             |
| End of year   | \$ <u>18,380,698</u>      | \$ <u>23,025,683</u>   |
| Supplemental disclosure of cash flow information: Cash paid for income taxes Cash paid for interest, net of amounts capitalized | \$ 1,041,108<br>8,631,330 | \$ 952,024<br>621,399  |
| Supplemental disclosure of non-cash investing and financing activities:  Assets acquired under capital leases                   | \$ 165,768                | \$ 4,557,137           |
| Decrease in accrual for the purchase of property, plant and equipment   | (13,012,508)              | (201,566)              |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2011 and 2010

#### 1. DESCRIPTION OF ORGANIZATION

#### **Organization**

Meritus Health, Inc (formerly The Washington County Health System, Inc) ("Parent"), is the parent corporation of the Meritus Medical Center, Inc (formerly Washington County Hospital Association) ("Hospital"), Meritus Enterprises (formerly Antietam Health Services, Inc) ("MEI"), the Meritus Medical Center Endowment Fund, Inc (formerly Washington County Hospital Endowment Fund, Inc) ("Fund"), the Meritus Healthcare Foundation, Inc (formerly Antietam Healthcare Foundation, Inc) ("Foundation"), and the Meritus Insurance Company, Ltd (formerly Antietam Insurance Company, Ltd) ("MIC") These entities are collectively referred to as "Meritus"

The Hospital is a not-for-profit acute care hospital located in Hagerstown, Maryland and serves the residents of western Maryland, southern Pennsylvania, and the panhandle of West Virginia. The Parent is the sole corporate member of the Hospital. The Hospital currently offers acute general hospital inpatient services including adult medical/surgical care, obstetrics and newborn care, including a family birthing center, cardiac catheterizations, comprehensive inpatient rehabilitation, radiology and diagnostic services, inpatient and outpatient mental health services, a regional Level III Trauma Center, an intensive care unit, a progressive care unit, a coronary care unit, and a pediatric unit. The Hospital completed construction of a replacement hospital, which opened in December 2010.

MEI is a for-profit corporation located in Hagerstown, Maryland and serves the residents of western Maryland, southern Pennsylvania, and the panhandle of West Virginia MEI is wholly-owned by the Parent MEI has a  $100^{\circ}$  o interest in entities that provide laboratory, pharmacy, and other health services In addition, MEI holds a  $60^{\circ}$  o interest in Robinwood Surgery Center which provides ambulatory surgery services and a  $50^{\circ}$  o interest in Diagnostic Imaging Services which provides outpatient imaging services

The Fund is a not-for-profit corporation which manages gifts, donations or bequests given for the benefit of Meritus. The Parent is the sole corporate member of the Fund. The Fund also acquires real estate properties for rental to medical provider entities and development opportunities. The Fund is the sole member of Meritus Medical Center Endowment Development Company, Inc. (formerly The Washington County Endowment Development Company, Inc.) ("Development Company") a not-for-profit corporation, which was formed to develop and lease real estate properties for rental to medical provider entities.

The Fund's By Laws and Articles of Incorporation provide that the Fund is to be operated exclusively for the support and benefit of the Hospital and the Parent or activities or programs which benefit the Hospital or the Parent Distributions are made to the Hospital or the Parent in amounts and in periods determined by the Fund's Board of Directors, who may also restrict the use of funds. In the event the Fund is dissolved, all remaining assets would be returned to the Hospital or the Parent.

The Foundation a not-for-profit corporation whose purpose is to raise philanthropic support for the capital and endowment campaigns of the Hospital and the Fund. The Foundation also raises money for the Hospital's medical programs, healthcare objectives, scientific research, educational programs, and related community activities. Resources for the Foundation's activities are primarily provided by donors

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 1. DESCRIPTION OF ORGANIZATION - Continued

#### Organization - continued

MIC is a Cayman Island captive insurance company, wholly-owned by the Parent that provides primary limits of insurance to Meritus for professional liability, employed physicians professional liability, comprehensive general liability, deductible, and stop loss coverage for health insurance

Effective July 1, 2011, MEI completed a structural realignment to include the formation of a new tax-exempt entity, Meritus Holdings, LLC ("Holdings") which is a Delaware LLC. This realignment included the conversion of taxable subsidiaries of MEI, Hagerstown Medical Lab, Health @ Work, and Meritus Urgent Care to tax-exempt status with a transfer of ownership to Holdings. In addition, Holdings is the only owner of MEI. The Hospital is the sole member of Holdings. Holdings is a disregarded entity for federal income tax purposes.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of the Parent, the Hospital, MEI, the Fund, the Foundation, and MIC MEI owns a 60% interest in Robinwood Surgery Center, LLC, at June 30, 2011 and 2010, which is included in the consolidated financial statements with the related non-controlling interest reported as a component of net assets. All material inter-company balances and transactions have been eliminated in consolidation.

#### **Use of Estimates**

The preparation of consolidated financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The most significant management estimates and assumptions related to the determination of allowance for doubtful accounts and contractual allowances for patient accounts receivable, tax accruals, useful lives of property, plant and equipment, actuarial estimates for the postretirement benefit plan, self-insured reserves, including professional and general liabilities and the reported fair values of certain assets and liabilities.

### Fair Value Measurements

Meritus measures fair value as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. The accounting guidance outlines a valuation framework and creates a fair value hierarchy in order to increase the consistency and comparability of fair value measurements and the related disclosures. The fair value hierarchy is broken down into three levels based on the source of inputs as follows.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### Fair Value Measurements - continued

- **Level I** Quoted prices are available in active markets for identical assets or liabilities as of the report date. A quoted price for an identical asset or liability in an active market provides the most reliable fair value measurement because it is directly observable to the market.
- **Level II** Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the report date. The nature of these securities include investments for which quoted prices are available but traded less frequently and investments that are fair valued using other securities, the parameters of which can be directly observed.
- **Level III** Securities that have little to no pricing observability as of the report date. These securities are measured using management's best estimate of fair value, where the inputs into the determination of fair value are not observable and require significant management judgment or estimation.

Financial instruments consist of cash equivalents, patient accounts receivable, investments, excluding those accounted for by the equity method, accounts payable and accrued expenses and long-term debt. The carrying amounts reported in the consolidated balance sheets for cash equivalents, patient accounts receivable, and accounts payable and accrued expenses approximate fair value. Management's estimates of other financial instruments are described elsewhere in the notes to the consolidated financial statements.

### **Allowance for Doubtful Accounts**

Meritus provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients or third-party payors to make payments for services. The allowance is determined by analyzing specific accounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and Meritus ceases collection efforts. Losses have been consistent with management's expectations.

### Cash and Cash Equivalents

Cash and cash equivalents consist of short-term, highly liquid investments that are readily convertible to cash and have original maturities of three months or less. Cash and cash equivalents are carried at cost which approximates fair value. Meritus entered into overnight investment repurchase transactions of \$13,968,000 and \$9,622,806 as of June 30, 2011 and 2010, respectively.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### Assets Whose Use is Limited

Assets whose use is limited include assets set aside by the Board of Directors for specific purposes, for supplemental retirement benefit investments, to fulfill donor purposes, assets held by trustees under debt indenture agreement (debt and construction), and funds designated for insurance purposes. Amounts required to meet current liabilities are shown as current assets in the consolidated balance sheets.

#### **Investments and Investment Income**

Investments in equity securities (i.e., investments that have readily determinable fair values and are not accounted for by the equity method) and all investments in debt securities are reported at fair value on the consolidated balance sheets, under the fair value option

Investment income, which includes interest and dividends, on proceeds of borrowings that are held by a trustee, to the extent not capitalized, are reported as other revenue. Other investment income, which includes interest, dividends and realized and unrealized gains and losses on assets limited as to use by Board of Directors and funds designated for insurance purposes are recorded as non-operating gains (losses), net, unless the income or loss is restricted by donor or law

Meritus' investments are managed by investment managers. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the consolidated financial statements.

### **Supplies**

Supplies for the Hospital are carried at the lower of cost or market on a weighted average basis

Supplies for MEI are valued at the lower of cost or market, with the cost being recorded on the first-in, first-out method

Major classes of supplies as of June 30, are as follows

|   | 2011   | 2010   |
|---|--|--|
| Durable medical equipment<br>Surgical and medical supplies<br>Other supplies<br>Pharmacy and home care infusion<br>Medical laboratory | \$ 751,414<br>5,631,585<br>1,017,163<br>2,354,710<br>497,320 | \$ 747,587<br>4,737,738<br>1,137,813<br>2,515,780<br>501,551 |
| •   | \$ <u>10,252,192</u>   | \$ <u>9,640,469</u>  |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### **Property, Plant and Equipment**

Property, plant and equipment acquisitions are recorded at cost. Those assets acquired by gift are carried at amounts established as fair value at the time of acquisition. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method. Equipment under capital lease is amortized by the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Durable medical equipment held for resale is included in supplies. The remainder of durable medical equipment is rented to patients and is included in property, plant and equipment. Assets are retired or disposed of at book value and related gains or losses are recorded for assets sold. Useful lives range as follows.

Land improvements 5 - 25 years Buildings 10 - 40 years Equipment 5 - 20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as other changes in unrestricted net assets unless explicit donor stipulations specify how the donated assets must be used. When applicable, gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions occur when the donated or acquired long-lived assets are placed into service.

Meritus continually evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets is appropriate, or whether the remaining balance may not be recoverable. When factors indicate that long-lived assets should be evaluated for possible impairment, Meritus uses an estimate of the related undiscounted operating income over the remaining life of the long-lived asset in measuring whether the long-lived asset is recoverable. The impairment loss on these assets is measured as the excess of the carrying amount of the asset over its fair value. Fair value is based upon market prices where available, or discounted cash flows. Management believes that no revision to the remaining useful lives or write-down of long-lived assets is required at June 30, 2011.

#### **Deferred Financing Costs**

Financing costs incurred in issuing debt have been capitalized and are being amortized over the life of the debt using the interest method

#### **Advertising Costs**

Advertising costs for the years ended June 30, 2011 and 2010 were \$718,165 and \$588,000, respectively

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### **Compensated Absences**

Meritus records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods. This liability is included in accrued salaries, wages and withholdings on the consolidated balance sheets.

### Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Meritus has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Meritus in perpetuity.

### **Excess of Revenue over Expenses**

The consolidated statements of operations include the excess of revenue over expenses. Changes in unrestricted net assets that are excluded from the excess of revenues over expenses, consistent with industry practice, include net assets released from restrictions for property, plant and equipment, the change in retirement benefit obligation, change in non-controlling interest and other items

### Net Patient Service Revenue

For services provided at the Hospital campus, all payors are required to pay the Maryland Health Services Cost Review Commission ("HSCRC") approved rates. The major third-party payors, as recognized by the HSCRC, are allowed discounts of up to 6% on approved rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered Contractual adjustments to patient service revenue were \$82,011,300 and \$82,503,967 for the years ended June 30, 2011 and 2010, respectively

The Hospital's charges are subject to review and approval by the HSCRC. The Hospital management has filed the required forms with the HSCRC and believes the Hospital to be in compliance with HSCRC requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an arrangement between the Centers for Medicare and Medicaid Service and the HSCRC. Management believes that this program will remain in effect at least through June 30, 2012. Effective July 1, 2010, the Hospital entered into an agreement with the HSCRC under a rate regulation concept called Total Patient Revenue ("TPR") for a three year period. TPR is a revenue constraint methodology which provides for inflation, bad debt, payer differential and adjustments for population growth, but excludes case mix and volume changes. For fiscal year 2011, the regulated revenue cap was \$275,699,700. For fiscal year 2010, the HSCRC methodology was a base period charge per admission that was adjusted annually to reflect cost inflation plus an incentive factor during years when the net revenue per adjusted admission nationally is greater than cost inflation. For fiscal year 2010, this methodology established a charge per admission cap of \$8,684, for the Hospital, which was subject to adjustment for changes in hospital specific and state-wide case mix.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### Net Patient Service Revenue - continued

Services not located on the Hospital campus are not regulated by the HSCRC. Medicare and Medicaid pay the revenues associated with these services based upon established fee schedules. Commercial payors pay at negotiated rates for these services.

Net patient service revenue is reported as estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

Net revenues from the Medicare and Medicaid programs collectively constitute approximately 48% of Meritus' net patient service revenue for the years ended June 30, 2011 and 2010. Laws and regulations governing the HSCRC, Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Meritus believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action.

### **Charity Care**

Meritus provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Meritus does not pursue collection on amounts deemed to qualify as charity. Meritus estimates that \$14,525,095 and \$12,738,000 of charity care, based on established rates, was provided for the years ended June 30, 2011 and 2010, respectively

Meritus' patient acceptance policy is based upon its mission statement and its charitable purposes. This policy results in Meritus' assumption of higher-than-normal credit risk from its patients. To the extent that Meritus realizes additional losses resulting from such higher credit risks and clients are not identified or do not meet Meritus' defined charity care policy, such additional losses are included in the provision for bad debt.

Meritus also sponsors certain other charitable programs, which provide substantial benefit to the broader community. Such programs include services to needy and elderly populations that require special support, as well as health and education for the general community welfare. In addition, all other uncollectable amounts resulting from the patients' inability to pay are recorded as a reduction to net patient service, consistent with Meritus' policy.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### **Income Taxes**

The Internal Revenue Service has ruled that the Parent, the Hospital, the Fund, the Development Company and the Foundation qualify under Section 501(c)(3) of the Internal Revenue Code and are, therefore, not subject to tax under present income tax regulations

MEI accounts for income taxes through the current recognition of deferred tax habilities and assets for the expected future tax consequences of temporary differences between tax bases and financial reporting bases of other assets and habilities

At present, no income, profit or capital gain taxes are levied in the Cayman Islands and accordingly, no provision for taxation has been made for MIC. In the event that such taxes are levied, MIC has been granted an exemption until September 9, 2023 for any such taxes that might be introduced. MIC intends to conduct its affairs so as not to be liable for taxes in any other jurisdiction.

Meritus follows the accounting guidance for uncertainties in income tax positions which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return

### **Concentration of Credit Risk**

Meritus invests its excess cash, investments, and assets in financial institutions which are federally insured under the Federal Deposit Insurance Act ("FDIA") Deposits in certain accounts exceed federally insured deposit limits. Meritus has experienced no losses on its deposits

Meritus grants credit without collateral to the patients it serves who primarily live in the tri-state area. The majority of these patients have either insurance through Blue Cross, another insurance company or a health maintenance organization or qualify for the Maryland Medical Assistance or the Centers for Medicare and Medicaid Services ("CMS") programs

At June 30, Meritus' patient accounts receivable were made up of the following

|                                  | 2011             | 2010             |
|----------------------------------|------------------|------------------|
| Health maintenance organizations | 3° 0             | 2º o             |
| Medical assistance HMO           | 14               | 14               |
| Medicare                         | 30               | 26               |
| Commercial insurance and other   | 23               | 23               |
| Blue Cross/Blue Shield           | 18               | 18               |
| Self-pay                         | <u>12</u>        | <u>17</u>        |
|                                  | <u>1()()</u> 0 o | <u>1()()</u> 0 o |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### 457(b) Deferred Compensation Plan

The Hospital is party to a 457(b) deferred compensation plan intended to provide retirement benefits to certain eligible employees. Assets are deposited with the plan managers, pursuant to this agreement, such that the value of the assets determined by the fair value approximately equals the related accrued deferred compensation liability. The funds are placed into a range of investment strategies from conservative to aggressive. The liability associated with this plan is included in accrued retirement benefits on the consolidated balance sheets.

### **Pending Accounting Pronouncements**

In August 2010, the FASB issued amended authoritative guidance to reduce the diversity in practice regarding the measurement basis used in the identification and disclosure of charity care by healthcare entities. The amendments in this guidance require that cost be used as the measurement for charity care disclosure purposes and that cost be identified as the direct and indirect cost of providing the care. The guidance also requires entities to disclose their method used to identify or determine such costs. This authoritative guidance is effective for financial statements issued for fiscal years beginning after. December 15, 2010 and should be applied retrospectively to all prior fiscal years presented. Early application is permitted. Meritus has not early adopted this guidance, but plans to adopt it for the year ending June 30, 2012. The new guidance is not expected to affect the results of operations or financial position, however, changes to the charity care disclosures will be required.

In August 2010, the FASB issued amended authoritative guidance to reduce the diversity in practice related to the accounting by healthcare entities for medical malpractice claims and similar liabilities, and their related expected insurance recoveries. The amendments in this guidance state that insurance claims liabilities should be determined without consideration of any expected insurance recoveries, consistent with practice in other industries, and clarifies that healthcare entities should no longer net expected insurance recoveries against the related claims liabilities, thus recognizing their gross exposure in the financial statements. This authoritative guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. A cumulative-effect adjustment should be recognized in opening equity in the period of adoption if a difference exists between any liabilities and insurance receivables recorded as a result of applying the amendments in this guidance. Retrospective and early applications are also permitted. Meritus has not early adopted this guidance, but plans to adopt it for the year ending June 30, 2012. Meritus is evaluating the impact of adopting this guidance.

In July 2011, the FASB issued authoritative guidance to provide amendments to the presentation of the statement of operations for certain healthcare entities and enhanced disclosure about net patient service revenue and the related allowance for doubtful accounts. These amendments require certain healthcare entities to present their provision for bad debts associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts). These amendments also require disclosure of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. Additionally, healthcare entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### Pending Accounting Pronouncements - continued

The guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The amendments to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The disclosures required by the amendments in this update should be provided for the period of adoption and subsequent reporting periods. Meritus is evaluating the impact of adopting this guidance on its results of operations and financial position.

### Reclassifications

Certain prior year amounts in the accompanying consolidated financial statements have been reclassified to conform to current year presentation. These reclassifications had no impact on total assets, total liabilities, and net assets or excess of revenue over expenses previously reported.

### **Subsequent Events**

Meritus evaluated subsequent events through September 26, 2011, the date of these consolidated financial statements were available to be issued. All material matters are disclosed in the footnotes to the consolidated financial statements

### 3. INVESTMENTS AND INVESTMENT INCOME

Investments at June 30 consisted of the following

|  | 2                    | 2011                 | 201                  | ()                   |
|--|----------------------|----------------------|----------------------|----------------------|
|  | Cost                 | Fan Value            | Cost                 | Fan Value            |
| Short-term investments:                                |                      |                      |                      |                      |
| US government securities                               | \$ <u>4,399,794</u>  | \$ <u>4,399,794</u>  | \$ <u>4,731,657</u>  | \$ <u>4,731,657</u>  |
| Assets whose use is limited:                           |                      |                      |                      |                      |
| Cash and cash equivalents                              | \$ 190,552           | \$ 190,552           | \$ 1,751,515         | \$ 1,751,515         |
| Fixed income   | 29,264,585           | 29,891,730           | 26,630,529           | 27,336,457           |
| Common stock   | 43,771,897           | 47,521,106           | 35,525,616           | 32,688,142           |
| Mutual funds   | 2,656,935            | 2,656,935            | 2,289,132            | 2,289,132            |
|  | \$ <u>75,883,969</u> | \$ <u>80,260,323</u> | \$ <u>66,196,792</u> | \$ <u>64,065,246</u> |
| Assets held by trustee for debt service and            |                      |                      |                      |                      |
| construction: US government securities                 | \$27,731,117         | \$27,776,762         | \$81,898,999         | \$81,073,771         |
|  | -                    | ··                   |                      | ·- <del></del>       |
| Funds designated for insurance purposes:  Fixed income | © 9 229 204          | © 0 540 572          | © 0.19() 17(         | © 0 5 6 5 7 6 6      |
| rixed income   | \$ <u>8,338,296</u>  | \$ <u>8,568,573</u>  | \$ <u>8,180,476</u>  | \$ <u>8,565,266</u>  |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 3. INVESTMENTS AND INVESTMENT INCOME - Continued

Meritus had restricted cash of \$2,614,437 and \$2,601,651 as of June 20, 2011 and 2010, respectively, for unemployment insurance collateral and workers' compensation collateral, in compliance with the self-insurance requirement under the regulations of the State of Maryland Employment Security Administration and Workers' Compensation Administration

Investment returns, net on investments included in the consolidated statements of operations and changes in net assets are comprised of the following for the years ended June 30

|   | 2011                 | 2010                 |
|---|----------------------|----------------------|
| Investment returns, net   |                      |                      |
| Interest and dividends, net of investment fees of \$234,905 and |                      |                      |
| \$206,240 in 2011 and 2010, respectively                        | \$ 2,226,518         | \$ 2,420,211         |
| Net realized gains (losses) on investments                      | 4,217,673            | (3,171,432)          |
| Change in unrealized gains and losses on investments            | <u>6,318,368</u>     | 10,991,522           |
|   | \$ <u>12,762,559</u> | \$ <u>10,240,301</u> |

### 4. FAIR VALUE MEASUREMENTS

The following table presents Meritus' assets measured at fair value on a recurring basis using the market approach, all of which are Level 1 financial instruments, as of June 30

|                             | 2011                  | 2010                  |
|-----------------------------|-----------------------|-----------------------|
| Cash and cash equivalents   | \$ 18,380,698         | \$ 23,025,683         |
| Restricted cash             | 2,614,437             | 2,601,651             |
| Short-term investments      | 4,399,794             | 4,731,657             |
| Assets whose use is limited | <u>116,605,658</u>    | 153,704,283           |
| Total assets                | \$ <u>142,000,587</u> | \$ <u>184,063,274</u> |

Meritus does not have any Level 2 or 3 financial instruments as of June 30, 2011 and 2010

Pledges receivable are non-recurring fair value measurements. Any multi-year pledge received in fiscal year 2011 and 2010 are recorded at the present value of future cash flows with a discount rate adjusted for any market conditions to arrive at fair value.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

## 5. ACCOUNTS RECEIVABLE

Accounts receivable at June 30 consist of the following

|   | 2011                 | 2010                 |
|---|----------------------|----------------------|
| Patient accounts  | \$52,034,966         | \$46,712,574         |
| Less Contractual allowance  | (5,857,365)          | (5,957,119)          |
| Less Allowance for doubtful accounts                              | <u>(3,676,453</u> )  | <u>(2,995,908</u> )  |
|   | 42,501,148           | 37,759,547           |
| Other receivables   | 3,377,171            | <u>3,625,698</u>     |
|   | \$ <u>45,878,319</u> | \$ <u>41,385,245</u> |
| Pledges receivable at June 30 consist of the following            |                      |                      |
|   | 2011                 | 2010                 |
| Capital campaign  | \$6,915,922          | \$6,718,696          |
| Other   | <u>298,879</u>       | 149,331              |
| Total unconditional promises to give                              | 7,214,801            | 6,868,027            |
| Receivable in less than one year                                  | 2,328,567            | 2,563,506            |
| Receivable in one to five years                                   | 4,197,227            | 4,302,521            |
| Receivable in more than five years                                | _689,007             | 2,000                |
| Total unconditional promises to give                              | 7,214,801            | 6,868,027            |
| Less discounts to net present value                               | (718,414)            | (604,155)            |
| Less allowance for uncollectible promises                         | (630,017)            | <u>(591,262</u> )    |
| Net unconditional promises to give                                | \$ <u>5,866,370</u>  | \$ <u>5,672,610</u>  |
| Pledges receivable, current portion included in other receivables | \$1,973,208          | \$2,188,421          |
| Pledges receivable, net of current portion                        | <u>3,893,162</u>     | <u>3,484,189</u>     |
|   | \$ <u>5,866,370</u>  | \$ <u>5,672,610</u>  |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 6. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment at June 30 is comprised of the following

|  | 2011                  | 2010                  |
|--|-----------------------|-----------------------|
| Land   | \$ 24,845,055         | \$ 12,729,449         |
| Buildings, and improvements used in operations | 177,838,850           | 78,296,483            |
| Buildings used in rental operations            | 22,083,494            | 22,008,861            |
| Equipment                                      | <u>180,542,923</u>    | <u>139,779,304</u>    |
|  | 405,310,322           | 252,814,097           |
| Less accumulated depreciation and amortization | <u>(103,081,471</u> ) | <u>(167,689,232</u> ) |
| •  | 302,228,851           | 85,124,865            |
| Construction in progress                       | <u>1,311,341</u>      | <u> 187,591,201</u>   |
|  |                       |                       |
| Property, plant and equipment, net             | \$ <u>303,540,192</u> | \$ <u>272,716,066</u> |

The following equipment is held under capital leases, included in the equipment category of property, plant and equipment

|   | 2011                               | 2010                        |
|---|------------------------------------|-----------------------------|
| Equipment Less accumulated amortization | \$14,670,518<br><u>(2,651,757)</u> | \$16,951,834<br>(8,456,786) |
|   | \$ <u>12,018,761</u>               | \$ <u>8,495,048</u>         |

Total depreciation and amortization expense for the years ended June 30, 2011 and 2010 was \$22,153,445 and \$16,366,229, respectively

Meritus has a conditional asset retirement obligation (CARO) of \$1,608,950 and \$1,993,500 at June 30, 2011 and 2010, respectively (2011 included in accounts payable and accrued expenses, 2010 included in other long-term liabilities), that relates to the removal and disposal of asbestos and 2 underground fuel storage tanks. Total accretion for the years ended 2011 and 2010 was \$165,960 and \$99,675, respectively Payments for the year ended June 30, 2011 were \$550,510

### 7. EQUITY INVESTMENTS IN AFFILIATES

The following investments, recorded under the equity method of accounting, are included in the consolidated balance sheets

The Hospital holds a 25% equity interest in Maryland Care, Inc. Maryland Care, Inc. is a managed care organization ("MCO") that was established to serve Maryland's Medicaid population as a result of the State's requirement for Medicaid patients to be a member of an MCO.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 7. EQUITY INVESTMENTS IN AFFILIATES - Continued

The Hospital holds a 50% equity interest in Tri-State Health Partners. Tri-State Health Partners is a physician hospital organization ("PHO") established to organize, assemble and facilitate the provision of cost effective healthcare services.

MEI has a 50% o interest in Diagnostic Imaging, which provides radiology imaging services, and has a 33 33% o interest in Western Maryland Supply, LLC, which provides durable medical equipment for rental or purchase. Endoscopy Center at Robinwood, LLC, an ambulatory center for gastroenterology procedures, and Endoscopy Real Estate are 50% o owned by Robinwood Surgery Center, LLC GI Real Estate provides rental property to a group of healthcare practitioners and is 50% o owned by MEI

Summary financial information as of June 30, 2011 and 2010 and for the years then ended appears below for the significant equity investments

|                       | Hosp:<br>Maryland            | ital<br><u>Care, Inc.</u>    | Hospi<br><u>Tri-State He</u> |                        |
|-----------------------|------------------------------|------------------------------|------------------------------|------------------------|
|                       | 2011                         | 2010                         | 2011                         | 2010                   |
| Assets<br>Liabilities | \$150,200,000<br>_86,300,000 | \$153,148,063<br>_99,897,376 | \$2,903,609<br>52,852        | \$2,938,648<br>352,616 |
| Equity                | \$ <u>63,900,000</u>         | \$ <u>53,250,687</u>         | \$ <u>2,850,757</u>          | \$ <u>2,586,032</u>    |
| Net income            | \$ <u>18,033,088</u>         | \$ <u>14,053,869</u>         | \$ <u>194,869</u>            | \$ <u>238,478</u>      |
|                       | ME                           | [                            | ME                           | EI                     |
|                       | Diagnostic Imaging           |                              | Endoscopy Center at          |                        |
|                       | Services                     | s, LLC                       | Robinwe                      | ood, LLC               |
|                       | 2011                         | 2010                         | 2011                         | 2010                   |
| Assets<br>Liabilities | \$ 11,505,376<br>3,920,254   | \$ 12,124,040<br>4,736,016   | \$ 591,356<br><u>28,924</u>  | \$ 635,632<br>         |
| Equity                | \$ <u>7,585,122</u>          | \$ <u>7,388,024</u>          | \$ <u>562,432</u>            | \$ <u>516,512</u>      |
| Net income            | \$ <u>2,697,098</u>          | \$ <u>3,697,415</u>          | \$ <u>1,915,919</u>          | \$ <u>2,150,494</u>    |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 7. EQUITY INVESTMENTS IN AFFILIATES - Continued

|                       | MEI<br>Endoscopy                     | Real Estate              | MEI<br>GI Rea          | l Estate               |
|-----------------------|--------------------------------------|--------------------------|------------------------|------------------------|
|                       | 2011                                 | 2010                     | 2011                   | 2010                   |
| Assets<br>Liabilities | \$1,261,915<br>1,231,860             | \$1,206,908<br>1,269,461 | \$ 580,726<br>_408,977 | \$ 597,843<br>_456,459 |
| Equity                | \$ <u>30,055</u>                     | \$ <u>(62,553</u> )      | \$ <u>171,749</u>      | \$ <u>141,384</u>      |
| Net income            | \$ <u>92,609</u>                     | \$ <u>74,044</u>         | \$ <u>30,365</u>       | \$ <u>25,635</u>       |
|                       | MEI - Wo<br><u>Marylan</u><br>Supply | d Medical                |                        |                        |
|                       | 2011                                 | 2010                     |                        |                        |
| Assets<br>Liabilities | \$1,312,866<br>420,869               | \$1,343,175<br>407,122   |                        |                        |
| Equity                | \$ <u>891,997</u>                    | \$ <u>936,053</u>        |                        |                        |
| Net (loss) income     | \$ <u>(44,056)</u>                   | \$ <u>24,345</u>         |                        |                        |

### 8. LONG-TERM DEBT

Long-term debt at June 30 consists of the following

|  | 2011                  | 2010                  |
|--|-----------------------|-----------------------|
| MHHEFA Revenue Bonds   |                       |                       |
| Series 2008 4 00% - 6 00% serial bonds, net of original issue    |                       |                       |
| discounts of \$1,273,796 and \$1,333,053, respectively           | \$263,026,204         | \$262,966,947         |
| 2001 Taxable Note B to Bank of America                           | 2,522,762             | 3,515,169             |
| City of Hagerstown note  | 177,475               | 193,824               |
| Mortgages and equipment loans with banks, with interest rates    | ·                     | ·                     |
| ranging from 23% to 7.75%  | 3,260,239             | 3,017,114             |
| Capital lease obligations, with interest rates ranging from 2 9% |                       | , ,                   |
| to 5 0° o  | 6,300,092             | 9,965,078             |
|  | 275,286,772           | 279,658,132           |
| Less current portion of long-term debt                           | (9,140,210)           | <u>(6,067,114</u> )   |
|  | \$ <u>266,146,562</u> | \$ <u>273,591,018</u> |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 8. LONG-TERM DEBT - Continued

Meritus uses current market prices in determining the fair value of its Revenue Bonds. The carrying value of other long-term debt approximates fair value. The fair value of total long-term debt, excluding capital lease obligations, was approximately \$269,175,000 and \$225,655,000 at June 30, 2011 and 2010, respectively

In February 2008, Meritus issued Maryland Health and Higher Educational Facilities Authority ("MHHEFA") Revenue Bonds Washington County Hospital Issue Series 2008 for the construction of a replacement hospital, funding of the debt service reserve and capitalized interest funds, and to refinance various previously outstanding debt. The Series 2008 Bonds are due in annual principal installments beginning in January 2012 and will mature in 2043. Interest is due semi-annually in January and July

The long-term debt related to the Series 2008 bonds is reflected in the consolidated financial statements net of the unamortized original issue bond discounts. The original issue bond discounts are being amortized over the life of the debt and are included in amortization expense in the consolidated statements of operations and changes in net assets.

All bonds are collateralized by a first lien and claims on all receipts of Meritus, except restricted donations and contributions. In connection with the Series 2008 Bonds, MHHEFA has a Security interest in existing facilities of Meritus. All bonds require the Obligated Group, which consists of Meritus, the Hospital, and the Fund, to maintain certain financial ratios and stipulated insurance coverage as defined Meritus was in compliance with these covenants at June 30, 2011 and 2010.

The Fund has entered into guaranty agreements with MHHEFA for the Series 2008 Bonds. Under the terms of these agreements, the Fund guarantees the payment of the principal and interest on the Series 2008 Bonds and the payment of any and all Reserve Fund Loans. In accordance with the provisions of this guaranty agreement, only the unrestricted donations, bequests, and other assets held or owned by the Fund would be available for payment. The terms of the guaranty agreements restrict the Fund's ability to transfer, lease, sell or otherwise dispose of certain assets or to create additional indebtedness, liens, or encumbrances on non-restricted assets.

The 2001 Taxable Note B to Bank of America was issued for the construction of the Robinwood Medical Center III. The taxable portion of the debt requires monthly principal payments of \$82,701 through February 1, 2014. The interest is calculated and payable monthly based upon the outstanding principal balance at the time. The variable interest rates were 1.35% and 1.31%, as of June 30, 2011 and 2010, respectively. The bonds may be repaid, at the option of Meritus, in part or in full at any time with 30 days notice. The bonds are collateralized by a mortgage of the real property of both the Fund and the Hospital.

The 7.75% mortgage loan was issued in September 2002 to acquire land adjacent to the Robinwood Medical Center Principal on the outstanding balance is paid semi-annually and interest is paid monthly. The loan is collateralized by a mortgage on the property and is due in the year 2022.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 8. LONG-TERM DEBT - Continued

Scheduled principal repayments on long-term debt including payments on capital lease obligations are as follows for the next five years as of June 30

| Long-Term Lease Debt Obligations  2012 \$ 5,026,782 \$4,179,235 2013 5,111,706 1,694,188 |           |
|--|-----------|
| 2012 \$ 5,026,782 \$4,179,235  |           |
|  | <u>1S</u> |
|  | _         |
| 2013 5.111.706 1.694.188   | 5         |
|  | 3         |
| 2014 4,751,742 578,944   | 1         |
| 2015 4,330,293 124,000   | )         |
| 2016 3,751,478 -   |           |
| Thereafter <u>247,288,475</u>  | _         |
|  |           |
| \$ <u>270,260,476</u> 6,576,367  | 7         |
| van ( ann)   | _\        |
| Less amount representing interest (276,275)  | 2)        |
| \$6,300,092  | 2         |

The Hospital maintains a line of credit with a financial institution which is renewed annually in the amount of \$1,000,000, bearing interest on the drawn portion at the bank's prime interest rate. The line was not in use at June 30, 2011 and 2010.

MEI maintains a line of credit with a financial institution which is renewed annually in the amount of \$500,000, bearing interest on the drawn portion at the bank's prime interest rate plus  $2^{\circ}$  o The line was not in use at June 30, 2011 and 2010

### **Capitalized Interest**

A summary of interest cost and investment income on borrowed funds held by the trustee under the Series 2008 Revenue Bonds for the years ended June 30, is as follows

|                | 2011                 | 2010                 |
|----------------|----------------------|----------------------|
| Interest cost: |                      |                      |
| Expense        | \$ 8,500,000         | \$ -                 |
| Capıtalızed    | <u>6,825,828</u>     | <u>15,076,522</u>    |
|                |                      |                      |
|                | \$ <u>15,325,828</u> | \$ <u>15,076,522</u> |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 8. LONG-TERM DEBT - Continued

### **Capitalized Interest** - continued

|   |                      | 2010                     |
|---|----------------------|--------------------------|
| Investment income: Other income Capitalized | \$126,358<br>618,172 | \$ -<br><u>1,348,999</u> |
|   | \$ <u>744,530</u>    | \$ <u>1,348,999</u>      |

### 9. INCOME TAXES

MEI and its subsidiaries file a consolidated federal return and separate state returns. The income tax expense for the years ended June 30, consists of

|  | <u>2010</u>   |
|--|---|
| \$ 174,845                                       | \$1,325,274<br><u>401,702</u><br>1,726,976                      |
| (120,031)<br><u>(19,309)</u><br><u>(139,340)</u> | (461,437)<br><u>(70,547)</u><br><u>(531,984)</u><br>\$1,194,992 |
|  | 139,130<br>313,975<br>(120,031)<br>(19,309)                     |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

#### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 9. INCOME TAXES - Continued

The significant components of the deferred tax assets, which are included in prepaid and other current assets and other assets at June 30, are as follows

|                                    | 2011                | 2010                |
|------------------------------------|---------------------|---------------------|
| Deferred tax asset:                |                     |                     |
| Accrued vacation                   | \$ 1,280,507        | \$1,200,527         |
| Deferred compensation              | 843,062             | 451,881             |
| Captive insurance premiums         | -                   | 169,798             |
| Allowance for bad debts            | 578,305             | 512,394             |
| Other                              | <u>316,561</u>      | 216,635             |
|                                    | 3,018,435           | 2,551,235           |
| Deferred tax liabilities:          |                     |                     |
| Fixed assets and intangible assets | (967,973)           | (673,520)           |
| Deferred compensation              | (4,082)             | (33,472)            |
| Captive insurance premiums         | (27,174)            | -                   |
| Partnership basis                  | (35,623)            |                     |
| •                                  | (1,034,852)         | <u>(706,992</u> )   |
|                                    | \$ <u>1,983,583</u> | \$ <u>1,844,243</u> |

#### 10. POST RETIREMENT BENEFIT PLANS

The Hospital has a 403(b) defined contribution plan available to all employees. Employees can receive up to  $50^{\circ}$  o matching contributions, up to  $6^{\circ}$  of employee's salary based upon meeting years of service requirements, subject to the annual IRS limitations. Contributions made to the plan by the Hospital on behalf of employees were \$3,065,514 and \$3,264,242 in 2011 and 2010, respectively

MEI has an employee savings plan under Section 401(k) of the Internal Revenue Code available to all employees MEI matches employee contributions for an amount up to 6% of each employee's base salary, subject to limitations, depending upon the length of service with MEI MEI's contributions vest after the first three years of service. Amounts charged to expense were \$1,868,975 and \$1,837,989 in 2011 and 2010, respectively. MEI also makes discretionary contributions to eligible employees of 10% of total compensation in 2011 and 2010, which also vests after the first three years of service. In 2011 and 2010, this amount was \$0 and \$330,263, respectively. During plan year 2011, MEI Savings Plan failed to satisfy one of the operational requirements of maintaining a qualified retirement plan. To resolve this issue, MEI adopted a resolution for the Hospital to provide a profit sharing allocation under the plan to 575 selected employees. This contribution was paid April 2011 in the amount of \$122,656.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 10. POST RETIREMENT BENEFIT PLANS - Continued

MEI maintains an employee funded supplemental non-qualified retirement plan for certain employees. The plan requires the benefits be paid upon termination, retirement or death. The related liability is \$883,062 and \$2,453,016 at June 30, 2011 and 2010, respectively. Management has designated investments for the intended purpose of funding the liability when payable.

Meritus maintains a cash balance pension plan ("Plan"), which was terminated for all participants, effective June 30, 2011. Meritus is in the termination process which ends with the distribution of plan assets to participants and is expected to be complete by June 30, 2012. Disclosure assumptions reflect the termination and pending settlement of the benefit obligations. The Plan covered substantially all current Hospital employees and maintains the balance for MEI employees previously employed by the Hospital Benefits under the plan are generally based on the participant's age, years of service and compensation levels. Annual contributions are made to the plan in accordance with the Employee Retirement Income Security Act of 1974 ("ERISA") regulations. Employees are fully vested after three years of service.

The change in benefit obligation, plan assets, and funded status of the Plan are shown below

|   | 2011                   | 2010                   |
|---|------------------------|------------------------|
|   |                        |                        |
| Change in benefit obligation:                             | <b>***</b> *********   |                        |
| Benefit obligation at beginning of year                   | \$45,842,769           | \$43,649,864           |
| Interest cost   | 2,374,753              | 2,642,651              |
| Actuarial loss  | 2,601,926              | 1,504,560              |
| Benefits paid   | <u>(6,291,828</u> )    | <u>(1,954,306</u> )    |
| Benefit obligation at end of year                         | \$ <u>44,527,620</u>   | \$ <u>45,842,769</u>   |
| Change in plan assets:                                    |                        |                        |
| Fan value of plan assets at beginning of year             | \$40,663,757           | \$34,305,409           |
| Actual return on plan assets                              | 5,907,824              | 5,687,654              |
| Contributions   | 2,300,000              | 2,625,000              |
| Benefits paid   | <u>(6,291,828)</u>     | (1,954,306)            |
| Fan value of plan assets at end of year                   | \$ <u>42,579,753</u>   | \$ <u>40,663,757</u>   |
| Net amount recognized:                                    |                        |                        |
| Acciued compensation benefits - curient                   | \$ (1,947,867)         | \$ -                   |
| Acciued ietiiement benefits - non-cuiient                 | <u> </u>               | (5,179,012)            |
|   | \$ <u>(1,947,867</u> ) | \$ <u>(5,179,012</u> ) |
| Amounts recognized in unrestricted net assets consist of: |                        |                        |
| Net actuarial loss  | \$11,018,940           | \$11,685,043           |
| Prior service cost  | 183,877                | 232,053                |
| Net amount recognized in unrestricted net assets          | \$ <u>11,202,817</u>   | \$ <u>11,917,096</u>   |
| Change in amounts recognized in unrestricted net assets   | \$ <u>714,279</u>      | \$ <u>2,445,987</u>    |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 10. POST RETIREMENT BENEFIT PLANS - Continued

The accumulated benefit obligation is \$44,527,620 and \$45,842,769 at June 30, 2011 and 2010, respectively

Amounts in unrestricted net assets expected to be recognized as components of net periodic benefit cost for the year ending June 30, 2012 are prior service costs of \$48,176 and actuarial losses of \$593,687

|   | 2011                             | 2010                 |
|---|----------------------------------|----------------------|
| Net periodic benefit (income) cost:   |                                  |                      |
| Interest cost   | \$ 2,374,753                     | \$ 2,642,651         |
| Expected return on plan assets  | (3,168,040)                      | (2,770,060)          |
| Prior service cost  | 576,421                          | 1,032,938            |
|   | \$ <u>(216,866)</u>              | \$ <u>905,529</u>    |
| Assumptions   |                                  |                      |
|   | 2011                             | 2010                 |
| Weighted-average assumptions used to determine benefit obligations as of June 30: |                                  |                      |
| Discount rate   | 3 41° o                          | 5 65° o              |
| Rate of compensation increase   | N/A                              | N/A                  |
| Measurement date  | June 30                          | June 30              |
| Weighted-average assumptions used to determine net                                |                                  |                      |
| periodic benefit cost for the years ended June 30:                                |                                  |                      |
| Discount rate   | 5 65° o                          | 6 25° o              |
| Expected return on plan assets  | 8 ()() <sup>0</sup> <sub>0</sub> | 8 ()()° <sub>0</sub> |
| Rate of compensation increase   | N/A                              | N/A                  |

### **Basis for Expected Long-Term Rate of Return**

The expected long-term rate of return reflects the expected return for each major asset class and the weighting of each asset class

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 10. POST RETIREMENT BENEFIT PLANS - Continued

### **Plan Assets**

The Plan's weighted-average asset allocations at June 30, are as follows

|                          | <u>2011</u>       | 2010             |
|--------------------------|-------------------|------------------|
| Asset category:          |                   |                  |
| Equity securities        | () <sup>0</sup> o | 54° o            |
| Fixed income             | () <sup>0</sup> o | 45° o            |
| Cash and cash equivalent | <u>1()()</u> ° o  | 1° o             |
|                          | <u>1()()</u> ° o  | <u>1()()</u> 0 o |

### **Description of Investment Policies and Strategies**

| Asset Class   | <b>Range</b>   | <u>Target</u>                     | <b>Benchmark</b>  |
|---|--|-----------------------------------|---|
| Equities<br>Large Company<br>Mid/Small Company<br>International | 45 - 65° o<br>3() - 5()° o<br>5 - 15° o<br>5 - 15° o | 6()° o<br>4()° o<br>11° o<br>9° o | S&P 500 and Russell 1000 Value<br>Russell 2000<br>MSCI EAFE |
| Fixed income  | 25 - 55° o   | 400 0                             | Lehman Aggregate Bond                                       |
| Cash  | () - 15° o   | () <sup>o</sup> o                 | Salomon 3-Mo T-Bill   |

As a result of the plan termination, during fiscal year 2011, Meritus modified its strategy to protect fund assets from market fluctuations. As such, the plan assets were invested in cash and cash equivalents

### Fair Value of Plan Assets

The following fair value hierarch table presents information about each major category of the Plan's financial assets measured at fair value on a recurring basis using the market approach as of June 30

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 10. POST RETIREMENT BENEFIT PLANS - Continued

### Fair Value of Plan Assets - continued

|  | <u>Total</u>                           | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant<br>unobservable<br>inputs<br>(Level 3) |  |  |
|--|--|--|---|--|--|--|
| <u>2011</u> :<br>Assets                                  |  |  |   |  |  |  |
| Cash and cash equivalents                                | \$ <u>42,579,753</u>                   | \$ <u>42,579,753</u>   | \$  | \$   |  |  |
|  | \$ <u>42,579,753</u>                   | \$ <u>42,579,753</u>   | \$  | \$   |  |  |
| <u>2010</u> :<br>Assets                                  |  |  |   |  |  |  |
| Cash and cash equivalents Fixed income Equity securities | \$ 267,540<br>18,471,758<br>21,924,459 | \$ 267,540<br>18,471,758<br>21,924,459                         | \$ -<br>-<br>-                                | \$ -<br>-<br>-                                     |  |  |
|  | \$ <u>40,663,757</u>                   | \$ <u>40,663,757</u>   | \$  | \$   |  |  |

#### Contributions

Contributions to the plan for the year ending June 30, 2012 are expected to be less than \$2,000,000

### **Estimated Future Benefit Payments**

Benefit payments are expected to be paid from the Plan in year ending June 30, 2012 of \$44,527,620

#### 11. INSURANCE COVERAGE

The Parent has a wholly-owned insurance captive, MIC, to provide primary limits of insurance of \$1 million per occurrence/\$3 million aggregate for professional and general liability. The professional liability coverage is provided on a claims-made basis. In addition, MIC purchased reinsurance from an A rated re-insurer in the amount of \$15 million to cover any potential liabilities above the \$1 million/\$3 million primary limits, which were covered by MIC. The self-insured liabilities for professional and general are discounted at 4%, as determined by an actuary, were \$5,476,000 and \$4,911,145 as of June 30, 2011 and 2010, respectively and are included in other liabilities in the consolidated balance sheets

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 11. INSURANCE COVERAGE - Continued

For the year ended June 30, 2011, MIC applied a retrospective premium credit which reduced premiums by \$1,480,680 which has been eliminated in the consolidation process

Consistent with most companies with similar insurance operations, the liability for losses is ultimately based on management's reasonable expectations of future events. It is reasonably possible that the expectations associated with these amounts could change in the near term (i.e., within one year) and that the effect of such changes could be material to the consolidated financial statements.

|  | <u>2011</u>         | 2010                |
|--|---------------------|---------------------|
| Reserves for losses and loss adjustment expenses at beginning of year              | \$ 4,911,145        | \$3,369,039         |
| Less remsurance recoverable on unpaid claims                                       | (586,725)           | <u>(451,099</u> )   |
| Net reserves for losses and loss adjustment expenses at beginning of year          | 4,324,420           | 2,917,940           |
| Incurred related to  |                     |                     |
| Current year   | 1,586,107           | 1,273,608           |
| Prior years  | <u>108,493</u>      | <u>1,056,876</u>    |
| Total losses and loss adjustment expenses incurred, net of reinsurance recoverable | 1,694,6()()         | 2,33(),484          |
| Paid related to  |                     |                     |
| Current year   | (267,688)           | (86,750)            |
| Prior years  | <u>(1,420,769</u> ) | <u>(837,254</u> )   |
| Total losses and loss adjustment expenses paid                                     | (1,688,457)         | (924,004)           |
| Net reserves for losses and loss adjustment expenses at end of year                | 4,33(),563          | 4,324,420           |
| Add reinsurance recoverable on unpaid claims                                       | <u>1,145,437</u>    | <u>586,725</u>      |
| Reserves for losses and loss adjustment expenses at end of year                    | \$ <u>5,476,000</u> | \$ <u>4,911,145</u> |

### 12. COMMITMENTS AND CONTINGENCIES

### **Operating Lease Obligations**

Meritus leases equipment under non-cancelable lease arrangements. In addition, Meritus leases office space in several locations under operating leases. Some of the leases provide for renewal options. Rent expense under all operating leases was \$6,264,981 and \$5,217,465 for the years ended June 30, 2011 and 2010, respectively.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

#### 12. COMMITMENTS AND CONTINGENCIES

### **Operating Lease Obligations** - continued

Future minimum lease payments under these non-cancelable operating leases as of June 30 are as follows

| 2012 | \$4,766,910 |
|------|-------------|
| 2013 | 4,062,858   |
| 2014 | 2,828,059   |
| 2015 | 1,760,054   |
| 2016 | 1,155,714   |

### **Rental Properties**

The Fund's real estate is used for rental operations. The leases have five-year terms plus renewal options and include provisions for increased operating costs and taxes. The minimum future rental amounts from unrelated entities, based on non-cancelable leases, exclusive of any future renewal options, as of June 30 are as follows.

| 2012 | \$162,736 |
|------|-----------|
| 2013 | 96,986    |
| 2014 | 74,224    |
| 2015 | 48,007    |
| 2016 | 7,320     |

### **Litigation**

Meritus is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without a material adverse effect on Meritus' financial position or results of operations.

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2011 and 2010

### 13. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily and permanently restricted net assets at June 30 are restricted for the following purposes

|  | 2011                    | 2010                        |
|--|-------------------------|-----------------------------|
| Temporarily restricted for financial support of patients and hospital programs   | \$ 2,610,889            | \$4,827,012                 |
| Capital campaign<br>Endowment campaign   | 5,595,548<br>_2,431,353 | 3,683,263<br><u>260,000</u> |
|  | \$ <u>10,637,790</u>    | \$ <u>8,770,275</u>         |
| Permanently restricted investments are to be held in perpetuity, the income of which is expendable to support charity care and |                         |                             |
| healthcare education   | \$ <u>1,028,618</u>     | \$ <u>1,028,618</u>         |

### 14. FUNCTIONAL EXPENSES

Meritus provides general healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended June 30 are as follows

|  | <u>2011</u>                             | 2010                                   |
|--|---|--|
| Healthcare services Fundraising Administration | \$3+3,137,420<br>225,581<br>_20,455,700 | \$321,733,868<br>329,366<br>18,067,656 |
| Total expenses                                 | \$ <u>363,818,701</u>                   | \$340,130,890                          |





Report of Independent Certified Public Accountants Supplementary Information Audit - Tax - Advisory

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To the Board of Directors Meritus Health, Inc

Our audit of the consolidated financial statements of Meritus Health, Inc. (formerly The Washington County Health System, Inc. and Subsidiaries) for the year ended June 30, 2011 was conducted for the purpose of forming an opinion on the consolidated financial statements. The following consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, in our opinion, are fairly stated in all material respects in relation to the consolidated financial statements taken as a whole

Baltimore, Maryland September 26, 2011

Grant Thurton LLT

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATING BALANCE SHEET

June 30, 2011

| ASSETS   | Mentus<br>Medical Center,<br>Inc | Mentus<br>Medical Center,<br>Endowment<br>Fund, Inc | Mentus<br><u>Health, Inc</u> | Mentus Health<br>Obligated<br>Group<br>Consolidating<br>Adjustments | Mentus Health<br>Obligated<br>Group | Mentus<br>Enterprises,<br>Inc and<br>Subsidiaries | Mentus<br>Insurance<br>Company,<br>Ltd | Mentus<br>Healthcare<br><u>Foundation</u> | <u>Eliminations</u>      | Consolidated<br>Mentus<br>Health, Inc |
|--|----------------------------------|---|------------------------------|---|-------------------------------------|---|--|---|--------------------------|---------------------------------------|
| CURRENT ASSETS                                     |                                  |   |                              |   |                                     |   |  |   |                          |                                       |
| Cash and cash equivalents                          | \$ 10,692,132                    | \$ 217.912  | \$ 514,669                   | \$ (85,268)   | \$ 11.339.445                       | \$ 5,746,475                                      | \$ 176.277                             | \$ 1,033,233                              | \$ 85,268                | \$ 18,380,698                         |
| Restricted cash                                    | 2.614.43                         |   |                              |   | 2,614,437                           | -   |  |   |                          | 2,614,43                              |
| Short-term investments                             | 4,399,794                        | -   | -                            | -   | 4,399,794                           | _   | -                                      | _   | -                        | 4,399,794                             |
| Current portion of assets whose use is limited     | 9,311,433                        | -   | -                            | -   | 9,311,433                           | _   | 920,621                                | _   | -                        | 10,232,054                            |
| Accounts receivable, net                           | 37,340,076                       | -   | 3,647,507                    | (1,018,643)   | 39,968,940                          | 7,526,444   | 57,234                                 | 1,973,208                                 | $(3,64^{-},50^{-})$      | 45,878,319                            |
| Due from related parties, net                      | 651,686                          | -   | -                            | -   | 651,686                             | 816,608   | -                                      | 5,034                                     | $(1,4^{-}3,328)$         | -                                     |
| Supplies   | 6,270,491                        | -   | -                            | -   | 6,270,491                           | 3,981,701   | -                                      |   | -                        | 10,252,192                            |
| Prepaid expenses and other current assets          | 2,571,036                        | 282,845   |                              |   | 2,853,881                           | 2,840,057   | 206,621                                | <u>13,4</u>                               |                          | 5,914,333                             |
| Total current assets                               | 73,851,085                       | 500,757   | 4,162,176                    | (1,103,911)   | ,410,10_                            | 20,911,285  | 1,360,753                              | 3,025,249                                 | (5,035,567)              | 97,671,827                            |
| EQUITY INVESTMENTS IN AFFILIATES                   | 17,427,553                       | -   | 3,348,559                    | 20,734,074  | 41,510,186                          | 4,441,5~2   | -                                      | -   | (23,199,467)             | 22,752,291                            |
| ASSETS WHOSE USE IS LIMITED                        |                                  |   |                              |   |                                     |   |  |   |                          |                                       |
| Board designated funds                             | 31,240,56                        | 34,975,950  | 2,361,988                    | -   | 68,578,505                          | _   | -                                      | 6,976,685                                 | -                        | 75,555,190                            |
| Supplemental retirement benefit investments        | 883,062                          |   |                              | -   | 883,062                             | 2,656,935   | -                                      |   | -                        | 3,539,997                             |
| Temporarily and permanently restricted donor funds | 1,165,136                        | -   | -                            | -   | 1,165,136                           | · · ·   | -                                      | _   | -                        | 1,165,136                             |
| 1  | 33,288,765                       | 34,975,950  | 2,361,988                    |   | 70,626,703                          | 2,656,935   |  | 6,9~6,685                                 | -                        | 80,260,323                            |
| Assets held by trustee for debt service and        | ,,                               | - ',' -,'-  | _,,                          |   | ,,,,,,                              | _,,   |  | -,  |                          | - , ,                                 |
| construction                                       | 18,465,329                       | -   | -                            | -   | 18,465,329                          | -   | -                                      | -   | -                        | 18,465,329                            |
| Funds designated for insurance purposes            | -                                | =   | =                            | =   | -                                   | _   | <u>-,64-,952</u>                       | -   | =                        |                                       |
| 3 1 1  | 51,754,094                       | 34,975,950  | 2,361,988                    | -   | 89,092,032                          | 2,656,935   | 7,647,952                              | 6,976,685                                 | -                        | 106,373,604                           |
| PROPERTY, PLANT AND EQUIPMENT, net                 | 273,326,365                      | 18,943,816  | -                            | (2,287,717)   | 289,982,464                         | 11,250,782  | -                                      | 19,229                                    | 2,287,717                | 303,540,192                           |
| PLEDGES RECEIVABLE, net                            | -                                | -   | -                            | -   | -                                   | -   | -                                      | 3,893,162                                 | -                        | 3,893,162                             |
| DEFERRED FINANCING COSTS, net                      | 2,^-3,094                        | 32,480  | -                            | -   | 2,805,574                           | -   | -                                      | -   | -                        | 2,805,574                             |
| OTHER ASSETS                                       | -                                | -   | -                            | -   | -                                   | 138,532   | 1,145,43                               | 8,180                                     | -                        | 1,292,149                             |
| DUE FROM RELATED PARTIES                           | 9,132,303                        |   |                              | (3,894,451)   | <u>5,237,852</u>                    |   |  |   | (5,23 <sup>-</sup> ,852) |                                       |
| Total assets                                       | \$428,264,494                    | \$54,453,003  | \$9,872,723                  | \$13 <u>.44</u> 7.995   | \$506,038,215                       | \$39,399,106                                      | \$10,154,142                           | \$13,922,505                              | \$(31,185,169)           | \$538,328, <sup>799</sup>             |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATING BALANCE SHEET - CONTINUED

June 30, 2011

| LIABILITIES AND NET ASSETS               | Mentus<br>Medical Center,<br>Inc | Mentus<br>Medical Center,<br>Endowment<br>Fund, Inc | Mentus<br><u>Health, Inc</u> | Mentus Health<br>Obligated<br>Group<br>Consolidating<br>Adjustments | Mentus Health<br>Obligated<br>Group | Mentus<br>Enterprises,<br>Inc and<br>Subsidiaries | Mentus<br>Insurance<br>Company,<br>Ltd | Mentus<br>Healthcare<br>Foundation | <u>Eluminations</u>            | Consolidated<br>Mentus<br><u>Health, Inc</u> |
|--|----------------------------------|---|------------------------------|---|-------------------------------------|---|--|------------------------------------|--------------------------------|--|
| CURRENT LIABILITIES                      |                                  |   |                              |   |                                     |   |  |                                    |                                |  |
| Accounts payable and accrued expenses    | \$ 10,242,085                    | \$ 253,399  | \$ 4,991                     | \$ -  | \$ 10,500,475                       | \$ 2,917,200                                      | \$ 1,680,194                           | \$ 53,333                          | \$ -                           | \$ 15,151,202                                |
| Construction and retainage payable       | 1,153,823                        | =   | -                            | -   | 1,153,823                           | -   | -                                      | -                                  |                                | 1,153,823                                    |
| Due to related parties, net              | -                                | 33,584  | 1,113,921                    | -   | 1,147,505                           | 32,005  | -                                      | -                                  | (1,179,510)                    | -  |
| Accrued salaties, wages and withholdings | 3,051,694                        | -   | -                            | -   | 3,051,694                           | 1,100,288   | -                                      | -                                  | -                              | 4,151,982                                    |
| Accrued compensation benefits            | 11,873,509                       | -   | -                            | -   | 11,873,509                          | 4,325,933   | -                                      | 10,59                              | -                              | 16,210,039                                   |
| Advances from thud-party payors          | 6,684,832                        | -   | -                            | -   | 6,684,832                           | -   | -                                      | -                                  | -                              | 6,684,832                                    |
| Accrued interest payable                 | 7,795,244                        | -   | -                            | -   | 7,795,244                           | -   | -                                      | -                                  | -                              | 7,795,244                                    |
| Current portion of long-term debt        |                                  | <u>2,051,370</u>                                    |                              | <u>(1,058,963</u> )   | 8,325,989                           | 962,051   |  |                                    | (147,830)                      | 9,140,210                                    |
| Total current habilities                 | 48,134,769                       | 2,338,353   | 1,118,912                    | (1,058,963)   | 50,533,071                          | 9,337,477   | 1,680,194                              | 63,930                             | (1,327,340)                    | 60,287,332                                   |
| LONG-TERM DEBT, net of current portion   | 262,170,189                      | 5,848,164   | -                            | (4,317,810)   | 263,700,543                         | 2,335,729   | -                                      | -                                  | 110,290                        | 266,146,562                                  |
| ACCRUED RETIREMENT BENEFITS              | 883,077                          | -   | -                            | -   | 883,077                             | 3,017,007   | -                                      | -                                  | -                              | 3,900,084                                    |
| OTHER LONG-TERM LIABILITIES              |                                  |   |                              |   |                                     |   | 8,202,886                              |                                    | (3,647,507)                    | 4,555,379                                    |
| Total habilities                         | 311,188,035                      | 8,186,51  | 1,118,912                    | (5,3~6,~~3)   | 315,116,691                         | 14,690,213  | 9,883,080                              | 63,930                             | (4,864,55 <sup>-</sup> )       | 334,889,35                                   |
| STOCKHOLDERS' EQUITY                     |                                  |   |                              |   |                                     |   |  |                                    |                                |  |
| Common stock                             | -                                | -   | -                            | -   | _                                   | 700,000   | 120,000                                | -                                  | (820,000)                      | -  |
| Paid-in capital                          | -                                | -   | -                            | -   | -                                   | 1,150,080   | -                                      | -                                  | (1,150,080)                    | -  |
| Retained earnings                        | =                                | =   | =                            | -   | -                                   | 21,418,100  | 151,062                                | -                                  | (21,569,162)                   | _  |
| Non-controlling interest                 |                                  |   |                              |   |                                     | 1,440,713   |  |                                    | <u>(1,440,<sup>-</sup>13</u> ) |  |
| Total stockholders equity                | -                                | -   | -                            | -   | -                                   | 24,708,893  | 271,062                                | -                                  | (24,979,955)                   | -  |
| NET ASSETS                               |                                  |   |                              |   |                                     |   |  |                                    |                                |  |
| Unrestricted                             |                                  |   |                              |   |                                     |   |  |                                    |                                |  |
| Mentus                                   | 110,748,543                      | 46,266,486  | 8,753,811                    | 18,824,768  | 184,593,608                         | -   | -                                      | 3,282,231                          | 2,456,482                      | 190,332,321                                  |
| Non-controlling interest                 | <u>=</u>                         |   | <del>_</del>                 |   | <del>_</del>                        | <u>-</u> _  |  |                                    | 1,440,713                      | 1,440,713                                    |
| Total unrestricted net assets            | 110,748,543                      | 46,266,486  | 8,753,811                    | 18,824,768  | 184,593,608                         | -   | -                                      | 3,282,231                          | 3,897,195                      | 191,3, 034                                   |
| Temporarily restricted                   | 5,299,298                        | -   | -                            | -   | 5,299,298                           | -   | -                                      | 10,576,344                         | (5,237,852)                    | 10,637,790                                   |
| Permanently restricted                   | 1,028,618                        |   |                              |   | 1,028,618                           |   |  |                                    |                                | 1,028,618                                    |
| Total net assets                         | 117,076,459                      | 46,266,486  | 8,753,811                    | 18,824,768  | <u>190,921,524</u>                  |   |  | 13,858,575                         | (1,340,657)                    | 203,439,442                                  |
| Total liabilities and net assets         | \$ <u>428,264,494</u>            | \$ <u>54,453,003</u>                                | \$ <u>9,872,723</u>          | \$ <u>13,447,995</u>  | \$ <u>506,038,215</u>               | \$ <u>39,399,106</u>                              | \$ <u>10,154,142</u>                   | \$ <u>13,922,505</u>               | \$ <u>(31,185,169</u> )        | \$ <u>538,328,</u> 799                       |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

### Year end June 30, 2011

|  | Mentus<br>Medical Center,<br>Inc | Mentus<br>Medical Center,<br>Endowment<br>Fund, Inc | Mentus<br><u>Health, Inc</u> | Mentus Health Obligated Group Consolidating Adjustments | Mentus Health<br>Obligated<br>Group | Mentus<br>Enterprises,<br>Inc and<br>Subsidiaries | Mentus<br>Insurance<br>Company,<br>Ltd | Mentus<br>Healthcare<br>Foundation | Eliminations              | Consolidated<br>Mentus<br>Health, Inc |
|--|----------------------------------|---|------------------------------|---|-------------------------------------|---|--|------------------------------------|---------------------------|---------------------------------------|
| Unrestricted revenue, gains and other support                                  |                                  |   |                              |   |                                     |   |  |                                    |                           |                                       |
| Net patient service revenue  | \$273,822,984                    | \$ -  | \$ -                         | \$ -  | \$2~3,822,984                       | \$ 63,231,744                                     | \$ -                                   | \$ -                               | \$(10,008,221)            | \$327,046,507                         |
| Sales  | =                                | -   | -                            | -   | -                                   | 31,536,573  | =                                      | =                                  | (3,727,080)               | 27,809,493                            |
| Rental income, net of expense  |                                  | 1,932,293   | -                            | (6,641)   | 1,925,652                           |   | -                                      | -                                  | 6,641                     | 1,932,293                             |
| (Loss) gain on disposal of assets  | (210,079)                        | =   | -                            | =   | (210,079)                           | 12,892  | =                                      | -                                  | =                         | (197,187)                             |
| Other revenue  | 3,059,681                        | =   | (963,389)                    | =   | 2,096,292                           | 3,302,938   | 4,531,906                              | 879,178                            | (1,044,803)               | 9,765,511                             |
| Equity earnings in affiliates<br>Net assets released from restriction used for | 4,741,117                        | -   | -                            | 369,40  | 5,110,524                           | 2,353,660   | -                                      | -                                  | (369,407)                 | 7,094,777                             |
| operations   | 444,468                          |   |                              |   | 411,468                             | 1000 127 007                                      |  | 1,085,351                          | (682,004)                 | 847,815                               |
| Expanses   | 281,858,171                      | 1,932,293   | (963,389)                    | 362,766   | 283,189,841                         | 100,437,807                                       | 4,531,906                              | 1,964,529                          | (15,824,874)              | 374,299,209                           |
| Expenses Salaties and wages  | 103,152,879                      |   |                              |   | 103,152,879                         | 38,015,664  | _                                      | 386,874                            | -                         | 141,555,41                            |
| Professional fees  | 8,696,248                        | -   | -                            | -   | 8,696,248                           | 924,502   | -                                      | 500,0 4                            | -                         | 9,620,750                             |
| Cost of goods sold   | 0,070,240                        | -   | -                            | -   | 0,070,240                           | 22,313,10   | -                                      | -                                  | (3,242,560)               | 19,070,547                            |
| Supplies and other   | 117,260,145                      | 439,524   | 268,261                      | 600,229   | 118,568,159                         | 35,357,547  | 4,795,379                              | 86,999                             | (11,152,780)              | 147,655,304                           |
| Interest   | 8,909,404                        | 177,947   | 200,201                      | (37,498)  | 9,049,853                           | 124,955   | 7, 75,5 7                              | 50,777                             | 37,498                    | 9,212,306                             |
| Depreciation and amortization  | 19,587,835                       | 8 <sup></sup> ,211                                  | -                            | (3,470)   | 20,465,046                          | 1,681,211   | -                                      | 7,188                              | J ,770                    | 22,153,445                            |
| Provision for bad debts  | 12,904,290                       | 0 ,_11  | -                            | -   | 12,904,290                          | 1,646,642   | -                                      | ,100                               | =                         | 14,550,932                            |
| 1 Tovision for Dad debts   | 270,510,801                      | 1,494,682   | 268,261                      | 562,731   | 272,836,475                         | 100,063,628                                       | 4,~95,3~9                              | 481,061                            | (14,35 <sup>-</sup> ,842) | 363,818, <sup>7</sup> 01              |
| Operating income (loss) before other items                                     | 11,347,370                       | 43~,611   | (1,231,650)                  | (199,965)   | 10,353,366                          | 3~4,1~9   | (263,4 <sup>-</sup> 3)                 | 1,483,468                          | (1,46~,032)               | 10,480,508                            |
| Other items  |                                  |   |                              |   |                                     |   |  |                                    |                           |                                       |
| Demolition costs   | (954,579)                        |   | _                            |   | (954,579)                           | _   |  | _                                  |                           | (954,579)                             |
| Early retriement costs   | (461,643)                        | _   | _                            | _   | (461,643)                           | (108,299)   | _                                      | _                                  | _                         | (569,942)                             |
| Transition costs   | (2,797,289)                      | _   | _                            | _   | (2,797,289)                         | (1.0,2,7)   | _                                      | _                                  | _                         | (2,797,289)                           |
| - mione i cesto  | (4,213,511)                      |   |                              |   | (4,213,511)                         | (108,299)   |  |                                    |                           | (4,321,810)                           |
| Operating income (loss)  | 7,133,859                        | 43~,611   | (1,231,650)                  | (199,965)   | 6,139,855                           | 265,880   | (263,4 <sup>-3</sup> )                 | 1,483,468                          | (1,467,032)               | 6,158,698                             |
| Non-operating gains (losses), net  |                                  |   |                              |   |                                     |   |  |                                    |                           |                                       |
| Investment returns, net  | 5,208,794                        | 5,658,611   | 392,757                      | -   | 11,260,162                          | 240,195   | 263,4 <sup>-</sup> 3                   | 998,729                            | -                         | 12,762,559                            |
| Other, net   | (31,956)                         | -   | (320,354)                    | 626,625   | 274,315                             | 15,373  | -                                      | (1,926,039)                        | 2,510,431                 | 874,080                               |
| Income tax expense   |                                  |   |                              |   |                                     | (1 <sup>-</sup> 4,635)                            |  |                                    |                           | (1 <sup>-</sup> 4,635)                |
| Excess of (deficiency in) revenue over expenses                                | 12,310,69                        | 6,096,222   | (1,159,247)                  | 426,660   | 17,674,332                          | 346,813   | -                                      | 556,158                            | 1,043,399                 | 19,620,702                            |
| Excess of revenue attributable to non-controlling interest                     |                                  |   |                              |   |                                     | (296,365)   |  |                                    |                           | (296,365)                             |
| Excess of (deficiency in ) revenue over<br>expenses attributable to Mentus     | 12,310,697                       | 6,096,222   | (1,159,247)                  | 426,660   | 17.674,332                          | 50,448  |  | 556,158                            | 1,043,399                 | 19,324,337                            |

(Formerly The Washington County Health System, Inc. and Subsidiaries)

### CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS - CONTINUED

### Year end June 30, 2011

|  | Mentus<br>Medical Center,<br>Inc | Mentus<br>Medical Center,<br>Endowment<br>Fund, Inc | Mentus<br>Health, Inc | Mentus Health Obligated Group Consolidating Adjustments | Mentus Health<br>Obligated<br>Group | Mentus<br>Enterprises,<br>Inc and<br>Subsidiaries | Mentus<br>Insurance<br>Company,<br>Ltd | Mentus<br>Healtheare<br>Foundation | Eliminations                     | Consolidated<br>Meritus<br>Health, Inc |
|--|----------------------------------|---|-----------------------|---|-------------------------------------|---|--|------------------------------------|----------------------------------|--|
| Other changes in unrestricted net assets                 |                                  |   |                       |   |                                     |   |  |                                    |                                  |  |
| Change in retirement benefit obligation                  | 714,279                          | -   | -                     | -   | 714,279                             | -   | -                                      | -                                  | -                                | 714,279                                |
| Change in non-controlling interest                       | -                                | -   | -                     | -   | -                                   | (223,635)   | -                                      | -                                  | -                                | (223,635)                              |
| Other  |                                  |   |                       |   |                                     | <u>85,309</u>                                     |  |                                    |                                  | <u>85,309</u>                          |
| Increase (decrease) in unrestricted net assets           | 13,024,976                       | 6,096,222   | (1,159,247)           | 426,660   | 18,388,611                          | (8-8-8)   | -                                      | 556,158                            | 1,043,399                        | 19,900,290                             |
| Temporarily restricted net assets                        |                                  |   |                       |   |                                     |   |  |                                    |                                  |  |
| Contributions  | 396,363                          | -   | -                     | -   | 396,363                             | -   | -                                      | 2,953,173                          | (682,004)                        | 2,667,532                              |
| Net realized and unrealized gains and (losses) on        |                                  |   |                       |   |                                     |   |  |                                    |                                  |  |
| investments  | 47,798                           | -   | -                     | -   | 4~,~98                              | -   | -                                      | -                                  | -                                | 4~,~98                                 |
| Net assets held by MHF                                   | 1,470,059                        | -   | -                     | -   | 1,470,059                           | -   | -                                      | -                                  | (1,470,059)                      | -                                      |
| Net assets released from restrictions for operations     | <u>(444,468</u> )                |   | -                     |   | (444,468)                           |   |  | (1,085,351)                        | <u>682,004</u>                   | <u>(84<sup>-</sup>,815</u> )           |
| Increase (decrease) in temporarily restricted net assets | <u>1,469,752</u>                 |   |                       |   | 1,469,752                           |   |  | 1,86 <sup>-</sup> ,822             | <u>(1,4<sup>-</sup>(),()59</u> ) | <u> 1,86<sup>-</sup>,515</u>           |
| INCREASE (DECREASE) IN NET<br>ASSETS                     | 14,494,728                       | 6,096,222   | (1,159,247)           | 426,660   | 19,858,363                          | (8-8,-8)  | -                                      | 2,423,980                          | (426,660)                        | 21,767,805                             |
| Net assets   |                                  |   |                       |   |                                     |   |  |                                    |                                  |  |
| Beginning of year  | <u>102,581,731</u>               | 40,170,264  | 9,913,058             | <u>18,398,108</u>                                       | <u>1~1,063,161</u>                  | <u>24,<sup>-</sup>96,<sup></sup>1</u>             | 271,062                                | <u>11,434,595</u>                  | <u>(25,893,952</u> )             | 181,671,637                            |
| End of year  | \$ <u>117,076,459</u>            | \$ <u>46,266,486</u>                                | \$ <u>8, 53,811</u>   | \$ <u>18,824,768</u>                                    | \$ <u>190,921,254</u>               | \$ <u>24,708,893</u>                              | \$ <u>2^1,062</u>                      | \$ <u>13,858,5<sup>-5</sup></u>    | \$ <u>(26,320,612</u> )          | \$ <u>203,439,442</u>                  |

