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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOWARD COUNTY GENERAL HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3910 KESWICK RD SOUTH BLDG 4TH
FLOOR NO 4300A

City or town, state or country, and ZIP + 4
BALTIMORE, MD 21211

D Employer identification number
52-2093120

E Telephone number
(410)740-7730

G Gross receipts $ 259,927,073

F Name and address of principal officer
JAMES E YOUNG
3910 KESWICK RD SOUTH BLDG 4TH
FLOOR NO 4
BALTIMORE,MD 21211

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW HCGH ORG

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

L Year of formation 1998

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVISION OF INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO INDIVIDUALS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,933
6	Total number of volunteers (estimate if necessary)	**6**	433
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,684
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,519,639	5,648,348
9	Program service revenue (Part VIII, line 2g)	228,869,667	238,698,698
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,016	1,155,307
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,378,954	2,297,796
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,266,276	247,800,149
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,050,000	2,433,155
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	106,555,348	108,670,664
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119,443,451	122,830,807
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	227,048,799	233,934,626
19	Revenue less expenses Subtract line 18 from line 12	7,217,477	13,865,523

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	247,206,107	259,563,559
21	Total liabilities (Part X, line 26)	204,228,736	216,915,853
22	Net assets or fund balances Subtract line 21 from line 20	42,977,371	42,647,706

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-05-10 Date

▶ JAMES E YOUNG SENIOR VP FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MISSION HOWARD COUNTY GENERAL HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE, STRIVES TO PROVIDE THE HIGHEST QUALITY CARE TO IMPROVE THE HEALTH OF OUR ENTIRE COMMUNITY THROUGH INNOVATION, COLLABORATION, SERVICE EXCELLENCE, DIVERSITY AND A COMMITMENT TO PATIENT SAFETY ITS VISION IS TO BE THE PREMIER COMMUNITY HOSPITAL IN MARYLAND

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 70,321,727 including grants of $) (Revenue $ 83,531,866)

DEPARTMENT OF MEDICINE AND SURGERYPURPOSE HOWARD COUNTY GENERAL HOSPITAL OFFERS A BROAD SPECTRUM OF INPATIENT AND OUTPATIENT SURGICAL SERVICES FOR ADULT AND PEDIATRIC PATIENTS A LIST OF SOME OF THE MORE COMMON TYPES OF SURGERY PERFORMED AT HCGH INCLUDE COLORECTAL SURGERY, ENDOSCOPY, GENERAL SURGERY, MINIMALLY INVASIVE SURGERY, NEUROSURGERY, OPHTHALMOLOGY, ORAL SURGERY AND DENTISTRY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PLASTIC SURGERY, PODIATRY, UROLOGY, VASCULAR SURGERY HOWARD COUNTY GENERAL HOSPITAL'S INTENSIVE CARE UNIT IS A HIGHLY SPECIALIZED 16-BED UNIT DEDICATED TO THE NEEDS OF ADULT PATIENTS REQUIRING INTENSIVE MONITORING AND PATIENT CARE SERVICES INVOLVING CARDIAC, MEDICAL AND SURGICAL CARE STAFFED 24 HOURS A DAY BY HIGHLY QUALIFIED PHYSICIANS, NURSES AND TECHNICIANS, THE UNIT FEATURES STATE-OF-THE-ART MEDICAL EQUIPMENT INCLUDING A COMPUTERIZED MONITORING SYSTEM MEDICATIONS ARE ADMINISTERED USING A COMPUTERIZED MEDICATION ADMINISTRATION RECORD WITH BARCODE SCANNING FOR PATIENT SAFETY THE UNIT IS DESIGNED SO THAT EVERY BED IS CLEARLY VISIBLE FROM THE NURSING STATION HOWARD COUNTY GENERAL HOSPITAL HAS A PROGRAM FOR TOTAL KNEE AND HIP REPLACEMENT PATIENTS CALLED THE JOINT ACADEMY IT APPROACHES THE JOINT REPLACEMENT SURGICAL EXPERIENCE IN A WHOLE NEW WAY, CREATING A PARTNERSHIP AMONG THE PATIENT, DOCTOR AND HOSPITAL BECAUSE AN INFORMED PATIENT CAN MORE FULLY PARTICIPATE IN HIS OR HER OWN CARE AND RECOVERY, WE FOCUS ON ENGAGING AND EDUCATING OUR PATIENTS THROUGHOUT THE ENTIRE PROCESS FROM ADMISSION TO POST-DISCHARGE THE HEALTH CARE AND SURGERY CENTER (HCSC) IS LOCATED ADJACENT TO THE HOSPITAL THE HCSC IS THE PRIMARY LOCATION FOR OUTPATIENT PROCEDURES AND ADDITIONAL OUTPATIENT SERVICES, INCLUDING MAGNETIC RESONANCE IMAGING (MRI) THE HCSC OCCUPIES THE ENTIRE LOWER LEVEL OF THE ADJACENT BUILDING AND CONSISTS OF SIX OPERATING ROOMS, ONE MINOR PROCEDURE ROOM, A UROLOGY SUITE, AND A POST-ANESTHESIA CARE UNIT SPACE AND PROGRAMS HAVE ALSO BEEN DESIGNED TO MEET THE NEEDS OF PEDIATRIC SURGERY PATIENTS AND THEIR FAMILIES

4b (Code) (Expenses $ 21,101,463 including grants of $) (Revenue $ 36,736,339)

EMERGENCY DEPARTMENTPURPOSE OUR 36-BED EMERGENCY DEPARTMENT (ED) IS STAFFED 24-HOURS A DAY, SEVEN DAYS A WEEK BY BOARD-CERTIFIED JOHNS HOPKINS EMERGENCY MEDICINE PHYSICIANS THE 24,000 SQUARE UNIT EXPANSION PROVIDES STATE-OF-THE-ART COMPREHENSIVE, INDIVIDUALIZED EMERGENCY MEDICAL CARE AND URGENT CARE TO THE CITIZENS OF HOWARD COUNTY AND THE SURROUNDING AREA UPON ARRIVAL AT THE EMERGENCY DEPARTMENT, A REGISTERED NURSE ASSESSES EVERY PATIENT TO DETERMINE TREATMENT PRIORITY NEEDS DEPENDING ON THE PATIENT'S NEEDS, TREATMENT WILL BE PROVIDED IN ONE OF THE FOLLOWING UNITS MAIN EMERGENCY ROOM, URGENT CARE, PEDIATRIC ED/CHILDREN'S CARE CENTER, CHEST PAIN/SHORT STAY UNIT, OR PSYCHIATRIC UNIT

4c (Code) (Expenses $ 26,572,007 including grants of $) (Revenue $ 29,208,973)

LABOR & DELIVERY/NURSERY/NICUPURPOSE TO ACCOMMODATE THE MORE THAN 3,000 BABIES BORN IN THE HOSPITAL'S LABOR/DELIVERY/RECOVERY (LDR) UNIT EACH YEAR, HOWARD COUNTY GENERAL HOSPITAL OFFERS 12 ATTRACTIVELY DECORATED BIRTHING ROOMS MOTHER AND BABY CAN REMAIN IN THIS PRIVATE, COMFORTABLE ROOM THROUGHOUT LABOR, DELIVERY AND RECOVERY WITH THE SECURITY OF THE HOSPITAL'S ADVANCED TECHNOLOGY CERTAIN MEDICAL CONDITIONS MAY REQUIRE A TEMPORARY SEPARATION OF MOTHER AND BABY WHILE THE MAJORITY OF NEWBORN INFANTS ARE BORN HEALTHY, MORE INTENSE MONITORING AND CARE ARE SOMETIMES NECESSARY THE HOSPITAL'S 18-BED LEVEL III+ NICU FEATURES HIGHLY SOPHISTICATED EQUIPMENT SPECIALLY DESIGNED TO CARE FOR CRITICALLY-ILL NEWBORNS IN AN ENVIRONMENT THAT FOSTERS HEALTHY DEVELOPMENT MOST IMPORTANTLY, NICU PATIENTS BENEFIT FROM THE CONTINUOUS CARE AND OBSERVATION OF JOHNS HOPKINS'S NEONATOLOGISTS AND REGISTERED NURSES WHO ARE EXPERIENCED WITH THE SPECIAL NEEDS OF NEWBORN PREMATURE BABIES THE CENTER FOR MATERNAL AND FETAL MEDICINE AT HOWARD COUNTY GENERAL HOSPITAL IS EQUIPPED TO MANAGE ANY HIGH-RISK SITUATION THAT MAY ARISE DURING YOUR PREGNANCY AND TO PROVIDE YOU WITH COMPREHENSIVE CARE THE CENTER PROVIDES COVERAGE BY BOARD-CERTIFIED MATERNAL FETAL SPECIALISTS CONSULTATIVE SERVICES FOR ALL MEDICAL COMPLICATIONS OF PREGNANCY CERTIFIED GENETIC COUNSELORS FIRST-TRIMESTER SCREENING TO BETTER DELINEATE THE RISKS OF DOWN SYNDROME, TRISOMY 13 AND TRISOMY 18 4D IMAGING TO STUDY YOUR BABY'S ANATOMICAL DEVELOPMENT AND FETAL GROWTH FETAL ASSESSMENT CENTER FOR ANTENATAL TESTING PROFILES TESTING FOR MATERNAL DIABETES AND HYPERTENSION FETAL ECHOCARDIOGRAM PROGRAM DIABETES IN PREGNANCY PROGRAMTHE CENTER FOR MATERNAL AND FETAL MEDICINE EMPLOYS SPECIALLY TRAINED AND CERTIFIED SONOGRAPHERS TO PERFORM ROUTINE FIRST-TRIMESTER SCREENINGS AND 20-WEEK FETAL ANATOMY SCREENINGS THAT ARE MORE DETAILED THAN THOSE TYPICALLY OFFERED BY OB/GYN OFFICES HOWARD COUNTY GENERAL HOSPITAL ENCOURAGES ANY PATIENT, HIGH-RISK OR OTHERWISE, WHO IS INTERESTED IN HAVING THESE STATE-OF-THE-ART TESTS TO GET A REFERRAL FROM HER DOCTOR THE CENTER FOR MATERNAL AND FETAL MEDICINE OFFERS A MULTIDISCIPLINARY TEAM APPROACH WORKING WITH THE MOTHER'S OWN OB/GYN, PERINATOLOGIST, NEONATOLOGIST, PEDIATRIC SUBSPECIALIST, GENETIC COUNSELORS AND PATIENT EDUCATIONS THROUGHOUT THE PREGNANCY AND, IF NEEDED, DURING YOUR DELIVERY AT HOWARD COUNTY GENERAL HOSPITAL HOWARD COUNTY GENERAL HOSPITAL'S GOAL IS TO DEVELOP A HEALTH CARE PLAN THAT ADDRESSES THE NEEDS OF THE MOTHER AND BABY

(Code) (Expenses $ 83,479,661 including grants of $ 2,433,155) (Revenue $ 89,221,520)

OTHER

4d Other program services (Describe in Schedule O)

(Expenses $ 83,479,661 including grants of $ 2,433,155) (Revenue $ 89,221,520)

4e **Total program service expenses** ▶ $ 201,474,858

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	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	Yes	
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		No
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	Yes	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	238		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,933			
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)					
3a	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities 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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

THE CORPORATION
3910 KESWICK RD SOUTH BLDG 4TH
BALTIMORE, MD 21211
(443) 997-5724

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,291,320	2,650,659	2,672,200

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 68

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CARE FIRST BLUE CHOICE 10455 MILL RUN CIRCLE OWINGS MILLS, MD 21117	HEALTH & DENTAL & VISION INSURANCE	5,974,483
HURON CONSULTING GROUP 550 W VAN BUREN CHICAGO, IL 60607	ADMINISTRATION FEES-CONSULTING	2,576,000
BALTIMORE GAS & ELECTRIC PO BOX 13070 PHILADELPHIA, PA 19101	UTILITES	2,279,828
HOWARD COUNTY ANESTHESIA ASSOC FKA JOHN 11085 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044	PHYSICIANS SERVICES	1,830,000
BROADWAY SERVICES INC 3709 E MONUMENT ST BALTIMORE, MD 21205	CLEANING SERVICES	1,758,182

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 59

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	5,104,906			
	e	Government grants (contributions)	1e	346,698			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	196,744			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,648,348			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	900099	89,086,513	89,086,513		
	b	DEPARTMENT OF MEDICINE	621990	83,531,866	83,531,866		
	c	EMERGENCY DEPARTMENT	621910	36,736,339	36,736,339		
	d	LABOR & DELIVERY/NURSE	621990	29,208,973	29,208,973		
	e	COMMUNITY EDU	900099	135,007	135,007		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		238,698,698			
	3	Investment income (including dividends, interest and other similar amounts)		1,115,265			1,115,265
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	174,012 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	174,012 /				
	d	Net rental income or (loss)		174,012			174,012
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	11,971,042 / 3,000				
	b	Less cost or other basis and sales expenses	11,934,000 / 0				
	c	Gain or (loss)	37,042 / 3,000				
	d	Net gain or (loss)		40,042			40,042
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 415,443				
	b	Less cost of goods sold	b 192,924				
	c	Net income or (loss) from sales of inventory		222,519			222,519
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	1,732,657			1,732,657
	b	PATIENT TV & PHONE	900099	96,680			96,680
	c	TELE &VENDING REV	900099	35,975			35,975
	d	All other revenue		35,953		5,684	30,269
	e	**Total.** Add lines 11a–11d		1,901,265			
	12	**Total revenue.** See Instructions		247,800,149	238,698,698	5,684	3,447,419

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,433,155	2,433,155		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,607,767		2,607,767	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83,225,826	80,937,203	2,288,623	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,851,043	3,443,347	407,696	
9	Other employee benefits	12,757,233	12,043,959	713,274	
10	Payroll taxes	6,228,795	5,968,177	260,618	
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,956		11,956	
c	Accounting	180,099		180,099	
d	Lobbying	41,750		41,750	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	39,044,387	37,680,119	1,364,268	
14	Information technology				
15	Royalties . .				
16	Occupancy	3,181,774	2,939,409	242,365	
17	Travel	18,237	13,990	4,247	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	138,560	90,379	48,181	
20	Interest	5,836,166	5,468,488	367,678	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,837,950	14,840,159	997,791	
23	Insurance	1,052,412	853,670	198,742	
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)				
a	PURCHASED SERVICES	35,360,951	13,040,217	22,320,734	
b	BAD DEBT EXPENSE	11,108,074	11,108,074		
c	LAB SERVICES	7,387,824	7,387,824		
d	SWAP INTEREST	1,513,003	1,417,684	95,319	
e					
f	All other expenses	2,117,664	1,809,004	308,660	
25	**Total functional expenses.** Add lines 1 through 24f	233,934,626	201,474,858	32,459,768	0
26	**Joint costs.** 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,584,239	1	4,502,292
	2	Savings and temporary cash investments		53,624	2	53,252
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		23,357,567	4	27,896,018
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,898,501	8	3,696,098
	9	Prepaid expenses and deferred charges		1,071,147	9	1,039,485
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 248,478,583			
	b	Less accumulated depreciation	10b 81,278,372	178,299,253	10c	167,200,211
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		22,306,114	12	51,896,875
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,635,662	15	3,279,328
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		247,206,107	16	259,563,559
Liabilities	17	Accounts payable and accrued expenses		32,573,893	17	35,548,249
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		162,559,376	20	168,742,511
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,095,467	25	12,625,093
	26	**Total liabilities.** Add lines 17 through 25		204,228,736	26	216,915,853
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		42,842,384	27	40,330,000
	28	Temporarily restricted net assets		134,987	28	2,317,706
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		42,977,371	33	42,647,706
	34	Total liabilities and net assets/fund balances		247,206,107	34	259,563,559

Part XI Reconcilliation of Net Assets

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	247,800,149
2	Total expenses (must equal Part IX, column (A), line 25)	2	233,934,626
3	Revenue less expenses Subtract line 2 from line 1	3	13,865,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	42,977,371
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14,195,188
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	42,647,706

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HOWARD COUNTY GENERAL HOSPITAL INC	52-2093120

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a 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

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	41,750	
c Total lobbying expenditures (add lines 1a and 1b)	41,750	
d Other exempt purpose expenditures	233,892,876	
e Total exempt purpose expenditures (add lines 1c and 1d)	233,934,626	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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 Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	60,042	42,537	39,941	41,750	184,270
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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)).

		(a) Yes	(a) No	(b) Amount
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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	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
PART IV, SUPPLEMENTAL INFORMATION		THE HOWARD COUNTY GENERAL HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION $41,750 DURING THE FISCAL YEAR ENDED JUNE 30, 2012 TO SUPPORT THEIR LOBBYING ACTIVITIES. THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		248,478,583	81,278,372	167,200,211
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				167,200,211

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN PREMIER	1,266,977	C
(B) HOWARD COUNTY MRI LP	1,034,883	F
(C) U S T-BILLS	46,110,014	F
(D) HCGH INVESTMENTS L/T - MOB	1,180,376	F
(E) INVESTMENTS CMROC, LLC	1,537,275	F
(F) INVESTMENTS - MOB	767,350	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	51,896,875	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	2,860,388
ADVANCES THIRD PARTY PAYORS	9,764,705
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,625,093

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	247,800,149
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	233,934,626
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,865,523
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	-14,195,188
9	Total adjustments (net) Add lines 4 - 8	9	-14,195,188
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-329,665

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	243,932,172
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	243,932,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,867,977		
c	Add lines **4a** and **4b**			4c	3,867,977
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	247,800,149

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	230,181,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-2		
e	Add lines **2a** through **2d**			2e	-2
3	Subtract line **2e** from line **1**			3	230,181,392
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,753,234		
c	Add lines **4a** and **4b**			4c	3,753,234
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	233,934,626

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS THERE IS NO IMPACT ON HOWARD COUNTY GENERAL HOSPITAL INC FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2012 AND 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN MARKET VALUE OF SWAP AGREEMENT - 9,990,228 CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS -1,596,932 UNREALIZED GAIN 26,790 PY PENSION ADJUSTMENT 946,984 ROUNDING -853 LOSS ON EARLY RETIREMENT OF DEBT -3,580,949 TOTAL TO SCHEDULE D, PART XI, LINE 8 -14,195,188
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF COGS TO REVENUE -192,924 CONTRIBUTION TO AFFILIATES 4,023,859 REALIZED GAIN 37,042
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING -2
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SWAP INTEREST 1,513,003 RECLASS OF COGS -192,924 CONTRIBUTION TO AFFILIATE 2,433,155

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 270.000000000000 %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			6,011,731	0	6,011,731	2 700 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			6,011,731		6,011,731	2 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,643,485	438,884	12,204,601	5 480 %
f Health professions education (from Worksheet 5)			793,728	0	793,728	0 360 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			136,700	0	136,700	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			877,987	0	877,987	0 390 %
j **Total** Other Benefits			14,451,900	438,884	14,013,016	6 290 %
k **Total.** Add lines 7d and 7j			20,463,631	438,884	20,024,747	8 990 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			168,494	0	168,494	0 080 %
2	Economic development						
3	Community support			157,100	0	157,100	0 070 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			1,507	0	1,507	0 %
9	Other						
10	**Total**			327,101		327,101	0 150 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	11,108,074		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	74,002,765
6	Enter Medicare allowable costs of care relating to payments on line 5	6	63,615,547
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	10,387,218
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	HOWARD COUNTY GENERAL HOSPITAL 5755 CEDAR LANE COLUMBIA,MD 21044	X								

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

HOWARD COUNTY GENERAL HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 270 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☐ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

5 **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)

6 **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

7 **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 I, LINE 7 A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (CHARITY CARE AND UNREIMBURSED MEDICAID) THE AMOUNTS FOR LINES 7E-7I COMES FROM THE HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART I, LINE 7G HOWARD COUNTY GENERAL HOSPITAL, INC DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $11,108,074

Identifier	ReturnReference	Explanation
		PART II HCGH'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF INITIATIVES THEY HAVE DEVELOPED HCGH PROMOTES THE IMPROVEMENT OF HEALTHY LIVING THROUGH CONSTRUCTION AND IMPROVEMENT OF COMMUNITY BASED INFRASTRUCTURES FOR EXAMPLE, HCGH CONTINUES ITS SUPPORT OF THE HEALTHY CHILDRENS PLAY AREA IN THE COLUMBIA MALL, A CENTERPIECE OF THE HOWARD COUNTY COMMUNITY, TO PROMOTE HEALTHY HABITS IN A FUN EDUCATIONAL MANNER

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL DUE TO THE RATE REGULATION, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH) CANNOT DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS

Identifier	ReturnReference	Explanation
HOWARD COUNTY GENERAL HOSPITAL		PART V, SECTION B, LINE 19D MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALLY INSURED, OR SELF-PAY) ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 HCGH USES A VARIETY OF METHODS FOR DETERMINING HEALTH NEEDS WITHIN ITS COMMUNITY IN FY2012 HCGH, PARTNERING WITH HOWARD COUNTY HEALTH DEPARTMENT (HCHD), THE HORIZON FOUNDATION (THF) AND THE COLUMBIA ASSOCIATION (COLLECTIVELY THE PARTNERS), EMBARKED UPON AN AMBITIOUS LONG TERM RESEARCH INITIATIVE TO MEASURE HEALTH STATUS OF OUR COMMUNITY BY POOLING FINANCIAL RESOURCES THE PARTNERS ARE UNDERTAKING A BI-ANNUAL COMMUNITY HEALTH BEHAVIORS SURVEY OF HOWARD COUNTY RESIDENTS MODELED AFTER THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE PARTNERS DEVELOPED A 15 MINUTE TELEPHONE SURVEY TO BE ADMINISTERED TO A DEMOGRAPHICALLY REPRESENTATIVE SAMPLE OF 2000 HOWARD COUNTY RESIDENTS THE PARTNERS HAVE AGREED TO USE THE FINDINGS FROM THIS SURVEY TO INFORM THE ONGOING ACTIVITIES OF THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC) AND INDIVIDUAL ORGANIZATIONS PARTICIPATING IN LHIC TO SUPPORT INDIVIDUAL AND COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH WORKING CLOSELY WITH LEAD SPONSOR, THE HCHD, AND THF, HCGH PARTICIPATED IN A THREE MONTH INTERACTIVE EXERCISE CONVENING LOCAL STAKEHOLDERS IN COMMUNITY HEALTH IMPROVEMENT TO REVIEW CURRENT HEALTH STATUS INFORMATION AND ESTABLISH SHARED HEALTH IMPROVEMENT PRIORITIES IN OVER 12 HOURS COALITION MEETINGS WITH MORE THAN 40 COMMUNITY ORGANIZATIONS AND DOZENS OF HOURS OF OFF-LINE DATA ANALYSIS AND MEETINGS WITH INDIVIDUAL STAKEHOLDERS, HCGH HELPED SHAPE THE FINAL HOWARD COUNTY 2012-2014 LOCAL HEALTH IMPROVEMENT ACTION PLAN (LHIAP) SECONDARY DATA ARE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES, AND OTHER HEALTH INDICATORS IN COLLABORATION WITH THE HCHD THE MOST RECENT NEEDS ASSESSMENT WAS COMPLETED IN MARCH 2012 HCGH IS IN THE PROCESS OF CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT THAT CONFORMS TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT IT WILL BE COMPLETED BY JUNE 30, 2013

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 HCGH INFORMS ITS PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING POSTING THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THE LOCAL NEWSPAPERS, SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THE FINANCIAL ASSISTANCE POLICY, A COPY OF THE FINANCIAL ASSISTANCE POLICY OR A SUMMARY THEREOF WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EVERY PATIENT UPON ADMISSION, A SUMMARY OF FINANCIAL ASSISTANCE POLICY WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PROVIDED TO EVERY PATIENT WITHOUT INSURANCE WHO PRESENTS TO THE EMERGENCY DEPARTMENT, A NOTICE OF FINANCIAL ASSISTANCE AVAILABILITY WILL BE SENT TO PATIENTS ON PATIENT BILLS, AND ALL PATIENTS INDICATING A NEED FOR FINANCIAL ASSISTANCE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS IF THE PATIENT DOES NOT HAVE INSURANCE, HCGH FINANCIAL COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 HCGH GEOGRAPHIC SERVICE AREA IS SUBURBAN THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN THE HOSPITAL DEFINES ITS CBSA USING THE ZIP CODES CONTAINED WITHIN THE GEOGRAPHICAL BOUNDARIES OF THE HOWARD COUNTY JURISDICTION AS SET FORTH BY THE MARYLAND DEPARTMENT OF PLANNING AND ZONING THE GENERAL DATA FOR THIS PRIMARY SERVICE AREA ARE AS FOLLOWS TOTAL POPULATION WAS 289,910 OF WHICH 49 7% WERE MALES AND 50 3% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $116,905, 5 1% OF RESIDENTS ARE UNINSURED, 7 0% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, AND 4 2% OF RESIDENTS HAVE INCOME BELOW THE FEDERAL POVERTY GUIDELINES NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES 1FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE NOT PRESENT IN THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE, CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED, COMMERCIALLY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS,REVIEW AND APPROVE HOSPITAL RATES,COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST, AND,MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS THAT REPORT IS AVAILABLE ON HTTP //WWW HSCRC STATE MD US/COMMUNITY_BENEFITS/DOCUMENTS/CBR_FY2007_FINAL_REPORT PDF BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969 ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S 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 LINE 7F COLUMN (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 HEALTH PROFESSIONS EDUCATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D C COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MD

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOWARD HOSPITAL FOUNDATION3910 KESWICK RD STE 4300A BALTIMORE,MD 21211	52-1072778	501(C)(3)	1,000,000				GENERAL OPERATIONS
(2) JOHNS HOPKINS COMMUNITY PHYSICIANS INC3910 KESWICK RD STE 4300A BALTIMORE,MD 21211	52-1467441	501(C)(3)	1,433,155				GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY HOWARD COUNTY GENERAL HOSPITAL, INC TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	MAKE WHOLE PLAN & SERP I PLAN THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE SERP I BENEFIT IS FORFEITED IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT) NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN SERP II PLAN & SRP PLAN THE SERP II AND SRP PLANS ARE ACTIVE, NON-TAX QUALIFIED DEFINED CONTRIBUTION TARGET BENEFIT PLANS THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT) NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) RONALD R PETERSON $1,626,957 00, G DANIEL SHEALER $34,547 40, SHARON HADSELL $43,560 00 AND ERIC ALDRICH $163,020 00 THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990 JAY BLACKMAN $32,908 00, JUDY E BROWN $23,296 00, DOROTHY BRILLANTES $12,148 00, PAUL M GLEICHAUF $9,000 00, W GILL WYLIE $31,736 00, G DANIEL SHEALER, JR $46,861 46 AND JAMES E YOUNG $23,380 00
	PART I, LINE 7	THE BONUSES ARE ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSE EMPLOYEES FOR THE MAXIMUM ANNUAL BENEFIT OF 50% OF $20,000 OR $10,000 FOR EACH ELIGIBLE DEPENDENT WITH A MAXIMUM OF TWO DEPENDENT CHILDREN PER EMPLOYEE AT ANY ONE TIME THE BENEFIT IS LIMITED TO FOUR YEARS OF FULL-TIME UNDERGRADUATE STUDY TUITION REIMBURSEMENT IS AVAILABLE TO ELIGIBLE EMPLOYEES THAT HAVE COMPLETED SIX MONTHS OF SERVICE AT A MINIMUM OF 40 SCHEDULED HOURS PER PAY TO RECEIVE REIMBURSEMENT EMPLOYEES MUST ATTEND ACCREDITED COLLEGES AND UNIVERSITIES FOR CAREER-RELATED COURSES THE REIMBURSEMENT IS AS FOLLOWS IF YOU ARE SCHEDULED BETWEEN 60-80 HOURS PER PAY PERIOD YOU MAY RECEIVE UP TO $3,000 PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR $5,000 PER FISCAL YEAR FOR GRADUATE COURSES IF YOU ARE SCHEDULED BETWEEN 40-59 HOURS PER PAY PERIOD YOU MAY RECEIVE UP TO $1,500 PER FISCAL YEAR FOR UNDERGRADUATE COURSES OR $2,000 PER FISCAL YEAR FOR GRADUATE COURSES
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART II, COLUMN F THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F THE AMOUNT IN COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-2093120
Name: HOWARD COUNTY GENERAL HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
VICTOR A BROCCOLINO	(I)	384,091	126,937	24,839	23,118	24,945	583,930	0
	(II)	0	0	0	0	0	0	0
RONALD R PETERSON	(I)	0	0	0	0	0	0	0
	(II)	1,101,197	451,124	151,234	1,754,885	23,092	3,481,532	0
GDANIEL SHEALER JR	(I)	0	0	0	0	0	0	0
	(II)	309,754	88,738	64,972	107,890	13,525	584,879	0
BEVERLY WHITE-SEALS	(I)	0	0	0	0	0	0	0
	(II)	135,078	19,180	742	12,081	22,951	190,032	0
W GILL WYLIE	(I)	0	0	0	0	0	0	0
	(II)	207,307	44,599	76,734	92,984	24,080	445,704	0
ERIC M ALDRICH MD	(I)	258,973	54,886	23,990	165,755	21,881	525,485	0
	(II)	0	0	0	0	0	0	0
JAY H BLACKMAN	(I)	242,517	66,625	46,870	20,786	24,185	400,983	0
	(II)	0	0	0	0	0	0	0
DOROTHY A BRILLANTES	(I)	167,452	38,496	25,918	11,891	20,504	264,261	12,148
	(II)	0	0	0	0	0	0	0
JUDY E BROWN RN MAS	(I)	166,137	37,808	39,351	16,907	16,787	276,990	1,490
	(II)	0	0	0	0	0	0	0
PAUL MGLEICHAUF	(I)	185,060	44,305	51,247	14,429	27,870	322,911	9,000
	(II)	0	0	0	0	0	0	0
SHARON HADSELL	(I)	194,291	42,274	14,292	50,791	18,990	320,638	0
	(II)	0	0	0	0	0	0	0
JAMES E YOUNG	(I)	224,690	51,104	38,526	15,501	21,277	351,098	0
	(II)	0	0	0	0	0	0	0
MARIAMMA BINU	(I)	134,777	0	11	3,141	18,498	156,427	0
	(II)	0	0	0	0	0	0	0
SHEEBA KOCHAKKAN	(I)	126,372	0	9,673	1,068	18,866	155,979	0
	(II)	0	0	0	0	0	0	0
MASOOMEH KHAMESIAN	(I)	132,368	0	4,223	7,640	19,581	163,812	0
	(II)	0	0	0	0	0	0	0
NANCY SMITH	(I)	133,132	0	9,340	13,449	19,967	175,888	0
	(II)	0	0	0	0	0	0	0
BEVERLY SNYDER	(I)	122,008	0	11,650	9,114	11,275	154,047	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574217U37	05-08-2008	40,000,000	BUILDING CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	40,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	40,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	0 170 %							
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 ▶	0 %							
6	Total of lines 4 and 5	0 170 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		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?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	GOLDMAN SACHS CAPITAL MARKETS							
c	Term of hedge	31 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	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?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130030103

SCHEDULE O
(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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF HOWARD COUNTY GENERAL HOSPITAL, INC ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF HOWARD COUNTY GENERAL HOSPITAL, INC IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS SENT BY EMAIL TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE. ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS
	FORM 990, PART VI, SECTION C, LINE 19	INTERNAL POLICIES, INCLUDING CONFLICT OF INTERST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN MARKET VALUE OF SWAP AGREEMENT -9,990,228 CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS -1,596,932 UNREALIZED GAIN 26,790 PY PENSION ADJUSTMENT 946,984 ROUNDING -853 LOSS ON EARLY RETIREMENT OF DEBT -3,580,949 TOTAL TO FORM 990, PART XI, LINE 5 -14,195,188

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130030103

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HCGH DIAGNOSTIC HEALTH SERVICE 5755 CEDAR LANE COLUMBIA, MD 21044 52-2326835	HEALTHCARE SERVICES	MD			HOWARD COUNTY GENERAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(2) SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD 20874 56-2296930	REAL ESTATE	MD	N/A									
(3) GCM SUBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A									
(4) CHEVY CHASE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944126	RADIOLOGY SERVICES	MD	N/A									
(5) ROCKVILLE IMAGING 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A									

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data Return to Form

Software ID:
Software Version:
EIN: 52-2093120
Name: HOWARD COUNTY GENERAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
JOHNS HOPKINS HEALTH SYSTEM CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501 (C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HHS INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1576639	SUPPORTING ORGANIZATION	MD	501 (C)(3)	11, TYPE II	N/A		No
HOWARD HOSPITAL FOUNDATION INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1072778	FUNDRAISING/SUPPORTING ORGANIZATION	MD	501 (C)(3)	11, III FI	N/A		No
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501 (C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS MEDICAL SERVICES CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 52-1232569	HEALTHCARE SERVICES	MD	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 52-0591656	HOSPITAL	MD	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 23-7252596	SUPPORTING ORGANIZATION	MD	501 (C)(3)	11, III FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND INC		No
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501 (C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HOWARD COUNTY LIQUIDATION CORPORATION 5755 CEDAR LANE COLUMBIA, MD 21044 52-0892284	INACTIVE TAX-EXEMPT ORGANIZATION	MD	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES 5255 LOUGHBORO RD NW WASHINGTON, DC 20016 53-0196602	HEALTHCARE SERVICES	DC	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
POTOMAC HOME SUPPORT INC 6001 MONTROSE RD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501 (C)(3)	9	N/A		No
SIBLEY SUBURBAN HOME HEALTH AGENCY 6001 MONTROSE RD NO 1020 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501 (C)(3)	9	N/A		No
PEDIATRIC PHYSICIAN SERVICES INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, MD 33701 59-3425191	PEDIATRIC MEDICAL SERVICES	MD	501 (C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481738	FOUNDATION	FL	501 (C)(3)	7	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-0683252	HOSPITAL	FL	501 (C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481742	RESEARCH	FL	501 (C)(3)	4	ALL CHILDREN'S HEALTH SYSTEM INC		No
SURGIKID OF FLORIDA INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3441883	MEDICAL SERVICES	FL	501 (C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM INC		No
KIDS HOME CARE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3476049	HOME HEALTH CARE	FL	501 (C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
WEST COAST NEONATOLOGY INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HEALTH SYSTEM INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	11C	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
HCP VENTURE ONE CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL INC	C			100 000 %
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C			
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C			
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C			
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C			
TCAS INC 5759 CEDAR LANE COLUMBIA, MD 21044 52-1979344	NURSING SERVICES	MD	N/A	C			
SUBURBAN CONTRACTING CORP INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2188022	MEDICARE CONTRACTING	MD	N/A	C			
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C			
SUBURBAN SPECIALTY CARE PHYSICIANS PC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C			
ACHPOB INC 501 SIXTH STREET SOUTH ST PETERSBURG, FL 33701 59-2427749	MEDICAL OFFICE BUILDING MANAGEMENT	FL	N/A	C			

Howard County General Hospital, Inc.

Financial Statements
June 30, 2012 and 2011

Howard County General Hospital, Inc.
Index
June 30, 2012 and 2011

pwc

REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
Howard County General Hospital, Inc

In our opinion, the accompanying balance sheets and the related statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Howard County General Hospital, Inc (the "Hospital") at June 30, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America 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 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, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

PricewaterhouseCoopers LLP

September 28, 2012

PricewaterhouseCoopers LLP, 100 East Pratt Street, Suite 1900, Baltimore, MD 21202-1096
T: (410) 783 7600, F: (410) 783 7680, www.pwc.com/us

Howard County General Hospital, Inc.
Balance Sheets
June 30, 2012 and 2011
(in thousands)

	2012	2011
ASSETS		
Current assets		
Cash and cash equivalents	$ 4,508	$ 7,590
Short-term investments	1,262	937
Assets whose use is limited - used for current liabilities	-	5,677
Patient accounts receivable, net of estimated uncollectibles of $6,149 and $5,115 as of June 30, 2012 and 2011, respectively	27,830	23,285
Due from others	1,571	1,195
Inventories of supplies	3,696	3,899
Prepaid expenses and other current assets	2,306	1,353
Total current assets	41,173	43,936
Assets whose use is limited		
By donors or grantors for		
Interest in net assets of Howard Hospital Foundation	13,228	14,439
Other	135	135
Total assets whose use is limited	13,363	14,574
Investments	44,895	15,521
Investments in joint ventures	3,485	3,543
Property, plant and equipment	248,479	248,550
Less allowance for depreciation and amortization	(81,278)	(70,250)
Total property, plant and equipment, net	167,201	178,300
Net pension asset	-	864
Other assets	2,675	4,907
Total assets	$ 272,792	$ 261,645

Howard County General Hospital, Inc.
Balance Sheets, Continued
June 30, 2012 and 2011
(in thousands)

	2012	2011
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	$ 40,000	$ 2,800
Accounts payable	6,029	4,241
Accrued liabilities	15,227	14,169
Due to affiliates	3,145	727
Accrued interest	-	2,877
Accrued vacation	6,125	5,852
Advances from third party payors	9,765	8,595
Current portion of estimated malpractice costs	1,073	79
Total current liabilities	81,364	39,340
Long-term debt, net of current portion	-	150,877
Estimated malpractice costs, net of current portion	3,824	2,565
Net pension liability	1,257	-
Long-term affiliate notes payable	109,870	-
Other long-term liabilities	20,601	10,499
Total liabilities	216,916	203,281
Net assets		
Unrestricted	42,515	43,792
Temporarily restricted	10,301	11,561
Permanently restricted	3,060	3,011
Total net assets	55,876	58,364
Total liabilities and net assets	$ 272,792	$ 261,645

The accompanying notes are an integral part of these financial statements

Howard County General Hospital, Inc.
Statements of Operations and Changes in Net Assets
for the years ended June 30, 2012 and 2011
(in thousands)

	2012	2011
Operating revenues		
Net patient service revenue	$ 239,637	$ 229,505
Other revenue	3,194	2,402
Investment income	1,101	299
Total operating revenues	243,932	232,206
Operating expenses		
Salaries, wages and benefits	108,671	106,555
Purchased services	46,567	45,566
Supplies and other	40,685	40,766
Interest	5,836	5,726
Provision for bad debts	11,108	10,219
Depreciation and amortization	17,315	15,846
Total operating expenses	230,182	224,678
Income from operations	13,750	7,528
Non-operating revenues and expenses		
Interest expense on swap agreements	(1,513)	(1,508)
Change in market value of swap agreement	(9,990)	2,204
Realized and unrealized gains on investments	64	975
Loss on early retirement of debt	(3,581)	0
Excess of revenues (under) over expenses	(1,270)	9,199
Contributions to affiliates	(1,733)	(579)
Changes in unrealized gains on investments	-	567
Change in funded status of defined benefit plan	(1,597)	1,800
Net assets released from restrictions used for purchase of property, plant and equipment	3,323	3,557
Change in unrestricted net assets	(1,277)	14,544
Changes in temporarily restricted net assets		
Gifts, grants and bequests	3,323	1,692
Net change in Howard Hospital Foundation	(1,260)	542
Net assets released from restrictions used for purchase of property, plant and equipment	(3,323)	(3,557)
Change in temporarily restricted net assets	(1,260)	(1,323)
Changes in permanently restricted net assets		
Net change in Howard Hospital Foundation	49	0
Decrease in permanently restricted net assets	49	0
Change in net assets	(2,488)	13,221
Net assets at beginning of year	58,364	45,143
Net assets at end of year	$ 55,876	$ 58,364

The accompanying notes are an integral part of these financial statements

Howard County General Hospital, Inc.
Statements of Cash Flows
for the years ended June 30, 2012 and 2011
(in thousands)

	2012	2011
Operating activities		
Change in net assets	$ (2,488)	$ 13,221
Adjustments to reconcile change in net assets		
to net cash and cash equivalents provided by operating activities		
Depreciation and amortization	17,315	15,846
Provision for bad debts	11,108	10,219
Net realized and changes in unrealized gains on investments	(64)	(1,542)
Change in market value of swap agreement	9,990	(2,204)
Change in funded status of defined benefit plan	1,597	(1,800)
Restricted contributions and investment income received	(3,323)	(1,692)
Gains on and returns of equity investments	58	503
Contributions to affiliates	1,733	579
Change in assets and liabilities		
Patient accounts receivable	(15,653)	(10,281)
Inventories of supplies, prepaid expenses and other current assets	(132)	(556)
Due to/from affiliates, net	2,418	(56)
Other assets	36	(65)
Accounts payable, accrued liabilities and accrued vacation	4,813	(6,751)
Advances from third party payors	1,170	938
Accrued pension benefit costs	525	852
Estimated malpractice costs	5	191
Other long-term liabilities	112	137
Net cash and cash equivalents provided by operating activities	29,220	17,539
Investing activities		
Purchases of property, plant and equipment	(7,608)	(13,720)
Purchases of investment securities	(35,929)	(11,470)
Sales of investment securities	11,971	6,891
Change in interest in net assets of Howard Hospital Foundation	1,211	(542)
Net cash and cash equivalents used in investing activities	(30,355)	(18,841)
Financing activities		
Proceeds from restricted contributions and investment income received	3,323	1,692
Repayment of long-term debt	(114,107)	(2,675)
Proceeds from affiliate notes payable	110,570	0
Contributions to affiliates	(1,733)	(579)
Net cash and cash equivalents used in financing activities	(1,947)	(1,562)
Decrease in cash and cash equivalents	(3,082)	(2,864)
Cash and cash equivalents at beginning of year	7,590	10,454
Cash and cash equivalents at end of year	$ 4,508	$ 7,590

The accompanying notes are an integral part of these financial statements

1. Organization and Summary of Significant Accounting Policies

Organization The Johns Hopkins Health System Corporation ("JHHS") is the sole member of Howard County General Hospital, Inc (the "Hospital" or "HCGH") JHHS is a not-for-profit organization incorporated in the State of Maryland to, among other things, formulate policy among and provide centralized management for JHHS affiliates ("Affiliates") In addition, JHHS provides certain shared services, including legal, coordination of marketing, and other functions for which HCGH is charged separately The Hospital is a not-for-profit, community based health care institution governed by a board of trustees operated for the purpose of providing appropriate and effective health care services to the physically and mentally ill, the injured, obstetrical patients, and persons needing diagnostic and/or preventative services The Hospital is committed to serve as the primary community health care resource for Howard County and adjacent communities and recognizes the need to be responsive to the needs of the population it serves The Hospital's mission is to provide health care services, within the resources available, to all whom present themselves, regardless of race, creed, national origin, age or sex

JHHS appoints HCGH's Board of Trustees HCGH's Articles of Incorporation provide that JHHS' Board of Trustees will approve HCGH's annual operating budget and capital budgets, significant programmatic changes at HCGH, and other significant changes to HCGH including amendments of its articles of incorporation or bylaws, mergers, or dissolutions

Use of estimates The preparation of financial statements in accordance 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 Actual results could differ from those estimates

Basis of presentation The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America

Cash and cash equivalents Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily converted to cash, with original maturities of three months or less Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss HCGH has not experienced such losses on these funds

Inventories of supplies Inventories of supplies are composed of medical supplies and drugs Inventories of supplies are recorded at lower of cost or market using a first in, first out method

Assets whose use is limited Assets whose use is limited or restricted by the donor are recorded at fair value at the date of donation, which is then considered cost Investment income or losses on investments of temporarily or permanently restricted assets is recorded as an increase or decrease in temporarily or permanently restricted net assets to the extent restricted by the donor or law The cost of securities sold is based on the specific identification method

Assets whose use is limited include assets held by trustees under debt agreements These assets consist primarily of cash and short term investments, and accrued interest The carrying amounts reported in the Balance Sheets approximate fair value

Howard Hospital Foundation Funds for the benefit of HCGH are owned, held and managed by Howard Hospital Foundation, Inc ("HHF"), a separate, not-for-profit Maryland corporation chartered in 1976 The affairs of HHF are managed by a Board of Trustees who is self-perpetuating HCGH records an interest in net assets of HHF resulting from unrestricted, temporarily restricted and permanently restricted

contributions that were solicited and held by HHF to be used exclusively for HCGH HCGH records its interest in the net assets of HHF under assets whose use is limited

Valuation of investments Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the Balance Sheets Debt and equity securities traded on a national securities and international exchange are valued as of the last reported sales price on the last business day of the fiscal year, investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices

Investments include equity method investments in managed funds, which include hedge funds, private partnerships and other investments which do not have readily ascertainable fair values and may be subject to withdrawal restrictions Investments in hedge funds, private partnerships, and other investments in managed funds (collectively "alternative investments"), are accounted for under the equity method, which approximates fair value The equity method income or loss from these alternative investments is included in the Statements of Operations as an unrealized gain or loss within excess of revenues over (under) expenses

Alternative investments are less liquid than HCGH's other investments These instruments may contain elements of both credit and market risk Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments, and nondisclosure of portfolio composition

Investment income earned on cash balances (interest and dividends) are reported in the operating income section of the Statements of Operations under 'investment income' Realized gains or losses related to the sale of investments, other than temporary impairments, and unrealized gains or losses on alternative investments are included in the non-operating section of the Statement of Operations included in excess of revenues over (under) expenses unless the income or loss is restricted by donor or law Unrealized gains or losses on investments other than alternative investments are excluded from excess of revenues (under) over expenses

On April 1, 2011, HCGH changed the classification of certain investments to a trading portfolio from available for sale Accordingly, cumulative unrealized gains of $410 thousand were reclassified from unrestricted net assets to non-operating income included in the 'realized and unrealized gains (losses) on investments' within the Statement of Operations and Changes in Net Assets This change was made as management's intent with respect to the nature of the investment portfolios has changed

Investments in companies in which HCGH does not have control, but has the ability to exercise significant influence over operating and financial policies are accounted for using the equity method of accounting, and operating results flow through the investment income on the Statements of Operations and Change in Net Assets Dividends paid are recorded as a reduction of the carrying amount of the investment

Property, plant and equipment Property, plant and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each asset class of depreciable asset and is computed using the straight-line method Estimated useful lives assigned by HCGH range from 3 to 40 years Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets Repairs and maintenance costs are expensed as incurred When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how

the donated assets must be used 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 those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Impairment of long-lived assets Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable HCGH's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the Statement of Operations and Changes in Net Assets Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell

Financing expenses Financing expenses incurred in connection with the issuance of the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") 1998 and 2008 Series Revenue Bonds have been capitalized and are included in other assets in the Balance Sheets Unamortized financing expenses were approximately $2 1 million as of June 30, 2011 In April 2012, HCGH redeemed the outstanding MHHEFA 1998 Series Revenue Bonds and wrote off the remaining $2 0 million of unamortized financing expense as early retirement of the debt and is recorded in the non-operating section of the Statement of Operations These expenses were being amortized over the terms of the bond issues using the effective interest method Amortization expense of $117 thousand and $160 thousand was recorded in the years ended June 30, 2012 and 2011, respectively

Accrued vacation HCGH records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods

Estimated malpractice costs The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported Additionally, an insurance recovery has been recorded representing the amount expected to be recovered from the self insured captive insurance company

Swap agreement The value of the interest rate swap agreement entered into by HCGH is adjusted to market value monthly at the close of each accounting period based upon quotations from market makers The change in market value, if any, is recorded in the Statements of Operations and Changes in Net Assets Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates

Temporarily and permanently restricted net assets Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity Income generated from these assets is available for general program support Permanently restricted net assets consist of endowment assets included in HHF

Donor restricted gifts Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Unconditional promises to give cash to HCGH over periods exceeding one year are discounted using a rate of return that a market participant would expect to receive over such periods, which will vary based on the pledge, at the date the pledge is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The

gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Statements of Operations and Changes in Net Assets as net assets released from restrictions Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements

Excess of revenues (under) over expenses The Statements of Operations and Changes in Net Assets include excess of revenues (under) over expenses Changes in unrestricted net assets which are excluded from excess of revenues (under) over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments other than trading securities, change in funded status of defined benefit plans, cumulative effect of changes in accounting principle, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets)

Income taxes HCGH qualifies under Section 501(c)(3) of the Internal Revenue Code and is therefore, not subject to tax under current income tax regulations

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements There is no impact on HCGH's financial statements during the years ended June 30, 2012 and 2011

New Accounting Standards Effective July 1, 2011, HCGH adopted the provisions of ASU 2010-06, "Improving Disclosures about Fair Value Measurements", which affects entities required to make disclosures about recurring and nonrecurring fair value measurements This ASU requires that the Level 3 fair value roll forward activity be displayed gross, breaking out the purchases, issuances, sales and settlement activity The adoption of this ASU did not have a significant impact on HCGH's disclosures

Effective July 1, 2011, HCGH adopted the provisions of ASU 2010-23, "Measuring Charity Care for Disclosure", which states that direct and indirect cost be used as the measurement basis for charity care disclosure purposes and that the method used to determine such costs also be disclosed The adoption of this ASU had no impact on HCGH'S financial condition, results of operations or cash flows

Effective July 1, 2011, HCGH adopted the provisions of ASU 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries", which clarifies that health care entities should not net insurance recoveries against the related claims liabilities In connection with HCGH'S adoption of ASU 2010-24, HCGH recorded an increase in its assets and liabilities in the accompanying consolidated Balance Sheet as of June 30, 2012 as follows

Caption on Combined Balance Sheet	2012
Prepaid expenses and other current assets	$ 994
Other assets	1,254
Total assets	$ 2,248
Current portion of estimated malpractice costs	$ 994
Estimated malpractice costs, net of current portion	1,254
Total liabilities	$ 2,248

The assets and liabilities represent HCGH's estimated self-insured captive insurance recoveries for claims reserves and certain claims in excess of self-insured retention levels The insurance recoveries and liabilities have been allocated between short-term and long-term assets and liabilities based upon the expected timing of the claims payments The adoption had no impact on HCGH's results of operations or cash flows

2 **Net Patient Service Revenue**

HCGH has agreements with third-party payors that provide for payments to HCGH at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Adjustments mandated by the Health Services Cost Review Commission are also included in contractual adjustments, a portion of which are also included in established rates

HCGH provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Such patients are identified based on information obtained from the patient and subsequent analysis Because HCGH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue Direct and indirect costs for these services amounted to $5 0 million and $3 9 million for the years ended June 30, 2012 and 2011, respectively The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients The ratio of costs to charges is calculated based on HCGH's total expenses (less bad debt expense) divided by gross patient service revenue

Revenue from the Medicare and Medicaid programs accounted for approximately 39% and 9%, respectively, of the Hospital's net patient service revenue for the year ended June 30, 2012 and 39% and 10% respectively, of the Hospital's net patient service revenue for the year ended June 30, 2011 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to change by a material amount in the near term

Approximately 28% and 24% of gross patient account receivables were due from the Medicare program, 13% and 15% from the Medicaid program, 13% and 17% from the Blue Cross program and 46% and 44% from health maintenance organizations, other third-party payors and individual payors as of June 30, 2012 and 2011, respectively

3 **Fair Value Measurements**

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in its performance indicator The fair value option may be applied on an instrument by instrument basis Once elected, the fair value option is irrevocable for that instrument The fair value option can be applied only to entire instruments and not to portions thereof HCGH has not elected fair value accounting for any asset or liability that was not currently required to be measured at fair value

HCGH follows the guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements Adopting this guidance did not have a material impact on HCGH's financial position and results of operations

This guidance discusses valuation techniques such as the market approach, cost approach and income approach This guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions There are no instruments requiring Level 3 classification

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement Each of the financial instruments below has been valued utilizing the market approach

The following table presents the financial instruments carried at fair value as of June 30, 2012 grouped by hierarchy level

Assets	**Total Fair Value**	**Level 1**	**Level 2**
Cash equivalents (1)	$ 285	$ -	$ 285
Certificates of deposit (1)	48	-	48
U S Treasuries (2)	11,627	-	11,627
Corporate bonds (2)	17,524	-	17,524
Asset backed securities (2)	7,878	-	7,878
Equity and equity funds (3)	4,183	-	4,183
Fixed income funds (4)	1,369	-	1,369
Totals	$ 42,914	$ -	$ 42,914
Liabilities			
Interest rate swap agreement (5)	$ 18,872	$ -	$ 18,872

The following table presents the financial instruments carried at fair value as of June 30, 2011 grouped by hierarchy level

Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	$ 307	$ -	$ 307
Certificates of deposit (1)	47	-	47
U S Treasuries (2)	7,798	-	7,798
Corporate bonds (2)	3,181	-	3,181
Asset backed securities (2)	1,980	-	1,980
Equities and equity funds (3)	4,622	-	4,622
Fixed income funds (4)	1,404	-	1,404
Totals	$ 19,339	$ -	$ 19,339
Liabilities			
Interest rate swap agreement (5)	$ 8,882	$ -	$ 8,882

(1) Cash equivalents include money market funds Certificates of deposit are carried at amortized cost, which approximates fair value, which are rendered level 2 Money market funds are valued based on the NAV and are classified as level 2
(2) For investments in U S Treasuries (notes, bonds, and bills), corporate bonds, and asset backed securities, fair value is based on the average of the last reported bid and ask prices, therefore these investments are rendered level 2 These investments fluctuate in value based upon changes in interest rates Until April 1, 2011, significant changes in the credit quality of the underlying entity were analyzed and any other than temporary impairments was recorded upon that determination, if any
(3) Equities include commingled trusts and hedge funds The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2
(4) Fixed income funds are investments in commingled trusts investing in fixed income instruments The underlying fixed investments are principally U S Treasuries, corporate bonds, commercial paper, and asset backed securities The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2
(5) The interest rate swap agreements are valued using a pricing service at net present value These evaluated prices render these instruments level 2 The volatility in the fair value of the swap agreements change as long-term interest rates change

During 2012 and 2011, there were no transfers between level 1 and 2

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value Furthermore, while HCGH believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date

Financial instruments are reflected in the Combined Balance Sheets as of June 30, 2012 and 2011 as follows (in thousands)

	2012	2011
Cash equivalents measured at fair value	$ 285	$ 307
Cash	4,223	7,283
Total cash and cash equivalents	$ 4,508	$ 7,590
Short and long-term investments measured at fair value	$ 42,629	$ 13,355
Investments accounted for under equity method	7,013	6,646
Total short and long-term investments	$ 49,642	$ 20,001
Assets whose use is limited measured at fair value	$ -	$ 5,677
Interest in net assets of HHF/Children's Garden	13,363	14,574
Total assets whose use is limited	$ 13,363	$ 20,251

HCGH holds alternative investments that are not traded on national exchanges or over-the counter markets HCGH is provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value There are no unfunded commitments related to HCGH's alternative investments

The following table displays information by major alternative investment category as of June 30, 2012 and 2011 (in thousands)

As of June 30, 2012

Description	Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$2,190	Monthly	5 days	At least 95% within 15 days, remaining within 30 days of redemption date
Fund of funds	1,230	Monthly, quarterly or annually	25 - 70 days	At least 90% within 60 days, remaining received after the audit or as SPV shares
Hedge funds	108	Quarterly - last day of the calendar quarter	60 days	95% within 30 days, 5% within 120 days
	$3,528			

As of June 30, 2011

Description	Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$ 1,957	Monthly	5 to 14 days	Within 15 days, or 95% within 1 business days of the redemption date, 5% after the 12th business day of the month
Fund of funds	1,030	Monthly, quarterly or annually	30 to 60 days	Within 5 days, or 95% in 1 - 30 days, 5% within 60 days or after annual audit
Hedge funds	116	Quarterly - last day of the calendar quarter	60 days	95% within 30 days of redemption date, 5% within 120 days of redemption date
	$ 3,103			

The estimated total fair value of long-term debt, based on quoted market prices for the same or similar issues, was approximately $40 0 million and $153 0 million as of June 30, 2012 and 2011, respectively

4 **Investments and Assets Whose Use is Limited**

Investments (short and long-term) as of June 30 consisted of the following (in thousands)

	2012	2011
	Market Value	Market Value
Investments in affiliates	$ 3,485	$ 3,543
U S Treasuries	11,627	2,121
Certificates of deposit	48	47
Corporate bonds	17,524	3,184
Asset backed securities	7,878	1,980
Fixed income funds	1,369	1,404
Equities and equity index funds	4,183	4,619
Alternative investments	3,528	3,103
	$ 49,642	$ 20,001

Included in investments as of June 30, 2012 and 2011 are $46 1 million and $16 4 million, respectively of investments pooled together with other JHHS affiliates

Assets whose use is limited as of June 30 consisted of the following (in thousands)

	2012	2011
	Market	Market
U S Treasuries	$ -	$ 5,677
Interest in net assets of Howard Hospital Foundation	13,228	14,439
Other	135	135
	$ 13,363	$ 20,251

Realized and unrealized gains (losses) on investments for the years ended June 30, 2012 and 2011, included in non-operating revenues and expenses section of the Statement of Operations consisted of the following

	2012	2011
Realized gains on investments	$ 37	$ 84
Unrealized gains on trading investments	27	891
Total	$ 64	$ 975

5 **Investments in Joint Ventures**

HCGH has a 25% investment interest in Ten Acres Medical Center, LLC ("Ten Acres") obtained in exchange for contributed land with an original cost of $4 0 million The 75% member is Columbia Investment Properties, LLC ("CIP") Ten Acres is a Maryland Limited Liability Company formed to develop, own, operate, manage or dispose of a medical office building (the "Project") on a portion of the HCGH campus in Howard County, Maryland The Project consists of approximately a 170,000 square foot medical office building that was completed in August 2009 The term of the joint venture shall continue perpetually unless otherwise agreed upon pursuant to the operating agreement

Ten Acres is managed by a Board of Managers consisting of one HCGH appointed manager and three CIP appointed members Profits and losses, as well as additional contributed capital, shall be allocated to the members equal to each members' percentage ownership interest Distributions shall be made in accordance with the provisions of the operating agreement as determined by the Board of Managers Ten Acres began operations in August 2009 Ten Acres is accounted for under the equity method of accounting HCGH's investment in Ten Acres was $1 9 million and $2 1 million as of June 30, 2012 and 2011, respectively HCGH's gain on this investment was $767 thousand and $352 thousand for the year ended June 30, 2012, and 2011, respectively In addition, HCGH received cash dividends from Ten Acres of $551 thousand and $600 thousand for the year ended June 30, 2012 and 2011, respectively

HCGH invested $1 6 million for a 20% interest in the Central Maryland Radiation Oncology Center, LLC ("CMROC") which is located in the new Ten Acres building HCGH's investment in CMROC was $1 5 million for the years ended June 30, 2012 and 2011 The operating losses were $45 thousand and $123 thousand during the years ended June 30, 2012 and 2011, respectively HCGH has guaranteed 50% of the total debt of CMROC that amounts to $1 8 million as of June 30, 2012

6 **Property, Plant and Equipment**

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30 (in thousands)

	2012		2011	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	$ 8,889	$ 134	$ 8,306	$ 58
Building and improvements	168,101	39,303	164,127	33,248
Fixed and moveable equipment	71,387	41,841	71,108	36,944
Construction in progress	102	-	5,009	-
	$ 248,479	$ 81,278	$ 248,550	$ 70,250

Accruals for purchases of property, plant and equipment as of June 30, 2012 and 2011 amounted to $388 thousand and $3 3 million, respectively, and are included in accounts payable in the Balance Sheets Depreciation and amortization expense for years ended June 30, 2012 and 2011 was $15 8 million and $14 6 million, respectively Amortization expense for the years ended June 30, 2012 and 2011 was $1 5 million and $1 2 million, respectively

There was no impairment charges recorded for the years ended June 30, 2012 and 2011 respectively

During the year ended June 30, 2012 HCGH retired fully depreciated long-lived assets determined to have no future value The original cost and accumulated depreciation of these long-lived assets was $4 8 million There were no retirements of long-lived assets in 2011

7 **Debt**

Debt as of June 30 is summarized as follows (in thousands)

MHHEFA Bonds and Notes	2012 Current Portion	2012 Long-term Portion	2011 Current Portion	2011 Long-term Portion
1998 Series Revenue Bonds – net of original issue discount of $1,703 as of June 30, 2011	$ -	$ -	$ 2,800	$ 110,877
2008 Series Revenue Bonds	40,000	-	-	40,000
	$ 40,000	$ -	$ 2,800	$ 150,877

Obligated Group

The Johns Hopkins Health System Obligated Group ("JHHS Obligated Group") consists of JHH, JHBMC, HCGH, SHHS and SHI JHBMC was admitted into the JHHS Obligated Group in 2004 as part of a plan of debt refinancing SHHS and SHI were admitted into the JHHS Obligated Group in 2010 as part of a JHH debt issuance HCGH was admitted to the JHHS Obligated Group in May 2012 as part of a JHH debt issuance All of the debt of JHH, JHBMC, HCGH, SHI and SHHS are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of JHH's, JHBMC's, HCGH's, SHI's, and SHHS' receipts as defined in the Master Loan Agreement with MHHEFA JHH, JHBMC, HCGH, SHI and SHHS are required to achieve a defined minimum debt service coverage ratio each year, maintain adequate insurance coverage, and comply with certain restrictions on their ability to incur

additional debt As of June 30, 2012, JHH, JHBMC, HCGH, SHI, and SHHS were in compliance with these requirements As of June 30, 2012 the outstanding JHH, JHBMC, HCGH, SHI, and SHHS parity debt was $1 1 billion As of June 30, 2011 the outstanding JHH, JHBMC, SHI, and SHHS parity debt was $946 0 million

1998 Series-Revenue Bonds

In June 1998, Howard County Acquisition Corporation (now known as HCGH) borrowed $133 9 million through the issuance by MHHEFA of its 1998 Johns Hopkins Medicine Howard County General Hospital Series Revenue Bonds ("1998 Bonds") with stated interest rates ranging from 4 15% to 5 00% Annual principal repayments range from $2 9 million to $3 1 million, are due July 1 of each year until 2013 The 1998 bonds include three series of term bonds - $21 9 million due July 1, 2019, $54 3 million due July 1, 2029, and $30 3 million due July 1, 2033 The annual sinking fund payments on these term bonds range from $3 2 million on July 1, 2014 to $8 1 million on July 1, 2033

In April 2012, HCGH redeemed all of the outstanding principal of the 1998 Bonds that amounted to $110 6 million In connection with the redemption, HCGH wrote off $1 6 million of the unamortized original issue discount as early retirement of debt and is recorded in the non-operating section of the Statement of Operations

2008 Series-Revenue Bonds

In May 2008, HCGH borrowed $40 0 million through the issuance of its 2008 Series Revenue Bonds ("2008 Bonds") to finance the expansion, renovation and equipping of HCGH's acute care hospital The 2008 Bonds are due July 1, 2046, and pay interest monthly at a variable rate based on the bonds sold by a designated re-marketing agent on a weekly basis The rates for the years ended June 30, 2012 and 2011 were approximately 0 13% and 0 23%, respectively Mandatory annual sinking fund installments begin July 1, 2034, ranging from $2 3 million to $3 9 million The 2008 Bonds are collateralized by a pledge of the receipts of HCGH and guaranteed by the Johns Hopkins Health System Obligated Group

In connection with the 2008 Bonds, HCGH entered into a $40 5 million direct-pay letter of credit agreement with PNC Bank, National Association to provide for the payment of principal and interest on the 2008 Bonds This agreement includes the principal amount of the debt plus 42 days of interest at the maximum rate of 10%, and expires on May 8, 2013, subject to extension or earlier termination Since this agreement expires before June 30, 2013, the $40 0 million has been reclassified to current portion of long-term debt on the Balance Sheet as of June 30, 2012 The advances are repayable on the earliest of the date that is 367 days from the date of such advance, the date of termination, the date of receipts by HCGH of the proceeds of any subsequent issuances of notes and the final due date There have been no amounts drawn on the letter of credit as of June 30, 2012 or 2011 Since this letter of credit expires before June 30, 2013, the outstanding balance of $40 0 million has been reclassified as short term in the Balance Sheet

Total maturities of debt and the sinking fund requirements during the next five fiscal years and thereafter are as follows as of June 30, 2012 (in thousands)

2013	$ 40,000
2014	-
2015	-
2016	-
2017	-
Thereafter	-
	$ 40,000

Interest costs incurred related to debt in the amount of $7 3 million was paid during the year ended June 30, 2012, of which $29 thousand was capitalized and $7 3 million was expensed Interest costs incurred relating to debt in the amount of $7 7 million was paid during the year ended June 30, 2011, of which $434 thousand was capitalized and $7 2 million was expensed

8 **Derivative Financial Instruments**

HCGH's primary objective for holding derivative financial instruments is to manage interest rate risk Derivative financial instruments are recorded at fair value and are included in other long-term liabilities The total notional amount of interest rate swap agreements was $40 0 million as of June 30, 2012 and 2011

HCGH follows accounting guidance on derivative financial instruments that is based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges The criteria for designating a derivative as a hedge include the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur All of HCGH's derivative financial instruments are interest rate swap agreements without hedge accounting designation

The value of interest rate swap agreements entered into by HCGH are adjusted to market value monthly at the close of each accounting period based upon quotations from market makers Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates HCGH does not hold derivative instruments for the purpose of managing credit risk, limits the amount of credit exposure to any one counterparty and enters into derivative transactions with high quality counterparties HCGH recognizes gains and losses from changes in fair values of interest rate swap agreements as a non-operating revenue or expense within the performance indicator excess of revenues over expenses on the Statements of Operations

Fair value of derivative instruments as of June 30 (in thousands)

	Derivatives reported as liabilities			
	Balance Sheet Caption	**2012 Fair Value**	**Balance Sheet Caption**	**2011 Fair Value**
Interest rate swaps not designated as hedging instruments	Other long-term liabilities	$ 18,872	Other long-term liabilities	$ 8,882

Derivatives not designated as hedging instruments as of June 30 (in thousands)

Derivatives not designated as hedges

Classification of derivative gain (loss) in the Statement of Operations	Amount of gain (loss) recognized in change in unrestricted net assets	
	2012	2011
Interest rate swaps		
Change in market value of swap agreement	$ (9,990)	$ 2,204

The following is a description of HCGH's interest rate swap agreement

In May 2006, HCGH entered into a fixed payor interest rate swap agreement with Goldman, Sachs & Co The notional amount of this swap agreement is $40 0 million and carries a term of 32 years, with payments that began in June 2007 HCGH will pay Goldman, Sachs & Co a fixed annual rate of 3 946% on the notional amount of the swap agreement in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate The floating rate payments from the interest rate swap agreement are intended to substantially offset the floating rate of the 2008 Bonds The floating rates as of June 30, 2012 and 2011 were 0 16% and 0 13%, respectively JHHS has guaranteed the prompt payment of this interest rate swap agreement

This swap agreement has certain collateral thresholds whereby, on a daily basis, if the market value of the swap agreement declines such that its devaluation exceeds the threshold, cash must be deposited by HCGH with the swap counterparty for the difference between the threshold amount and the fair value As of June 30, 2012 and 2011 no collateral was required to be posted to the swap counter party

9 Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets as of June 30 (in thousands), are restricted to

	2012	2011
Health care services	$ 5,697	$ 5,832
Purchase of property, plant and equipment	4,604	5,729
	$ 10,301	$ 11,561

Permanently restricted net assets as of June 30 (in thousands), are restricted to

	2012	2011
Health care services	$ 3,060	$ 3,011

10 Pension Plan

HCGH sponsors a cash balance defined benefit pension plan (the "Plan") HCGH contributed 7 5% of each employee's base compensation up to $25 thousand and 11 3% of base compensation in excess of $25 thousand The Plan's assets are invested in a diversified portfolio of stocks, bonds and money market certificates managed by a bank trust department As of January 1, 1996, accruals under the Plan were frozen Employees now participate in a 401(k) plan Effective for the year ended June 30, 2007, HCGH adopted the provisions of statement of financial accounting standards employer's accounting for

defined benefit pension and other postretirement plans This guidance requires that the funded status of defined benefit postretirement plans be recognized on HCGH's Balance Sheet, and changes in the funded status be reflected as a change in net assets

The change in benefit obligation, plan assets, and funded status of the Plan is shown below (in thousands)

	2012	2011
Change in benefit obligation		
Benefit obligation at beginning of year	$ 10,099	$ 10,173
Interest cost	551	550
Actuarial gain (loss)	1,631	91
Benefits paid	(799)	(715)
Benefit obligation as of June 30	$ 11,482	$ 10,099
Change in plan assets		
Fair value of plan assets at beginning of year	$ 10,963	$ 10,089
Actual return on plan assets	12	1,616
Benefits paid	(750)	(742)
Fair value of plan assets as of June 30	$ 10,225	$ 10,963
Funded status as of June 30,		
Fair value of plan assets	$ 10,225	$ 10,963
Projected benefit obligation	11,482	10,099
Funded status	$ (1,257)	$ 864

Amounts recognized in the Balance Sheets consist of (in thousands)

Net pension asset (liability)	$ (1,257)	$ 864

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of (in thousands)

	2012	2011
Actuarial net loss	$ 5,510	$ 3,913
Accumulated benefit obligation	$ 11,482	$ 10,099

Net periodic pension benefit cost

	2012	2011
Components of net periodic pension cost (in thousands)		
Interest cost	$ 551	$ 550
Expected return on plan assets	(724)	(627)
Amortization of prior service cost	400	649
Net periodic pension benefit expense	$ 227	$ 572

The actuarial net loss for the defined benefit plans that will be amortized from unrestricted net assets into net periodic benefit costs in 2013 is $636 thousand

The assumptions used in determining net periodic pension cost for the plan are as follows for the year ended June 30

	2012	2011
Discount rate	6 03%	6 04%
Expected return on plan assets	8 25%	8 25%

The assumptions used in determining the benefit obligation for the plan are as follows as of July 1

	2012	2011
Discount rate	4 66%	6 03%
Expected return on plan assets	8 00%	8 25%

The expected rate of return on the plan assets assumption was developed based on historical returns for the major asset classes This review also considered both current market conditions and projected future conditions

Plan Assets

HCGH's pension plan weighted average asset allocations as of June 30 by asset category are as follows

Asset class	2012	2011
Cash and cash equivalents	4 88%	4 44%
Equities and equity funds	30 69%	35 98%
Fixed income funds	26 15%	15 57%
Alternatives	38 28%	44 01%
Total	100 00%	100 00%

The Plan's assets are invested, along with JHHS plan assets in a Master Trust, among and within various asset classes in order to achieve sufficient diversification in accordance with HCGH risk tolerance This is achieved through the utilization of asset managers and systematic allocation to investment management style(s), providing a broad exposure to different segments of the fixed income and equity markets The Plan strives to allocate assets between equity securities (including global asset allocation) and debt securities at a target rate of approximately 75% and 25%, respectively

Fair Value of Plan Assets

Fair value is the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between a market participant at the measurement date The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions

The following table presents the plan assets carried at fair value as of June 30, 2012 and 2011, grouped by hierarchy level (in thousands)

As of June 30, 2012

Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	$ 499	$ -	$ 499
Equities and equity funds (2)	3,138	242	2,896
Fixed income funds (3)	2,674	2,357	317
Alternatives (4)	3,914	-	3,914
Totals	$ 10,225	$ 2,599	$ 7,626

As of June 30, 2011

Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	$ 487	$ -	$ 487
Equities and equity funds (2)	3,944	-	3,944
Fixed income funds (3)	1,707	1,568	139
Alternatives (4)	4,825	-	4,825
Totals	$ 10,963	$ 1,568	$ 9,395

(1) Cash equivalents include money market funds and are carried at amortized cost, which approximates fair value, which renders them level 2

(2) Equities include individual equities Equity funds include investments in mutual funds, commingled trusts and hedge funds The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1 The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2

(3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments The underlying fixed investments are principally U S Treasuries, corporate bonds, commercial paper, and asset backed securities The mutual funds are valued based on the closing price on the primary market and are rendered level 1 The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2

(4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets These investments are valued at using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that

the underlying investments be measured at fair value This valuation technique renders these investments level 2

There are no unfunded commitment related to the Plans' alternative investments The following table displays information by major alternative investment category as of June 30, 2012 and 2011 (in thousands)

June 30, 2012

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$ 1,797	Monthly	5 - 30 days	(1)
Fund of funds	813	Quarterly	45 days	(2)
Hedge funds	865	Monthly or quarterly, or bi-annually	30 - 65 days	(3)
Credit funds	317	Annual	60 - 90 days	(4)
Distressed credit	122	December 31, 2013		
	$ 3,914			

(1) Within 15 days, or 95% on redemption date and 5% on third business day
(2) 90% within 30 days; 10% within 60 days
(3) 90 - 95% within 3 - 30 days, 5 - 10% after 10 - 30 days or after annual audit
(4) Within 30 days, or 90% within 10 days, 10% after annual audit

June 30, 2011

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$ 2,116	Monthly	5 - 30 days	(5)
Fund of funds	1,505	Monthly, quarterly or annually	30 - 65 days	(6)
Hedge funds	562	Monthly or quarterly	30 - 65 days	(7)
Credit funds	433	Annual	60 - 90 days	(8)
Distressed credit	209	December 31, 2013		
	$ 4,825			

(5) Within 15 days, or 95% on redemption date and 5% on third business day
(6) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit
(7) 90-95% within 30 days, 5-10% after 10 days or after annual audit
(8) Within 30 days, or 90% within 10 days, 10% after annual audit

Contributions and Estimated Future Benefit Payments (Unaudited)

HCGH is not required to contribute to its pension plan in 2012

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the following fiscal years as of June 30, 2012 (in thousands)

2013	$ 2,809
2014	899
2015	984
2016	1,053
2017	1,242
2018-2022	4,175

HCGH also has a 401(k) savings Plan available to all employees The revised plan provides that HCGH will contribute 1% to 2% of each employee's total compensation in addition to contributing from fifty cents to one dollar and fifty cents, based on years of service, for each dollar contributed by the employee HCGH's contribution match basis is limited to 6% of the employee's total compensation HCGH funded $3 1 million and $2 9 million for the years ended June 30, 2012 and 2011, respectively

11 Maryland Health Services Cost Review Commission

HCGH's charges are subject to review and approval by the Commission HCGH management has filed the required forms with the Commission and believes HCGH is in compliance with Commission requirements The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services and the Commission Management believes that this program will remain in effect at least through June 30, 2013 Effective April 1, 1999, the Commission developed a methodology to control inpatient hospital charges and HCGH elected to be paid under the new methodology The methodology established a charge per admission cap for each hospital The hospital specific charge per admission is adjusted annually to reflect cost inflation, and is also adjusted for changes in the hospital's case mix index Certain highly tertiary inpatient cases such as solid organ transplants, bone marrow transplants and certain oncology cases are treated as exclusions from the charge per case methodology Effective July 1, 2011, the Commission modified this methodology in an effort to reduce readmissions at Maryland hospitals Under a Charge per Episode ("CPE") methodology, hospitals are allowed to retain any rate authority lost due to reductions in readmissions Conversely, hospitals are not granted any additional rate authority for any increases to readmissions

In fiscal 2011, the HSCRC implemented a new methodology to establish a charge per visit ("CPV") for certain types of outpatient services The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix This methodology is primarily focused on ambulatory surgery procedures, medical clinic visits and emergency room visits The methodology also includes other types of outpatient services including infusion procedures, therapies, mental health and major radiology procedures Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology In March 2012, the HSCRC voted to suspend the CPV methodology for fiscal 2012 The HSCRC has not yet provided a timeline for the establishment of a replacement methodology It is expected that some type of outpatient constraint system will be put in place sometime during fiscal 2013

The Commission approves hospital rates on a departmental unit rate basis Individual unit rates are the basis for hospital reimbursement for inpatient excluded cases and for hospital outpatient services Under the Commission rate methodology, amounts collected for services to patients under the Medicare and Medicaid programs are computed at approximately 94% of Commission approved charges Other payors are eligible to receive up to a 2 25% discount on prompt payment of claims

12 Professional and General Liability Insurance

JHU, JHHS and its affiliates, including HCGH, participate in an agreement with four other medical institutions to provide a program of professional and general liability insurance for each member institution As part of this program, the participating medical institutions have formed a risk retention group ("RRG") and a captive insurance company to provide self-insurance for a portion of their risk

JHH and JHU each have a 10% ownership interest in the RRG and the captive insurance company The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of the primary coverage retained by the RRG and the captive Primary retentions are $1 0 million per incident Primary coverage is insured under a retrospectively rated claims-made policy, premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes cost associated with settling claims Projected losses were discounted at 73% and 1 2% as of June 30, 2012 and 2011, respectively

HCGH's participation in the RRG and the captive insurance company does not extend to claims incurred prior to its purchase by JHHS HCGH is self insured for these claims unless they were reported to HCGH's previous insurance company prior to its purchase by JHHS HCGH has established an additional loss accrual and is funding a separate deposit account with the RRG to cover estimated liabilities related to these claims

Professional and general liability insurance expense incurred by HCGH was $ 9 million, and $1 2 million for years ended June 30, 2012 and 2011, respectively, and is included in purchased services on the Statements of Operations and Changes in Net Assets Reserves were $4 9 million, and $2 6 million for years ended June 30, 2012 and 2011, respectively

13 Transactions with Related Parties

During the years ended June 30, 2012 and 2011, HCGH engaged in transactions with JHHS, and its affiliates, JHH, JHCP, Johns Hopkins HealthCare, LLC ("JHHC"), Johns Hopkins Medicine International, LLC ("JHI"), HCGH OBGYN Associates Series, LLC ("HCGH OBGYN"), and Johns Hopkins Home Care Group, Inc ("JHHCG")

Significant expense transactions (in thousands)

	2012	2011
JHH blood lab services	$ 7,388	$ 7,462
Purchasing, legal, and other services provided by JHHS	6,786	5,986
JHH clinical engineering services	810	674

Due from (to) related party balances as of June 30 (in thousands)

	2012	2011
Due to JHHS	$ (821)	$ (327)
Due to HCGH OBGYN	(3)	-
Due to JHHC	(4)	(4)
Due to JHH	(2,000)	(267)
Due to JHI	(25)	(21)
Due to JHHCG	(18)	-
Due to JHCP	(274)	(108)
Total due to Affiliates	$ (3,145)	$ (727)

Broadway Services, Inc ("BSI"), a related organization, is a wholly-owned subsidiary of the Dome Corporation The Dome Corporation is owned equally by JHHS and JHU BSI provides the HCGH with security and manages its housekeeping services During the years ended June 30, 2012 and 2011, HCGH incurred expenses of approximately $1 6 million and $1 8 million, respectively for these services

In March 2012, HCGH and JHH entered into a short-term Promissory Note ("Affiliate Note") in the amount of $110 6 million, and carried an interest rate of 2 75% The Affiliate Note principal and accrued interest was due on May 31, 2012, or upon an earlier long-term extension of the Affiliate Note The proceeds of the Affiliate Note were placed in HCGH's debt service reserve trust for the purpose of redeeming the 1998 Bonds In May 2012, the Affiliate Note was extended, and has a final due date of July 1, 2033 The Affiliate Note carries an interest rate that resets annually and varies from 4 11% to 4 82%, and is payable semi-annually Principal payments are due on July 1 of each year and range from $700 thousand in 2013 to $7 2 million in 2034

14 Contracts, Commitments and Contingencies

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred The following is a schedule by year of the future minimum lease payments under operating leases as of June 30, 2012, that have initial or remaining lease terms in excess of one year (in thousands)

2013	$ 873
2014	872
2015	894
2016	917
2017	941

Rental expense for all operating leases for years ended June 30, 2012 and 2011 were $1 0 million and $1 2 million, respectively

15 Functional Expenses

HCGH provides general health care services to residents within its geographic location Expenses relating to these services were $197 8 million and $191 7 million for health care services, and $32 4 million and $33 0 million for general and administrative services for the years ended June 30, 2012 and 2011, respectively

16 **Howard Hospital Foundation**

Interest in net assets of HHF of $13 2 million and $14 4 million as of June 30, 2012 and 2011 respectively, are presented in long-term assets on the Balance Sheets of HCGH

HHF assets consist of cash and cash equivalents of $1 0 million and $874 thousand, marketable securities of $6 9 million and $7 8 million, and other assets of $5 7 million and $5 9 million as of June 30, 2012 and 2011, respectively

Liabilities of HHF were $275 thousand and $163 thousand and net assets were $13 2 million and $14 4 million as of June 30, 2012 and 2011, respectively The changes in net assets were ($1 3) million and $542 thousand for the years ended June 30, 2012 and 2011, respectively

HCGH made transfers to HHF in the amounts of $1 0 million, and $1 0 million for the years ended June 30, 2012 and 2011, respectively HHF made transfers to HCGH to reimburse HCGH for operating costs and other program support paid by HCGH on behalf of HHF amounting to $1 0 million, and $1 0 million for the years ended June 30, 2012 and 2011, respectively

17 **Subsequent Events**

HCGH has performed an evaluation of subsequent events through September 28, 2012, which is the date the financial statements were issued

Additional Data

Software ID:
Software Version:
EIN: 52-2093120
Name: HOWARD COUNTY GENERAL HOSPITAL INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 83,479,661 including grants of $ 2,433,155) (Revenue $ 89,221,520)
OTHER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY L LUNDY TRUSTEE	1 00	X						0	0	0
EVELYN BOLDUC CHAIR/ TRUSTEE	1 00	X		X				0	0	0
VICTOR A BROCCOLINO PRESIDENT/CEO/ASST SECRETA	40 00	X		X				535,867	0	48,063
ANN B MECH SECRETARY/TRUSTEE	1 00	X		X				0	0	0
W BRIAN MCGOWAN TREASURER/TRUSTEE	1 00	X		X				0	0	0
NICHOLAS KOUTRELAKOS MD TRUSTEE	1 00	X						0	0	0
MARVIN P DAVIS MD TRUSTEE	1 00	X						0	0	0
AD DIVAKARUNI MD TRUSTEE	1 00	X						0	0	0
GEORGE LOUIS DOETSCH JR TRUSTEE	1 00	X						0	0	0
MIRIAM FDUBIN TRUSTEE	1 00	X						0	0	0
ROBERT T MANFUSO TRUSTEE	1 00	X						0	0	0
RONALD R PETERSON CORPORATE VICE CHAIR	1 00	X		X				0	1,703,555	1,777,977
DAVID POWELL TRUSTEE	1 00	X						0	0	0
PETER J ROGERS JR VICE-CHAIR/TRUSTEE	1 00	X		X				0	0	0
ALTON J SCAVO TRUSTEE	1 00	X						0	0	0
MARY ANN SCULLY TRUSTEE	1 00	X						0	0	0
GDANIEL SHEALER JR TRUSTEE	1 00	X						0	463,464	121,415
SUE SONG APRN-PMH PH D TRUSTEE	1 00	X						0	0	0
BEVERLY WHITE-SEALS TRUSTEE	1 00	X						0	155,000	35,032
W GILL WYLIE TRUSTEE	1 00	X						0	328,640	117,064
DAVID WILLIAMS TRUSTEE	1 00	X						0	0	0
KAYODE A WILLIAMS TRUSTEE	1 00	X						0	0	0
CLARITA FRAZIER MD TRUSTEE	1 00	X						0	0	0
PAUL SKALNY TRUSTEE	1 00	X						0	0	0
M LYNNE BELL ASSISTANT SECRETARY	40 00			X				57,087	0	2,496

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC M ALDRICH MD V P FOR MEDICAL AFFAIRS	40 00			X				337,849	0	187,636
JAY H BLACKMAN EXECUTIVE VP & COO	40 00			X				356,012	0	44,971
DOROTHY A BRILLANTES SR VP, HUMAN RESOURCES	40 00			X				231,866	0	32,395
JUDY E BROWN RN MAS SR VP, SAFETY, QUALITY &	40 00			X				243,296	0	33,694
PAUL MGLEICHAUF SR VP, MANAGED CARE, PLAN	40 00			X				280,612	0	42,299
SHARON HADSELL SR VP, PATIENT CARE SERVIC	40 00			X				250,857	0	69,781
JAMES E YOUNG SR VP, FINANCE	40 00			X				314,320	0	36,778
MARIAMMA BINU REGISTERED NURSE	36 00					X		134,788	0	21,639
SHEEBA KOCHAKKAN REGISTERED NURSE	40 00					X		136,045	0	19,934
MASOOMEH KHAMESIAN DIRECTOR, PHARMACY	40 00					X		136,591	0	27,221
NANCY SMITH SENIOR DIRECTOR, PATIENT C	40 00					X		142,472	0	33,416
BEVERLY SNYDER REGISTERED NURSE	32 00					X		133,658	0	20,389