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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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)

3910 KESWICK RD SOUTH BLDG 4TH FLOOR NO 4300A

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21211

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates 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																											
Activities & Governance	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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 3 4 5 6 7a 7b 22 18 2,002 356 0 0 <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td rowspan="6">Revenue</td><td> 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 4,093,974 232,001,771 1,767,356 1,312,502 239,175,603 Current Year 6,025,300 231,644,888 1,465,070 4,276,803 243,412,061 </td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td rowspan="7">Expenses</td><td> 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses (Part IX, column (D), line 25) 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 1,000,000 0 111,984,276 0 111,344,487 224,328,763 14,846,840 1,000,000 0 114,261,954 0 116,611,616 231,873,570 11,538,491 </td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td rowspan="4">Net Assets or Fund Balances</td><td> 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Beginning of Current Year 292,641,624 227,896,316 64,745,308 End of Year 304,167,953 224,760,663 79,407,290 </td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr>								Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 4,093,974 232,001,771 1,767,356 1,312,502 239,175,603 Current Year 6,025,300 231,644,888 1,465,070 4,276,803 243,412,061						Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses (Part IX, column (D), line 25) 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 1,000,000 0 111,984,276 0 111,344,487 224,328,763 14,846,840 1,000,000 0 114,261,954 0 116,611,616 231,873,570 11,538,491							Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Beginning of Current Year 292,641,624 227,896,316 64,745,308 End of Year 304,167,953 224,760,663 79,407,290			
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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

JAMES E YOUNG SENIOR VP FINANCE

Type or print name and title

2015-05-14

Date

Prnt/Type preparer's name

Firm's name

Firm's address

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's EIN

Phone no

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

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Check if Schedule O contains a response or note to any line in this Part III ☒

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

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

4a	(Code	(Expenses \$	73,084,043	including grants of \$	(Revenue \$	81,307,498)
	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 \$ 22,058,234	including grants of \$)	(Revenue \$ 32,210,257)
	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			

(Code	(Expenses \$	25,574,225	including grants of \$	(Revenue \$	30,898,069)
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 PROGRAM. THE 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 \$	72,845,049	including grants of \$	1,000,000) (Revenue \$	87,229,064)
OTHER					

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	72,845,049	including grants of \$	1,000,000)	(Revenue \$ 87,229,064)

4e	Total program service expenses	193,561,551
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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 for escrow or custodial account liability, 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	259	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	2,002	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			No
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			No
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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 or note to any line 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	22	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	18	
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 this 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 ☐ Other (explain in Schedule O)
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 during the tax year
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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,007,515	4,614,044	2,404,610

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 95

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
HOWARD COUNTY ANESTHESIA ASSOC FKA JOHN 11085 LITTLE PATUXENT PARKWAY COLUMBIA MD 21044	PHYSICIANS SERVICES	2,230,000
BROADWAY SERVICES INC 3709 E MONUMENT ST BALTIMORE MD 21205	SECURITY, CLEANING & MNGT SERVICES	2,195,614
SODEXHO INC PO BOX 70060 CHICAGO IL 60673	DIETARY FEES/MNGT & RENTS	1,286,598
SLEEP SERVICES OF AMERICA 890 AIRPORT PARK RD GLEN BURNIE MD 21061	PROFESSIONAL SERVICES& TECH FEES	1,090,800
AXIS HEALTHCARE GROUP 4701 WILLARD AVE CHEVY CHASE MD 20815	ADMIN FEES & PROFESSIONAL FEES	930,300

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 70

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,031,375			
	e	Government grants (contributions)	1e	2,882,776			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	111,149			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		6,025,300			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900099	87,121,700	87,121,700		
	b	DEPARTMENT OF MEDICINE AND SURGER	621990	81,307,498	81,307,498		
	c	EMERGENCY DEPARTMENT	621910	32,210,257	32,210,257		
	d	LABOR & DELIVERY/NURSERY/NICU	621990	30,898,069	30,898,069		
	e	COMMUNITY EDU	900099	107,364	107,364		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		231,644,888			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,083,881			1,083,881
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 907,442	(ii) Personal			
		b	Less rental expenses	0			
		c	Rental income or (loss)	907,442			
		d	Net rental income or (loss)	907,442			907,442
7a		Gross amount from sales of assets other than inventory	(i) Securities 40,615,464	(ii) Other 6,725			
		b	Less cost or other basis and sales expenses	40,241,000	0		
		c	Gain or (loss)	374,464	6,725		
		d	Net gain or (loss)	381,189			381,189
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				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory	265,986			265,986
Miscellaneous Revenue		Business Code					
11a	OTHER	900099	3,065,772			3,065,772	
b	TELE &VENDING REV	900099	37,603			37,603	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,103,375				
12	Total revenue. See Instructions		243,412,061	231,644,888	0	5,741,873	

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).

Check if Schedule O contains a response or note to any line 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.	1,000,000	1,000,000		
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.	3,202,919		3,202,919	
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.	82,742,303	81,927,069	815,234	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,924,305	2,928,446	995,859	
9	Other employee benefits.	17,640,319	17,437,518	202,801	
10	Payroll taxes.	6,752,108	6,526,851	225,257	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,355		11,355	
c	Accounting.	11,828		11,828	
d	Lobbying.	35,096		35,096	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	38,395,824	38,060,369	335,455	
14	Information technology.				
15	Royalties.				
16	Occupancy.	3,625,100	3,216,944	408,156	
17	Travel.	94,104	76,878	17,226	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	84,182		84,182	
20	Interest.	5,364,546	4,774,446	590,100	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	15,984,567	13,823,792	2,160,775	
23	Insurance.	1,245,357		1,245,357	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PURCHASED SERVICES	46,092,051	18,525,761	27,566,290	
b	LAB SERVICES	3,702,391	3,702,391		
c	SWAP INTEREST	1,532,635	1,364,045	168,590	
d	CONSULTING	314,077	197,041	117,036	
e	All other expenses	118,503		118,503	
25	Total functional expenses. Add lines 1 through 24e.	231,873,570	193,561,551	38,312,019	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		22,661,916	1	13,282,195
	2	Savings and temporary cash investments		55,617	2	8,478,509
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,347,472	4	31,005,488
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,093,578	8	4,650,014
	9	Prepaid expenses and deferred charges		1,186,264	9	3,294,569
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a245,755,916			
	b	Less accumulated depreciation	10b85,871,551	170,507,106	10c	159,884,365
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		59,467,282	12	81,406,081
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,322,389	15	2,166,732
	16	Total assets. Add lines 1 through 15 (must equal line 34)		292,641,624	16	304,167,953
Liabilities	17	Accounts payable and accrued expenses		38,327,625	17	28,304,269
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		174,195,427	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		15,373,264	25	196,456,394
	26	Total liabilities. Add lines 17 through 25		227,896,316	26	224,760,663
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		64,610,271	27	79,274,253
	28	Temporarily restricted net assets		135,037	28	133,037
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		64,745,308	33	79,407,290
	34	Total liabilities and net assets/fund balances		292,641,624	34	304,167,953

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	243,412,061
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,873,570
3	Revenue less expenses Subtract line 2 from line 1	3	11,538,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,745,308
5	Net unrealized gains (losses) on investments	5	2,643,380
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	480,111
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,407,290

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

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

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

[illegible]

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 (list any hours for related organizations below dotted line)	(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			
JAY H BLACKMAN EXECUTIVE VP & COO	60 00			X				356,293	0	68,948
DOROTHY A BRILLANTES SR VP, HUMAN RESOURCES	60 00			X				249,086	0	48,174
JUDY E BROWN RN MAS SR VP, OUTCOMES MANAGEMEN	60 00			X				219,580	0	31,320
PAUL MGLEICHAUF SR VP, MANAGED CARE, PLAN	60 00			X				298,309	0	44,129
SHARON HADSELL SR VP, PATIENT CARE SERVIC	60 00			X				521,462	0	59,736
JAMES E YOUNG SR VP, FINANCE	60 00			X				326,770	0	59,045
MASOOMEH KHAMESIAN DIRECTOR, PHARMACY	40 00					X		158,037	0	24,997
NANCY SMITH SENIOR DIRECTOR, PATIENT C	40 00					X		171,603	0	31,841
SHARON ROSSI SENIOR DIRECTOR OF OPERAT	40 00					X		180,065	0	19,880
ROBIN WESSELS DIRECTOR, EMERGENCY SERVICES	40 00					X		149,371	0	28,340
MARIANNE PULIO FINANCE DIRECTOR	40 00					X		145,520	0	12,299

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related 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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization HOWARD COUNTY GENERAL HOSPITAL INC	Employer identification number 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 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 function 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)		35,096													
c Total lobbying expenditures (add lines 1a and 1b)		35,096													
d Other exempt purpose expenditures		231,838,474													
e Total exempt purpose expenditures (add lines 1c and 1d)		231,873,570													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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	39,941	41,750	42,264	35,096	159,051
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?			
j	Total. Add 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		
2		
3		

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990 SCH C PART II-A LINE 1B	THE HOWARD COUNTY GENERAL HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$35,096 DURING THE FISCAL YEAR ENDED JUNE 30, 2014 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.

Part IV

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3 Using the organization’s acquisition, 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 XIII
- 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 XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		245,755,916	85,871,551	159,884,365
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				159,884,365

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	238,788,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	0
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	238,788,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	4,623,254
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	243,412,061

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	229,546,185
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	0
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	229,546,185
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	2,327,385
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	231,873,570

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	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, 2014 AND 2013.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASS OF COGS TO REVENUE -205,250 CONTRIBUTION TO AFFILIATES 4,454,040 REALIZED GAIN 374,464
PART XII, LINE 4B - OTHER ADJUSTMENTS	SWAP INTEREST 1,532,635 RECLASS OF COGS -205,250 CONTRIBUTION TO AFFILIATE 1,000,000

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Employer identification number
52-2093120

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 50000 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b		No
b	If "Yes," did the organization make it available to the public?	5c		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			5,935,877	0	5,935,877	2 560 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,935,877		5,935,877	2 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,308,381	432,254	11,876,127	5 120 %
f Health professions education (from Worksheet 5)			610,375	0	610,375	0 260 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			213,407	0	213,407	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			837,114	0	837,114	0 360 %
j Total. Other Benefits			13,969,277	432,254	13,537,023	5 830 %
k Total. Add lines 7d and 7j			19,905,154	432,254	19,472,900	8 390 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			163,201	0	163,201	0.070 %
2Economic development			0	0		
3Community support			386,015	0	386,015	0.170 %
4Environmental improvements			0	0		
5Leadership development and training for community members			0	0		
6Coalition building			0	0		
7Community health improvement advocacy			0	0		
8Workforce development			0	0		
9Other			0	0		
10Total			549,216		549,216	0.240 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

9,934,130

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

74,234,130

6Enter Medicare allowable costs of care relating to payments on line 5.

6

68,610,801

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

5,623,329

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

HOWARD COUNTY GENERAL HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
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 the community health 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 CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	☒ Hospital facility's website (list url) <u>WWW.HOPKINSMEDICINE.ORG/HOWARD_COUNTY_GEN</u>		
b	☐ Other website (list url) _____		
c	☒ Available upon request from the hospital facility		
d	☒ Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	☒ Execution of the implementation strategy		
c	☒ Participation in the development of a community-wide plan		
d	☒ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a ☒ Income level					
b ☒ Asset level					
c ☒ Medical indigency					
d ☐ Insurance status					
e ☐ Uninsured discount					
f ☐ Medicaid/Medicare					
g ☒ State regulation					
h ☒ Residency					
i ☐ Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a ☒ The policy was posted on the hospital facility's website					
b ☒ The policy was attached to 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 on admission to the hospital facility					
f ☒ The policy was available upon request					
g ☐ Other (describe in Part VI)					
Billing and Collections					
15 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?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☐ Other similar actions (describe in Section C)					
17 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 individual's eligibility under the facility's FAP?				17	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 Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission
 - b** ☒ Notified individuals of the financial assistance policy prior to discharge
 - c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 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? If "No," indicate why	Yes	
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)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual 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? If "Yes," explain in Part VI		No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care 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 health care 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

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (FINANCIAL ASSISTANCE AT COST 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

Form and Line Reference	Explanation
PART I, LINE 7G	HOWARD COUNTY GENERAL HOSPITAL, INC DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS

Form and Line Reference	Explanation
PART III, LINE 3	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 HOSPITALS CHARITY CARE POLICY.

Form and Line Reference	Explanation
PART III, LINE 4	HCGH AUDITED FINANCIAL STATEMENTS PAGE 9

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

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 2	HCGH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FY 2013 IN ORDER TO ENSURE BROAD BASED INPUT OF THE COMMUNITY SERVED BY THE HOSPITAL, A CHNA TASK FORCE WAS CONVENED WHICH INCLUDED THOUGHT LEADERS OF LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS, COUNTY GOVERNMENT LEADERSHIP, LOCAL BUSINESS LEADERS AND HOSPITAL TRUSTEES AND MANAGEMENT DURING THE FIRST MEETING, A COMPREHENSIVE ANALYSIS OF DATA DESCRIBING THE HEALTH STATUS OF HOWARD COUNTY WAS PRESENTED BY TANVIR HUSSAIN, MD, POST-DOCTORAL FELLOW AT THE JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH DATA ANALYZED WAS COMPILED FROM A WIDE ARRAY OF SOURCES INCLUDING 1) RESULTS FROM A COMPREHENSIVE 2012 HEALTH BEHAVIORS RESEARCH STUDY OF HOWARD COUNTY RESIDENTS UNDERWRITTEN BY HCGH, THE HOWARD COUNTY HEALTH DEPARTMENT, THE HORIZON FOUNDATION AND THE COLUMBIA ASSOCIATION, 2) LOCAL HEALTH INDICATORS SUMMARIZED ON HOWARD HEALTH COUNTS, 3) MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE HEALTH IMPROVEMENT PLAN, 4) ANALYSES COMPILED BY THE HOWARD COUNTY HEALTH DEPARTMENT FOR THE 2012 LOCAL HEALTH IMPROVEMENT COALITION (LHIC) HEALTH NEEDS ASSESSMENT, AND 5) PROPRIETARY DATA ANALYSIS COMPANIES INCLUDING THE NIELSEN COMPANY AND THOMSON REUTERS IN THE SECOND MEETING, THE TASK FORCE HAD EXTENSIVE DISCUSSIONS ABOUT THE HEALTH STATUS INFORMATION SET, AND IDENTIFIED SEVEN HIGHEST PRIORITY HEALTH IMPROVEMENT OPPORTUNITIES UPON FURTHER DISCUSSION, THE TASK FORCE RECOMMENDED THAT HCGH FOCUS ITS RESOURCES ON THE TOP FOUR PRIORITIES IN THE THIRD MEETING THE TASK FORCE DISCUSSED TACTICS THAT HCGH MIGHT PURSUE AND POTENTIAL PARTNERS WITH WHICH THE HOSPITAL COULD COLLABORATE TO EXECUTE UPON THE IDENTIFIED COMMUNITY HEALTH IMPROVEMENT PRIORITIES

Form and Line Reference	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

Form and Line Reference	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 302,784 OF WHICH 49 5% WERE MALES AND 50 5% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$136,181, 3 27% OF RESIDENTS ARE UNINSURED, 8 83% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, AND 3 15% 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

Form and Line Reference	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, COMMERCIALY 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.

Form and Line Reference	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.

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MD

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD COUNTY GENERAL HOSPITAL	
HOWARD COUNTY GENERAL HOSPITAL	PART V, SECTION B, LINE 5D THE CHNA WAS DISTRIBUTED TO THE ADVISORY GROUP, BOARD OF TRUSTEES, AND COMMUNITY REPRESENTATIVES
HOWARD COUNTY GENERAL HOSPITAL	PART V, SECTION B, LINE 7 PRIORITIES THAT WERE DETERMINED TO BE BEYOND THE SCOPE OF THE HOSPITALS FOCUS DURING THE FY 2014 - 2016 IMPLEMENTATION CYCLE INCLUDED CHRONIC DISEASE MANAGEMENT, HEALTHY LIFESTYLES, AND HEALTH EDUCATION THE HOSPITAL DOES NOT PLAN TO EXPLICITLY ADDRESS THESE HEALTH PRIORITIES HOWEVER, EACH OF THESE PRIORITIES WILL BE EMPLOYED IN TACTICS ADDRESSING OUR CHNA PRIORITIES MOREOVER, HCGH RECOGNIZES THAT THERE ARE NUMEROUS ORGANIZATIONS ADDRESSING COMMUNITY HEALTH NEEDS, AND IN ORDER TO LEVERAGE RESOURCES IN A MANNER TO DRIVE MAXIMUM IMPACT HCGH WILL COLLABORATE WITH OTHER ORGANIZATIONS TO ADDRESS THESE ISSUES AND, WHERE FEASIBLE, SHARE FINANCIAL OR HUMAN RESOURCES SUPPORT TO OTHER ORGANIZATIONS' EFFORTS TO ADDRESS COMMUNITY HEALTH IMPROVEMENT NEEDS CONSISTENT WITH THEIR RESPECTIVE MISSIONS
HOWARD COUNTY GENERAL HOSPITAL	PART V, SECTION B, LINE 20D 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 THROUGH THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)

Schedule I
(Form 990)

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
2013
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. Part II can be duplicated 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 FOUNDATION 3910 KESWICK RD STE 4300A BALTIMORE, MD 21211	52-1072778	501(C)(3)	1,000,000				GENERAL OPERATIONS

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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	4a	No
a Receive a severance payment or change-of-control payment?	4b	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	No
c Participate in, or receive payment from, an equity-based compensation arrangement? 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	5a	No
a The organization?	5b	No
b Any related organization? 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	6a	No
a The organization?	6b	No
b Any related organization? 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

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 \$1,349,219, G DANIEL SHEALER \$175,994 30, SHARON HADSELL \$39,770 00, JAY BLACKMAN \$26,886, DOROTHY BRILLANTES \$18,093, PAUL GLEICHAUF \$7,336, JAMES YOUNG \$19,390AND ERIC ALDRICH \$64,410 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 \$26,886 00, DOROTHY BRILLANTES \$18,093 00, PAUL M GLEICHAUF \$7,336 00, W GILL WYLIE \$31,736 00, G DANIEL SHEALER, JR \$216,417 76, JAMES E YOUNG \$19,390 00, ERIC ALDRICH \$223,423 73, SHARON HADSELL \$255,230 70 AND BRIAN GRAGNOLATI \$411,462
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
SCHEDULE J, PART II, COLUMN F	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

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 PRESIDENT/CEO/ASST SECRETA	(i) (ii)	406,814 0	123,930 0	31,715 0	23,937 0	16,807 0	603,203 0	0 0
BRIAN A GRAGNOLATI TRUSTEE	(i) (ii)	0 720,501	0 229,526	0 464,391	0 27,555	0 27,622	0 1,469,595	0 0
RONALD R PETERSON CORPORATE VICE CHAIR/TRUST	(i) (ii)	0 1,296,286	0 504,543	0 179,997	0 1,394,743	0 23,954	0 3,399,523	0 0
GDANIEL SHEALER JR TRUSTEE	(i) (ii)	0 472,555	0 117,318	0 235,453	0 243,945	0 12,580	0 1,081,851	0 0
W GILL WYLIE TRUSTEE	(i) (ii)	0 232,078	0 59,970	0 101,426	0 93,535	0 23,550	0 510,559	0 0
ERIC M ALDRICH MD V P FOR MEDICAL AFFAIRS	(i) (ii)	275,457 0	60,617 0	272,713 0	68,460 0	18,270 0	695,517 0	223,424 0
JAY H BLACKMAN EXECUTIVE VP & COO	(i) (ii)	250,953 0	60,129 0	45,211 0	50,771 0	18,177 0	425,241 0	0 0
DOROTHY A BRILLANTES SR VP, HUMAN RESOURCES	(i) (ii)	177,345 0	36,906 0	34,835 0	31,230 0	16,944 0	297,260 0	18,093 0
JUDY E BROWN RN MAS SR VP, OUTCOMES MANAGEMEN	(i) (ii)	168,349 0	32,794 0	18,437 0	17,126 0	14,194 0	250,900 0	0 0
PAUL MGLEICHAUF SR VP, MANAGED CARE, PLAN	(i) (ii)	197,864 0	38,050 0	62,395 0	23,587 0	20,542 0	342,438 0	7,336 0
SHARON HADSELL SR VP, PATIENT CARE SERVIC	(i) (ii)	204,688 0	45,174 0	271,600 0	46,404 0	13,332 0	581,198 0	87,120 0
JAMES E YOUNG SR VP, FINANCE	(i) (ii)	234,453 0	51,692 0	40,625 0	35,632 0	23,413 0	385,815 0	0 0
MASOOMEH KHAMESIAN DIRECTOR, PHARMACY	(i) (ii)	138,923 0	14,410 0	4,704 0	9,946 0	15,051 0	183,034 0	0 0
NANCY SMITH SENIOR DIRECTOR, PATIENT C	(i) (ii)	138,455 0	31,359 0	1,789 0	14,033 0	17,808 0	203,444 0	0 0
SHARON ROSSI SENIOR DIRECTOR OF OPERAT	(i) (ii)	144,994 0	23,774 0	11,297 0	5,804 0	14,076 0	199,945 0	0 0
ROBIN WESSELS DIRECTOR, EMERGENCY SERVICES	(i) (ii)	109,075 0	16,711 0	23,585 0	11,269 0	17,071 0	177,711 0	0 0
MARIANNE PULIO FINANCE DIRECTOR	(i) (ii)	115,797 0	11,471 0	18,252 0	11,620 0	679 0	157,819 0	0 0

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HOWARD COUNTY GENERAL HOSPITAL INC	Employer identification number 52-2093120
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	
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 INTEREST 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
FORM 990, PART XI, LINE 9	CHANGE IN MARKET VALUE OF SWAP AGREEMENT -598,437 CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS 1,308,000 ASSET IMPAIRMENT -242,452 ACCOUNTING ADJUSTMENT 13,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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	0	0	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 entity?	
						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) 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	
(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 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 %		No
(2) HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C					No
(3) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
(4) JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
(5) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
(6) TCAS INC 5759 CEDAR LANE COLUMBIA, MD 21044 52-1979344	NURSING SERVICES	MD	N/A	C					No
(7) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

No

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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
(8) 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
(9) SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
(10) 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
(11) 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
(12) 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
(13) 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
(14) 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
(15) 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
(16) 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
(17) 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
(18) 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
(19) 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

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 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

**Howard County General
Hospital, Inc.**

**Financial Statements
June 30, 2014 and 2013**

Howard County General Hospital, Inc.

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June 30, 2014 and 2013

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of Howard County General Hospital, Inc (the "Hospital"), which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital at June 30, 2014 and 2013, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

September 25, 2014

Howard County General Hospital, Inc.
Balance Sheets
June 30, 2014 and 2013
(in thousands)

	2014	2013
ASSETS		
Current assets		
Cash and cash equivalents	\$ 13,282	\$ 22,670
Short-term investments	8,479	4,629
Patient accounts receivable, net of estimated uncollectibles of \$7,679 and \$6,147 as of June 30, 2014 and 2013, respectively	31,006	31,285
Due from others	297	1,385
Due from affiliates, current portion	207	4
Inventories of supplies	4,650	4,094
Prepaid expenses and other current assets	3,294	2,054
Total current assets	61,215	66,121
Assets whose use is limited		
By donors or grantors for		
Interest in net assets of Howard Hospital Foundation	13,644	13,903
Other	133	135
Total assets whose use is limited	13,777	14,038
Investments	78,406	50,838
Investments in joint ventures	3,000	3,181
Property, plant and equipment	245,757	268,353
Less allowance for depreciation and amortization	(85,872)	(97,846)
Total property, plant and equipment, net	159,885	170,507
Due from affiliate, net of current portion	252	-
Estimated malpractice recoveries, net of current portion	1,230	1,522
Other assets	47	338
Total assets	\$ 317,812	\$ 306,545

The accompanying notes are an integral part of these financial statements

Howard County General Hospital, Inc.
Balance Sheets, Continued
June 30, 2014 and 2013
(in thousands)

	2014	2013
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 22,921	\$ 21,561
Due to affiliates, current portion	8,975	8,759
Accrued vacation	5,384	6,621
Advances from third party payors	9,269	8,630
Current portion of estimated malpractice costs	1,168	925
Total current liabilities	<u>47,717</u>	<u>46,496</u>
 Estimated malpractice costs, net of current portion	 3,850	 4,091
Net pension liability	426	1,295
Long-term notes payable affiliate, net of current portion	158,058	161,930
Other long-term liabilities	<u>14,710</u>	<u>14,072</u>
 Total liabilities	 <u>224,761</u>	 <u>227,884</u>
 Net assets		
Unrestricted	79,274	64,625
Temporarily restricted	10,559	10,976
Permanently restricted	<u>3,218</u>	<u>3,060</u>
Total net assets	<u>93,051</u>	<u>78,661</u>
 Total liabilities and net assets	 <u>\$ 317,812</u>	 <u>\$ 306,545</u>

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, 2014 and 2013
(in thousands)

	2014	2013
Operating revenues		
Net patient service revenue before bad debts expense	\$ 242,532	\$ 243,058
Provision for bad debts	9,934	10,608
Net patient service revenue	232,598	232,450
Other revenue	5,107	2,261
Investment income	1,084	1,284
Total operating revenues	238,789	235,995
Operating expenses		
Salaries, wages and benefits	114,262	111,984
Purchased services	52,478	48,734
Supplies and other	41,457	38,764
Interest	5,365	4,929
Depreciation and amortization	15,985	17,602
Total operating expenses	229,547	222,013
Income from operations	9,242	13,982
Non-operating revenues and expenses		
Interest expense on swap agreements	(1,533)	(1,520)
Change in market value of swap agreement	(598)	6,607
Realized gains on investments	374	445
Unrealized gains (loss) on investments	2,643	(123)
Loss on impairment of long lived assets	(242)	-
Excess of revenues over expenses	9,886	19,391
Contributions to affiliates	(702)	(335)
Change in funded status of defined benefit plan	1,308	854
Net assets released from restrictions used for purchase of property, plant and equipment	4,157	2,200
Increase in unrestricted net assets	14,649	22,110
Changes in temporarily restricted net assets		
Gifts, grants and bequests	4,157	2,200
Net change in Howard Hospital Foundation	(417)	675
Net assets released from restrictions used for purchase of property, plant and equipment	(4,157)	(2,200)
(Decrease) increase in temporarily restricted net assets	(417)	675
Changes in permanently restricted net assets		
Net change in Howard Hospital Foundation	158	-
Increase in permanently restricted net assets	158	-
Increase in net assets	14,390	22,785
Net assets at beginning of year	78,661	55,876
Net assets at end of year	\$ 93,051	\$ 78,661

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, 2014 and 2013
(in thousands)

	2014	2013
Operating activities		
Change in net assets	\$ 14,390	\$ 22,785
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities		
Depreciation and amortization	15,985	17,602
Provision for bad debts	9,934	10,608
Net realized and changes in unrealized gains on investments	(3,017)	(322)
Change in market value of swap agreement	598	(6,607)
Change in funded status of defined benefit plan	(1,308)	(854)
Proceeds from restricted contributions and investment income received	(4,157)	(2,200)
Gains on and returns on equity investments	181	304
Loss on impairment of long lived assets	242	-
Contributions to affiliates	702	335
Change in assets and liabilities		
Patient accounts receivable	(9,655)	(14,063)
Inventories of supplies, prepaid expenses and other current assets	(471)	(86)
Due to/from affiliates, net	(171)	2,370
Other assets	291	47
Accounts payable, accrued liabilities and accrued vacation	(38)	720
Advances from third party payors	639	(1,135)
Accrued pension benefit costs	439	892
Estimated malpractice costs	57	(22)
Other long-term liabilities	40	78
Net cash and cash equivalents provided by operating activities	24,681	30,452
Investing activities		
Purchases of property, plant and equipment	(5,444)	(19,792)
Purchases of investment securities	(69,016)	(58,916)
Sales of investment securities	40,615	49,928
Other	261	(675)
Net cash and cash equivalents used in investing activities	(33,584)	(29,455)
Financing activities		
Proceeds from restricted contributions and investment income received	4,157	2,200
Repayment of long-term debt	-	(40,000)
Proceeds from affiliate notes payable	-	56,000
Repayment of affiliate notes payable	(3,940)	(700)
Contributions to affiliates	(702)	(335)
Net cash and cash equivalents (used in) provided by financing activities	(485)	17,165
(Decrease) increase in cash and cash equivalents	(9,388)	18,162
Cash and cash equivalents at beginning of year	22,670	4,508
Cash and cash equivalents at end of year	\$ 13,282	\$ 22,670

The accompanying notes are an integral part of these financial statements

Howard County General Hospital, Inc.

Notes to Financial Statements

for the years ended June 30, 2014 and 2013

1 Organization and Summary of Significant Accounting Policies

Organization. The Johns Hopkins Health System Corporation ("JHHSC") is the sole member of Howard County General Hospital, Inc (the "Hospital" or "HCGH") JHHSC 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 and its affiliates. In addition, JHHSC provides certain shared services, including finance, payroll, accounts payable, patient financial services, legal, 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.

JHHSC appoints HCGH's Board of Trustees. HCGH's Articles of Incorporation provide that JHHSC's 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.

The Howard Hospital Foundation ("HHF") is a separate, not-for-profit Maryland corporation chartered in 1976 that holds and manages funds exclusively for the benefit of HCGH. The affairs of HHF are managed by a Board of Trustees that is self-perpetuating. HCGH and HHF are financially inter-related. The Foundation is not the beneficiary of the net assets, or cannot unilaterally redirect use of their net assets away from HCGH. All unrestricted net assets can only be utilized for the benefit of HCGH. Therefore 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.

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.

Through arrangements with banks, excess operating cash may be invested daily. This investment is a cash equivalent in the accompanying Balance Sheets. HCGH earns interest on these funds at a rate that is based upon the bank's Federal Funds rate. The interest is recorded in the accompanying Statement of Operations and Changes in Net Assets as investment income.

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.

Howard County General Hospital, Inc.

Notes to Financial Statements

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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. 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 HCGH's interest in the net assets of HHF. The amounts reported in the Balance Sheets represent fair value.

Investments and investment income. 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. The equity method income or loss from these alternative investments is included in the Statements of Operations and Changes in Net Assets as an unrealized gain or loss within excess of revenues over expenses.

Alternative investments are less liquid than other types of investments held by HCGH. 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 and Changes in Net Assets under 'investment income'. Realized gains or losses related to the sale of investments, and unrealized gains or losses on alternative investments are included in the non-operating section of the Statement of Operations and Changes in Net Assets included in excess of revenues over expenses unless the income or loss is restricted by donor or law.

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 Changes in Net Assets. Dividends received 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 8 to 10 years for land improvements, 10 to 30 years for buildings and improvements, 2 to 20 years for fixed and movable equipment, and 13 to 20 years for leasehold improvements. 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 operating income.

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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. There were \$242 thousand of impairment charges recorded for the year ended June 30, 2014.

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.

Advances from third-party payors. HCGH receives advances from some of its third-party payors so that those payors can receive the stated prompt pay discount allowed in the State of Maryland. Advances are recorded as a liability in the Balance Sheets.

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 agreements. The value of the 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. The change in market value, if any, is recorded in the Statement 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. Temporarily and permanently restricted net assets consist mainly 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

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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 Statement of Operations and Changes in Net Assets.

Excess of revenues over expenses. The Statements of Operations and Changes in Net Assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues 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, 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 was no income tax impact on HCGH's financial statements during the years ended June 30, 2014 and 2013.

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 \$4.9 million for each of the years ended June 30, 2014 and 2013. 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.

Patient accounts receivable are reported net of estimated allowances for uncollectible accounts and contractual adjustments in the accompanying financial statements. The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators. The provision for bad debts related to patient service revenue is presented as a deduction from patient service revenue on the face of the Statement of Operations and Changes in Net Assets. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its

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standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, a significant provision for bad debts is recorded related to uninsured patients in the period services are provided. Management continuously assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience and payment trends by payor classification.

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2014 and 2013, respectively, from these major payor sources is as follows (in thousands):

2014	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	\$ 234,043	\$ 8,489	\$ 242,532
2013	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	\$ 234,551	\$ 8,507	\$ 243,058

Patient accounts receivable as of June 30 consisted of the following:

	2014	2013
Medicare program	35%	29%
Medicaid program	8%	7%
Blue Cross and Blue Shield	14%	16%
Managed Care Organizations	23%	24%
Self pay and other third party payors	20%	24%

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.

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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, 2014 grouped by hierarchy level (in thousands):

Assets	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 13,282	\$ 13,282	\$ -
Commercial paper (1)	55	55	-
Certificates of deposit (1)	48	-	48
U S Treasuries (2)	24,081	-	24,081
Corporate bonds (2)	22,556	-	22,556
Asset backed securities (2)	4,067	-	4,067
Equity and equity funds (3)	18,373	5,440	12,933
Fixed income funds (4)	7,946	7,717	229
Totals	<u>\$ 90,408</u>	<u>\$ 26,494</u>	<u>\$ 63,914</u>
Liabilities			
Interest rate swap agreement (5)	<u>\$ 12,864</u>	<u>\$ -</u>	<u>\$ 12,864</u>

The following table presents the financial instruments carried at fair value as of June 30, 2013 grouped by hierarchy level (in thousands):

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Assets	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 22,670	\$ 22,670	\$ -
Commercial paper (1)	656	656	-
Certificates of deposit (1)	48	-	48
U S Treasuries (2)	18,517	-	18,517
Corporate bonds (2)	20,742	-	20,742
Asset backed securities (2)	5,243	-	5,243
Equity and equity funds (3)	4,801	1,436	3,365
Fixed income funds (4)	1,648	1,432	216
Totals	<u>\$ 74,325</u>	<u>\$ 26,194</u>	<u>\$ 48,131</u>
Liabilities			
Interest rate swap agreement (5)	<u>\$ 12,265</u>	<u>\$ -</u>	<u>\$ 12,265</u>

- (1) Cash and cash equivalents, commercial paper, money market funds, and overnight investments include investments with original maturities of three months or less. Certificates of deposit are carried at amortized cost. Certificates of deposit and commercial paper that have original maturities greater than three months are considered short-term investments. Cash and cash equivalents, commercial paper, money market funds, and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash. Computed prices versus market value render the certificates of deposit level 2.
- (2) For investments in U S Treasuries (notes, bonds, and bills), corporate bonds, and asset backed securities, fair value is based upon quotes for similar securities, therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates.
- (3) Equities include individual equities and 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.
- (4) 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.
- (5) The interest rate swap agreements, discussed further in footnote 8 "Derivative Financial Instruments," are valued using a swap valuation model that utilizes an income approach using observable market inputs including long-term interest rates, LIBOR swap rates, and credit default swap rates and are rendered level 2. See footnote 8.

During 2014 and 2013, 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.

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Financial instruments are reflected in the Balance Sheets as of June 30, 2014 and 2013 as follows (in thousands)

	2014	2013
Cash and cash equivalents measured at fair value	\$ 13,282	\$ 22,670
Total cash and cash equivalents	<u>\$ 13,282</u>	<u>\$ 22,670</u>
Short and long-term investments measured at fair value	\$ 77,126	\$ 51,655
Investments accounted for under equity method	12,759	6,993
Total short and long-term investments	<u>\$ 89,885</u>	<u>\$ 58,648</u>
Assets whose use is limited measured at fair value	\$ -	\$ -
Interest in net assets of HHF	13,644	13,903
Other	133	135
Total assets whose use is limited	<u>\$ 13,777</u>	<u>\$ 14,038</u>

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 tables display information by major alternative investment category as of June 30, 2014 and 2013 (in thousands)

As of June 30, 2014

Description	Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 5,785	Monthly	5 days	Within 15 days, or 95% in 5 days of redemption, 5% in 30 days after withdrawal
Fund of funds	3,518	Monthly or quarterly	25 - 70 days	Within 30 days, or 90% in 30 to 60 days, 10% after annual audit
Hedge funds	456	Quarterly	60 days	95% within 30 days of redemption date, 5% within 120 days of redemption date
	<u>\$ 9,759</u>			

As of June 30, 2013

Description	Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 2,293	Monthly	5 days	Within 15 days, or 95% in 5 days of redemption, 5% in 30 days after withdrawal
Fund of funds	1,382	Monthly or quarterly	25 - 70 days	Within 30 days, or 90% in 30 to 60 days, 10% after annual audit
Hedge funds	137	Quarterly	60 days	95% within 30 days of redemption date, 5% within 120 days of redemption date
	<u>\$ 3,812</u>			

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4 Investments and Assets Whose Use is Limited

The market value of investments (short and long-term) as of June 30 consisted of the following (in thousands)

	2014	2013
Investments in joint ventures	\$ 3,000	\$ 3,181
Commercial paper	55	656
U S Treasuries	24,081	18,517
Certificates of deposit	48	48
Corporate bonds	22,556	20,742
Asset backed securities	4,067	5,243
Fixed income funds	7,946	1,648
Equities and equity index funds	18,373	4,801
Alternative investments	9,759	3,812
	<u>\$ 89,885</u>	<u>\$ 58,648</u>

Included in investments as of June 30, 2014 and 2013 are \$86.8 million and \$55.4 million, respectively, of investments pooled together with other JHHSC affiliates

The market value of assets whose use is limited as of June 30 consisted of the following (in thousands)

	2014	2013
Interest in net assets of Howard Hospital Foundation	\$ 13,644	\$ 13,903
Other	133	135
	<u>\$ 13,777</u>	<u>\$ 14,038</u>

Realized and unrealized gains (losses) on investments for the years ended June 30, 2014 and 2013, included in non-operating revenues and expenses section of the Statements of Operations and Changes in Net Assets consisted of the following

	2014	2013
Realized gains on investments	\$ 374	\$ 445
Unrealized (losses) gains on trading investments	2,643	(123)
Total	<u>\$ 3,017</u>	<u>\$ 322</u>

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. Columbia Investment Properties, LLC ("CIP") owns the remaining 75% of Ten Acres. 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

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portion of the HCGH campus in Howard County, Maryland. The Project consists of approximately a 170,000 square foot medical office building. 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. HCGH accounts for its investment in Ten Acres under the equity method of accounting. HCGH's investment in Ten Acres was \$1.5 million and \$1.6 million as of June 30, 2014 and 2013, respectively. HCGH recorded a gain on this investment of \$5 thousand and \$251 thousand for the years ended June 30, 2014 and 2013, respectively. In addition, HCGH received cash dividends from Ten Acres of \$144 thousand and \$551 thousand for the years ended June 30, 2014 and 2013, respectively.

HCGH has a 20% interest in the Central Maryland Radiation Oncology Center, LLC ("CMROC"), which is located in the Ten Acres medical office building. HCGH's investment in CMROC was \$1.5 million for each of the years ended June 30, 2014 and 2013. HCGH recorded a loss on this investment of \$43 thousand and \$26 thousand for the years ended June 30, 2014 and 2013, respectively. HCGH has guaranteed 50% of the total debt of CMROC that amounts to \$607 thousand, and \$880 thousand for the year ended June 30, 2014 and 2013, respectively.

6 Property, Plant and Equipment

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

	<u>2014</u>		<u>2013</u>	
	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>
Land and land improvements	\$ 13,743	\$ 267	\$ 13,699	\$ 211
Building and improvements	175,658	51,998	176,098	45,672
Fixed and moveable equipment	55,418	33,607	78,128	51,963
Construction in progress	938	-	428	-
	<u>\$ 245,757</u>	<u>\$ 85,872</u>	<u>\$ 268,353</u>	<u>\$ 97,846</u>

Accruals for purchases of property, plant and equipment amounted to \$146 thousand and \$307 thousand as of June 30, 2014 and 2013, respectively, and are included in accounts payable in the Balance Sheets. Depreciation and amortization expense was \$16.0 million and \$17.6 million for years ended June 30, 2014 and 2013, respectively.

For the year ended June 30, 2014, 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 \$27.8 million, which had no financial impact. For the year ended June 30, 2013, HCGH had no retirement of fully depreciated long-lived assets.

For the year ended June 30, 2014, HCGH had impairment of long-lived assets, with an acquisition cost of \$417 thousand and accumulated depreciation of \$175 thousand, resulting in a write off of \$242 thousand, which is included in the non-operating revenues and expenses section in the financial statements. There was no impairment of long-lived assets recorded for the year ended June 30, 2013.

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7 Debt

Obligated Group

The Johns Hopkins Health System Obligated Group ("JHHS Obligated Group") consists of The Johns Hopkins Hospital ("JHH"), Johns Hopkins Bayview Medical Center, Inc ("JHBMC"), HCGH, Suburban Hospital, Inc ("SHI"), Suburban Hospital Healthcare System, Inc ("SHHS"), Sibley Memorial Hospital, Inc ("SMH"), and JHHSC. JHBMC was admitted into the JHHS Obligated Group in 2004 as part of a debt refinancing. SHI and SHHS 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. JHHSC was admitted in May 2013 as part of a JHHSC debt issuance. SMH was admitted into the JHHS Obligated Group in August 2013 pursuant to a JHHS debt issuance. All of the debt of JHH, JHBMC, HCGH, SHI, SHHS, SMH, and JHHSC 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, SHHS', SMH's, and JHHSC's receipts as defined in the Master Loan Agreement with MHHEFA. JHHS Obligated Group members 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, 2014, JHHS Obligated Group members were in compliance with these requirements. As of June 30, 2014 the outstanding JHHS Obligated Group members' parity debt was \$1.5 billion. As of June 30, 2013 the outstanding JHHS Obligated Group members' parity debt was \$1.2 billion. See Note 13 for Affiliate Notes Payable.

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 in the Balance Sheets. The total notional amount of the interest rate swap agreement was \$40.0 million as of June 30, 2014, and 2013.

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. HCGH's derivative financial instruments include one interest rate swap agreement without hedge accounting designation.

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. 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 and Changes in Net Assets.

The fair value of derivative instruments consisted of the following as of June 30 (in thousands)

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	Derivatives reported as liabilities			
	Balance Sheet Caption	2014 Fair Value	Balance Sheet Caption	2013 Fair Value
Interest rate swap not designated as hedging instrument	Other long-term liabilities	\$ 12,864	Other long-term liabilities	\$12,265

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

Derivatives not designated as hedges

Classification of derivative (loss) gain in the Statement of Operations and Changes in Net Assets	Amount of (loss) gain recognized in change in unrestricted net assets	
	2014	2013
Interest rate swaps		
Change in market value of swap agreement	<u>\$ (598)</u>	<u>\$ 6,607</u>

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. 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 rates were 0.10% and 0.13% as of June 30, 2014 and 2013, 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, 2014 and 2013, no collateral was required to be posted to the swap counterparty.

9 Temporarily and Permanently Restricted Net Assets

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

	2014	2013
Health care services	\$ 6,803	\$ 6,860
Purchase of property, plant and equipment	<u>3,756</u>	<u>4,116</u>
	<u>\$ 10,559</u>	<u>\$ 10,976</u>

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

	2014	2013
Health care services	<u>\$ 3,218</u>	<u>\$ 3,060</u>

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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. The FASB's guidance on employer's accounting for defined benefit plans 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)

<u>Change in benefit obligation</u>	2014	2013
Benefit obligation at beginning of year	\$ 11,175	\$ 11,482
Interest cost	519	470
Actuarial gain	389	87
Benefits paid	(863)	(864)
Benefit obligation as of June 30	<u>\$ 11,220</u>	<u>\$ 11,175</u>
 <u>Change in plan assets</u>	 2014	 2013
Fair value of plan assets at beginning of year	\$ 9,880	\$ 10,225
Actual return on plan assets	1,555	587
Employer contribution	375	91
Benefits paid	(1,016)	(1,023)
Fair value of plan assets as of June 30	<u>\$ 10,794</u>	<u>\$ 9,880</u>
 <u>Funded status as of June 30,</u>	 2014	 2013
Fair value of plan assets	\$ 10,794	\$ 9,880
Projected benefit obligation	11,220	11,175
Unfunded status	<u>\$ (426)</u>	<u>\$ (1,295)</u>

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

	2014	2013
Net pension liability	<u>\$ (426)</u>	<u>\$ (1,295)</u>

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

	2014	2013
Actuarial net loss	<u>\$ 3,196</u>	<u>\$ 4,656</u>
Accumulated benefit obligation	<u>\$ 11,220</u>	<u>\$ 11,175</u>

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<u>Net periodic pension benefit cost</u>	2014	2013
Components of net periodic pension cost (in thousands)		
Interest cost	\$ 519	\$ 470
Expected return on plan assets	(641)	(609)
Amortization of prior service cost	549	636
Settlement loss recognized	386	486
Net periodic pension benefit expense	<u>\$ 813</u>	<u>\$ 983</u>
Other Changes in Plan Assets and Benefit Obligations Recognized in Unrestricted Net Assets (in thousands)	2014	2013
Net (gain) loss	\$ (525)	\$ 109
Amortization of net gain	(783)	(963)
Total recognized in unrestricted net assets	<u>\$ (1,308)</u>	<u>\$ (854)</u>
Total (gain) loss recognized in net periodic benefit cost and unrestricted net assets	<u>\$ (495)</u>	<u>\$ 129</u>

The actuarial net loss for the defined benefit plans that will be amortized from unrestricted net assets into net periodic benefit costs in 2015 is \$549 thousand

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

	2014	2013
Discount rate	5 12%	4 66%
Expected return on plan assets	8 00%	8 00%

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

	2014	2013
Discount rate	4 64%	5 12%
Expected return on plan assets	8 00%	8 00%

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

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Asset class	2014	2013
Cash and cash equivalents	1 63%	1 98%
Equities and equity funds	32 66%	32 44%
Fixed income funds	25 61%	29 18%
Alternatives	40 11%	36 40%
Total	<u>100 00%</u>	<u>100 00%</u>

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, 2014 and 2013, grouped by hierarchy level (in thousands)

As of June 30, 2014

Assets	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 176	\$ 176	\$ -
Equities and equity funds (2)	3,525	222	3,303
Fixed income funds (3)	2,764	2,285	479
Alternatives (4)	4,329	-	4,329
Totals	<u>\$ 10,794</u>	<u>\$ 2,683</u>	<u>\$ 8,111</u>

As of June 30, 2013

Assets	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 197	\$ 197	\$ -
Equities and equity funds (2)	3,233	220	3,013
Fixed income funds (3)	2,822	2,530	292
Alternatives (4)	3,628	-	3,628
Totals	<u>\$ 9,880</u>	<u>\$ 2,947</u>	<u>\$ 6,933</u>

- (1) Cash and cash equivalents include investments with original maturities of three months or less and overnight investments. Cash and cash equivalents, and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash.

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- (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 NAV 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 coupled with short-term redemption notice periods renders these investments level 2.

There are no unfunded commitments related to the Plan's alternative investments. The following table displays information by major alternative investment category as of June 30, 2014 and 2013 (in thousands)

June 30, 2014

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 2,435	Monthly	5 to 30 days	Within 15 days, or 95% on redemption date, 5% within 3 days
Fund of funds	27	Quarterly	45 days	90% within 30, 10% after annual audit
Hedge funds	1,515	Monthly, quarterly, or bi-annually	30 to 95 days	90% to 95% within 15 to 30 days, 5% to 10% after annual audit or redemption date
Credit funds	352	Annually	60 to 90 days	Within 30 days, or 90% within 10 days, 10% after annual audit
	<u>\$ 4,329</u>			

June 30, 2013

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 1,815	Monthly	5 to 30 days	Within 15 days, or 95% on redemption date, 5% within 3 days
Fund of funds	29	Quarterly	45 days	90% within 30, 10% after annual audit
Hedge funds	1,442	Monthly, quarterly, or bi-annually	30 to 90 days	90% to 95% within 3 to 30 days, 5% to 10% after annual audit or redemption date
Credit funds	336	Annually	60 to 90 days	Within 30 days, or 90% within 10 days, 10% after annual audit
Distressed credit	6	December 31, 2013		
	<u>\$ 3,628</u>			

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Contributions and Estimated Future Benefit Payments

HCGH expects to contribute \$258 thousand to its pension plan in the fiscal year 2015

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, (in thousands)

2015	\$	2,133
2016		1,389
2017		1,142
2018		776
2019		892
2020-2022		3,567

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 \$3.2 million for the years ended June 30, 2014 and 2013, respectively.

11 Maryland Health Services Cost Review Commission

Maryland has been granted a waiver by the federal government exempting the State from national Medicare and Medicaid reimbursement principles. HCGH charges for inpatient as well as outpatient and emergency services performed at the hospitals are regulated by the Commission. HCGH management has made all submissions required by the Commission and believes HCGH is in compliance with Commission requirements. Management believes that the waiver and Commission regulation will remain in effect through December 31, 2018.

Prior to January 1, 2014, hospitals in the State of Maryland were reimbursed on an all payor basis whereby all payors were paid the same rate based on a methodology that established a Medicare per admission cap for each hospital. Hospital specific charge per admission was adjusted annually to reflect inflation and each hospital's case mix index. A waiver test was applied annually to determine if the growth of cost per Medicare admission was below the national average.

Effective January 1, 2014, with retroactive application to revenues generated by services provided after June 30, 2013, the Commission and the Center for Medicare and Medicaid Services entered into a Global Budget Revenue Agreement ("GBR"). The agreement will remain in effect through December 31, 2018. The GBR moves from a Medicare per admission methodology to a per capita population health based methodology. However, all hospitals continue to receive reimbursement under an all payor basis. The methodology also includes a new waiver test. Under the new waiver test, growth in revenue per capita will be limited to a rate of 3.58% for the State of Maryland in total. The new agreement sets a hospital's revenue base annually under a global budget arrangement, whereby revenue would be fixed regardless of changes in volume and patient mix. Other JHHS hospital's receiving care at Maryland hospitals would be subject to this global budget. However, out of state patients receiving care at Maryland hospitals would not be subject to the global budget. Those hospitals would receive full rate authority for any out of state volume and growth, or would receive less revenue for lower volumes of out of state patients. HCGH has negotiated to include out of state volume within their global budget, therefore, all in state and out of state volumes are subject to its global budget.

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Under the Commission reimbursement 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

The Johns Hopkins University ("University"), JHHSC 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 the University 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 un-asserted claims including reported and unreported incidents and includes cost associated with settling claims. Projected losses were discounted at 64% and 57% as of June 30, 2014 and 2013, respectively.

HCGH's participation in the RRG and the captive insurance company does not extend to claims incurred prior to joining JHHSC. 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 \$571 thousand, and \$812 thousand for years ended June 30, 2014 and 2013, respectively, and is included in purchased services on the Statements of Operations and Changes in Net Assets. Reserves were \$5.0 million for each of the years ended June 30, 2014 and 2013.

HCGH applies 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. HCGH recorded an increase in its assets and liabilities in the accompanying Balance Sheet as of June 30, 2014 and 2013 as follows (in thousands):

Caption on Balance Sheets	2014	2013
Prepaid expenses and other current assets	\$ 1,104	\$ 867
Estimated malpractice recoveries, net of current portion	1,230	1,522
Total assets	<u>\$ 2,334</u>	<u>\$ 2,389</u>
Current portion of estimated malpractice costs	\$ 1,104	\$ 867
Estimated malpractice costs, net of current portion	1,230	1,522
Total liabilities	<u>\$ 2,334</u>	<u>\$ 2,389</u>

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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.

13 Transactions with Related Parties

During the years ended June 30, 2014 and 2013, HCGH engaged in transactions with JHHSC, and its affiliates, JHH, Johns Hopkins Community Physicians ("JHCP"), and JHMI Utilities, LLC ("Utility")

Significant expense transactions (in thousands)	2014	2013
JHH blood lab services	\$ 7,406	\$ 7,201
JHHSC shared services	7,751	7,129
JHCP physician services	3,284	3,170
Utility for information services	7,477	2,660
JHH clinical engineering services	885	857
	<u>\$ 26,803</u>	<u>\$ 21,017</u>

Balances due to affiliates (in thousands)

Current Portion	2014	2013
Due to JHHSC	\$ (1,087)	\$ (159)
Due to JHH	(6,783)	(6,470)
Due to JHCP	(285)	(275)
Due to Utility	(434)	(1,774)
Due to others, current	(179)	(77)
Total due to affiliates, current	<u>\$ (8,768)</u>	<u>\$ (8,755)</u>

Long-Term Portion	2014	2013
Due from JHHSC	\$ 252	\$ -
JHHSC Promissory Notes	(56,000)	(56,000)
JHH Promissory Note	(102,058)	(105,930)
Total net due to affiliates	<u>\$ (157,806)</u>	<u>\$ (161,930)</u>

Broadway Services, Inc. ("BSI"), a related organization, is a wholly-owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHSC and the University. BSI provides HCGH with security and manages its housekeeping services. HCGH incurred expenses of approximately \$1.9 million during each of the years ended June 30, 2014 and 2013 for these services.

In March 2012, HCGH and JHH entered into a short-term Promissory Note in the amount of \$110.6 million, and carried an interest rate of 2.75%. The Promissory 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 Promissory Note was extended ("2012 Affiliate Note"), and now has a final due date of July 1, 2033. The 2012 Affiliate Note carries an interest rate that resets annually and varies from 4.11% to 4.82%, and is payable semi-annually. Interest expense paid to JHH was \$4.6 million and \$4.7 million for the years ended June 30, 2014 and 2013, respectively.

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million for the years ended June 30, 2014 and 2013, respectively. Principal payments are due on July 1 of each year and range from \$700 thousand in 2013 to \$7.2 million in 2034. The balance on the Promissory Note was \$105.9 million and \$109.9 million as of June 30, 2014 and 2013, respectively.

In May 2013, HCGH and JHHSC entered into a long-term Promissory Note ("2013A Affiliate Note") in the amount of \$40.0 million, and carries a variable rate interest based on the three-month LIBOR plus a spread of 0.65%. The 2013A Affiliate Note comes due in 2046. Interest payments will be made at the end of each month. The rate was approximately 0.84% and 0.87% for the years ended June 30, 2014 and 2013, respectively. Interest expense paid to JHHSC was \$335 thousand and \$49 thousand for the years ended June 30, 2014 and 2013, respectively. Principle payments on the 2013A Affiliate Note begin in the year 2034, and range from \$2.3 million to \$3.9 million.

On June 30, 2013, HCGH and JHHSC entered into a long-term Promissory Note ("2013B Affiliate Note") in the amount of \$16.0 million, and carries a fixed interest rate of 3.00%. The 2013B Affiliate Note is structured as a term note and comes due in 2023. Interest payments are paid semi-annually on July 1 and January 1 of each year. Interest expense paid to JHHSC was \$480 thousand for the year ended June 30, 2014.

Total maturities of all affiliate notes during the next five years and thereafter are as follows as of June 30, 2014 (in thousands):

2015	\$ 3,872
2016	3,977
2017	4,095
2018	4,222
2019	4,347
Thereafter	141,417
	<u>\$ 161,930</u>

The current portion of affiliate notes was \$3.9 million as of June 30, 2014.

Interest costs incurred related to all external and related party debt amounted to \$6.9 million during the year ended June 30, 2014, of which \$4 thousand was capitalized and \$6.9 million was expensed. Interest costs incurred relating to all external and related party debt amounted to \$6.4 million during the year ended June 30, 2013, of which \$5 thousand was capitalized and \$6.4 million was expensed.

14 Contracts, Commitments and Contingencies

There are several lawsuits pending in which HCGH has been named as a defendant. In the opinion of HCGH's management, after consultation with legal counsel, the potential liability, in the event of adverse settlement, will not have a material impact on HCGH's financial position.

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, 2014, that have initial or remaining lease terms in excess of one year (in thousands):

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2015	\$ 1,057
2016	1,084
2017	1,111
2018	1,140
2019	1,169

Rental expense for all operating leases for years ended June 30, 2014 and 2013 were \$624 thousand and \$747 thousand, respectively

15 Functional Expenses

HCGH provides general health care services to residents within its geographic location. Expenses relating to health care and general and administrative services for the years ended June 30, 2014 and 2013 as follows (in thousands)

	2014	2013
Health care services	\$191,404	\$190,324
General and administrative services	38,143	31,689
Total functional expenses	<u>\$229,547</u>	<u>\$222,013</u>

16 Howard Hospital Foundation

Interest in net assets of HHF of \$13.6 million and \$13.9 million as of June 30, 2014 and 2013, respectively, are presented in Assets Whose Use is Limited in the Balance Sheets.

HHF assets consist of cash and cash equivalents, marketable securities, and contributions receivable. The following table represents total HHF assets for the years ended June 30, 2014 and 2013 as follows (in thousands):

	2014	2013
Cash and cash equivalents	\$ 1,021	\$ 372
Marketable securities	9,033	7,868
Contributions receivable	4,038	5,877
Total Assets	<u>\$ 14,092</u>	<u>\$ 14,117</u>

HHF liabilities consist of current and long term liabilities. HHF net assets consist of unrestricted, temporarily restricted, and permanently restricted. The following table represents total HHF liabilities and net assets for the years ended June 30, 2014 and 2013 as follows (in thousands):

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	2014	2013
Current liabilities	\$ 408	\$ 197
Long term liabilities	39	17
Unrestricted net assets	1,975	2,820
Temporarily restricted net assets	8,452	8,023
Permanently restricted net assets	3,218	3,060
Total liabilities and net assets	<u>\$ 14,092</u>	<u>\$ 14,117</u>

The changes in net assets were (\$259) thousand and \$675 thousand for the years ended June 30, 2014 and 2013, respectively

HCGH made transfers to HHF in the amounts of \$1 0 million for each of the years ended June 30, 2014 and 2013, 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 for each of the years ended June 30, 2014 and 2013, respectively

17 Subsequent Events

HCGH has performed an evaluation of subsequent events through September 25, 2014, which is the date the financial statements were issued