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Form 990

Department of the TreasuryInternal 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

HOWARD COUNTY GENERAL HOSPITAL INC

Doing business as

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

3910 KESWICK RD S BLDG NO 4300A

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

BALTIMORE, MD 21211

F Name and address of principal officer:

CLARO M PIO RODA

3910 KESWICK RD S BLDG NO 4300A

BALTIMORE, MD 21211

D Employer identification number

52-2093120

E Telephone number

(443) 997-5771

G Gross receipts \$ 304,731,852

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 2019 (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 39

222182,16127400

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

3,398,846259,886,73723,424,2883,915,340290,625,211

Current Year

16,845,003253,822,5517,416,4285,392,546283,476,528

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

54,0300127,092,7080

136,502,083136,219,993263,648,821263,625,72826,976,39019,850,800

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

397,211,140249,593,365147,617,775

End of Year

433,617,899262,158,104171,459,795

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

CLARO M PIO RODA VP FINANCE/CFO

Type or print name and title

2021-05-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	71,354,735	including grants of \$	0) (Revenue \$	90,218,965)
See Additional Data					

4b	(Code:) (Expenses \$	34,045,433	including grants of \$	0) (Revenue \$	40,464,140)
See Additional Data					

4c	(Code:) (Expenses \$	26,363,940	including grants of \$	0) (Revenue \$	33,342,852)
See Additional Data					

(Code:) (Expenses \$	71,072,422	including grants of \$	213,201) (Revenue \$	89,796,594)
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4d Other program services (Describe in Schedule O.)

(Expenses \$	71,072,422	including grants of \$	213,201) (Revenue \$	89,796,594)
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4e Total program service expenses 202,836,530

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 ComplianceCheck 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	1a	204
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,161			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b 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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		No
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?		

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-A 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, address, and telephone number of the person who possesses the organization's books and records:
THE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH BALTIMORE, MD 21211 (443) 997-5771

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	910,763	9,520,046	1,728,079

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 157

		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 Yes	
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
DPR CONSTRUCTION 6716 ALEXANDER BELL DR STE 110 COLUMBIA, MD 21046	CONSTRUCTION	13,701,274
BROADWAY SERVICES INC 3709 E MONUMENT ST BALTIMORE, MD 21205	SECURITY, CLEANING & MNGT SERVICES	2,113,020
MACKENZIE CONTRACTING CO LLC 2324 W JOPPA RD STE 600 LUTHERVILLE, MD 21093	CONTRACTING & CONSTRUCTION MGMT	1,594,091
AMN HEALTHCARE INC TOTAL PO BOX 281939 ATLANTA, GA 30384	STAFFING SERVICES	955,127
FRESENIUS MEDICAL CARE TOTAL 16343 COLLECTION CENTER DR CHICAGO, IL 60693	DIALYSIS SERVICES	921,069

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 ► 44

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2,614,774			
	e Government grants (contributions)	1e	14,230,229			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f ▶	16,845,003				
Program Service Revenue	Business Code					
	2a DEPARTMENT OF MEDICINE	621990	90,218,966	90,218,966		
	b PATIENT SERVICE REVENU	900099	89,737,198	89,737,198		
	c EMERGENCY DEPARTMENT	621910	40,464,140	40,464,140		
	d LABOR & DELIVERY/NURSE	621990	33,342,852	33,342,852		
	e COMMUNITY EDU.	900099	59,395	59,395		
	f All other program service revenue.					
	g Total. Add lines 2a-2f. ▶	253,822,551				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,003,454		4,003,454	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	2,330,337			
		b Less: rental expenses	6b	0		
		c Rental income or (loss)	6c	2,330,337		
	d Net rental income or (loss) ▶		2,330,337		2,330,337	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	24,515,000	5,000		
		b Less: cost or other basis and sales expenses	7b	21,107,026	0	
		c Gain or (loss)	7c	3,407,974	5,000	
	d Net gain or (loss) ▶		3,412,974		3,412,974	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
	b Less: direct expenses		8b			
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19		9a			
	b Less: direct expenses		9b			
	c Net income or (loss) from gaming activities . . ▶					
	10aGross sales of inventory, less returns and allowances . .		10a	275,877		
b Less: cost of goods sold . .		10b	148,298			
c Net income or (loss) from sales of inventory . . ▶		127,579			127,579	
Miscellaneous Revenue		Business Code				
11aOTHER		900099	2,914,101		2,914,101	
b TELE.& VENDING REV.		900099	20,529		20,529	
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		2,934,630				
12 Total revenue. See instructions ▶		283,476,528	253,822,551	0	12,808,974	

Form 990 (2019)

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 domestic organizations and domestic governments. See Part IV, line 21	213,201	213,201		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	99,972,975	83,468,643	16,504,332	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,807,201	3,178,678	628,523	
9 Other employee benefits	13,867,563	11,578,196	2,289,367	
10 Payroll taxes	9,544,795	7,969,064	1,575,731	
11 Fees for services (non-employees):				
a Management				
b Legal	161,426		161,426	
c Accounting				
d Lobbying	75,898		75,898	
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)	28,049,268	23,004,956	5,044,312	
12 Advertising and promotion	227,809	68,580	159,229	
13 Office expenses	7,819,096	4,706,413	3,112,683	
14 Information technology	1,407,949	1,175,514	232,435	
15 Royalties				
16 Occupancy	1,547,440	1,291,976	255,464	
17 Travel	108,005		108,005	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	268,637	224,288	44,349	
20 Interest	5,274,558	5,274,558		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,487,146	12,095,493	2,391,653	
23 Insurance	4,301,680	3,981,002	320,678	
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	30,777,365	4,402,723	26,374,642	
b MEDICAL SUPPLIES	28,300,618	28,300,618	0	
c PATIENT CARE EXPENSE	10,082,607	10,082,607	0	
d SUPPLIES	1,378,650	1,151,052	227,598	
e All other expenses	1,951,841	668,968	1,282,873	
25 Total functional expenses. Add lines 1 through 24e	263,625,728	202,836,530	60,789,198	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,086,906	1	18,537,226	
	2	Savings and temporary cash investments		50,166	2	52,792	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		30,385,209	4	27,612,691	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		5,149,466	8	4,423,731	
	9	Prepaid expenses and deferred charges		3,461,149	9	3,702,964	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	327,314,074			
	b	Less: accumulated depreciation	10b	158,114,272	158,633,139	10c	169,199,802
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		181,218,986	12	176,469,686	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		10,226,119	15	33,619,007	
16	Total assets. Add lines 1 through 15 (must equal line 34)		397,211,140	16	433,617,899		
Liabilities	17	Accounts payable and accrued expenses		33,380,702	17	32,229,158	
	18	Grants payable			18		
	19	Deferred revenue		238,279	19	417,525	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		215,974,384	25	229,511,421	
	26	Total liabilities. Add lines 17 through 25		249,593,365	26	262,158,104	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		145,271,908	27	161,010,031	
	28	Net assets with donor restrictions		2,345,867	28	10,449,764	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		147,617,775	32	171,459,795		
33	Total liabilities and net assets/fund balances		397,211,140	33	433,617,899		

Part XI Reconciliation of Net AssetsCheck 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	283,476,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,625,728
3	Revenue less expenses. Subtract line 2 from line 1	3	19,850,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,617,775
5	Net unrealized gains (losses) on investments	5	-3,292,201
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	7,283,421
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	171,459,795

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- b** 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
- c** 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-2093120

Name: HOWARD COUNTY GENERAL HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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' NEONATOLOGISTS AND REGISTERED NURSES WHO ARE EXPERIENCED WITH THE SPECIAL NEEDS OF NEWBORN PREMATURE BABIES.THE CENTER FOR MATERNAL AND FETAL MEDICINE AT HOWARD COUNTY GENERAL HOSPITAL IS EQUIPPED TO MANAGE ANY HIGH-RISK SITUATION THAT MAY ARISE DURING YOUR PREGNANCY AND TO PROVIDE YOU WITH COMPREHENSIVE CARE. THE CENTER PROVIDES: COVERAGE BY BOARD-CERTIFIED MATERNAL FETAL SPECIALISTS CONSULTATIVE SERVICES FOR ALL MEDICAL COMPLICATIONS OF PREGNANCY CERTIFIED GENETIC COUNSELORS FIRST-TRIMESTER SCREENING TO BETTER DELINEATE THE RISKS OF DOWN SYNDROME, TRISOMY 13 AND TRISOMY 18 4D IMAGING TO STUDY YOUR BABY'S ANATOMICAL DEVELOPMENT AND FETAL GROWTH FETAL ASSESSMENT CENTER FOR ANTENATAL TESTING PROFILES TESTING FOR MATERNAL DIABETES AND HYPERTENSION FETAL ECHOCARDIOGRAM PROGRAM DIABETES IN PREGNANCY PROGRAMTHE CENTER FOR MATERNAL AND FETAL MEDICINE EMPLOYS SPECIALLY TRAINED AND CERTIFIED SONOGRAPHERS TO PERFORM ROUTINE FIRST-TRIMESTER SCREENINGS AND 20-WEEK FETAL ANATOMY SCREENINGS THAT ARE MORE DETAILED THAN THOSE TYPICALLY OFFERED BY OB/GYN OFFICES. HOWARD COUNTY GENERAL HOSPITAL ENCOURAGES ANY PATIENT, HIGH-RISK OR OTHERWISE, WHO IS INTERESTED IN HAVING THESE STATE-OF-THE-ART TESTS TO GET A REFERRAL FROM HER DOCTOR.THE CENTER FOR MATERNAL AND FETAL MEDICINE OFFERS A MULTIDISCIPLINARY TEAM APPROACH WORKING WITH THE MOTHER'S OWN OB/GYN, PERINATOLOGIST, NEONATOLOGIST, PEDIATRIC SUBSPECIALIST, GENETIC COUNSELORS AND PATIENT EDUCATIONS THROUGHOUT THE PREGNANCY AND, IF NEEDED, DURING YOUR DELIVERY AT HOWARD COUNTY GENERAL HOSPITAL. HOWARD COUNTY GENERAL HOSPITAL'S GOAL IS TO DEVELOP A HEALTH CARE PLAN THAT ADDRESSES THE NEEDS OF THE MOTHER AND BABY.

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			
JON ORAVEC VP HUMAN RESOURCES	60.00 0.00			X				0	235,889	36,048
NANCY SMITH SR. DIR OF PATIENT CARE	40.00 0.00					X		203,988	0	37,599
SHERYL DULSKY REGISTERED NURSE	40.00 0.00					X		203,536	0	16,184
DANIELLE MCQUIGG SR. DIR MED/SURG & NURSING	40.00 0.00					X		170,395	0	20,544
JENNIFER BALDWIN VP NURSING & CNO	60.00 0.00			X				0	174,961	14,512
SANDEE GELVEN SR. DIR EMERGENCY SERVICES	40.00 0.00					X		162,736	0	24,821
SUSAN CASE SR. DIR. OF MARKETING & COMMUNICATION	40.00 0.00					X		170,108	0	16,139
DAVID NITKIN ASSISTANT SECRETARY	60.00 0.00			X				0	166,841	5,311
DENNIS MILLER TRUSTEE	1.00 0.00	X						0	0	0
MAURA ROSSMAN MD TRUSTEE	1.00 0.00	X						0	0	0

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			
DAVID CONDRON TRUSTEE/TREASURER	1.00 0.00	X		X				0	0	0
BILL SAWAY MD TRUSTEE	1.00 0.00	X						0	0	0
KATHLEEN MURPHY WHITE PHD TRUSTEE/VICE CHAIR	1.00 1.00	X						0	0	0
JUDY AUD TRUSTEE	1.00 0.00	X						0	0	0
DOUGLAS A BIEGEL TRUSTEE	1.00 1.00	X						0	0	0
BRIAN WALTER TRUSTEE/SECRETARY	1.00 0.00	X		X				0	0	0
ROBERT HIGGINS MD TRUSTEE	1.00 0.00	X						0	0	0
SHERI LEWIS TRUSTEE	1.00 0.00	X						0	0	0
JONATHAN S FISH MD TRUSTEE	1.00 0.00	X						0	0	0
KAREN BUTLER TRUSTEE	1.00 0.00	X						0	0	0

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			
JEANNETTE NAZARIAN MD TRUSTEE	1.00 0.00	X						0	0	0
KIMBERLEE SHERBROOKE TRUSTEE	1.00 0.00	X						0	0	0
PAUL SKALNY TRUSTEE	1.00 0.00	X						0	0	0
HADLEY WESSON TRUSTEE	1.00 0.00	X						0	0	0
PAMELA K WAGONER TRUSTEE	1.00 1.00	X						0	0	0
ELIZABETH RENDON-SHERMAN TRUSTEE/CHAIRMAN	1.00 1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . .						
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 section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
2				
3				
4				
5				
6				

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)		75,898													
c Total lobbying expenditures (add lines 1a and 1b)		75,898													
d Other exempt purpose expenditures		263,549,830													
e Total exempt purpose expenditures (add lines 1c and 1d)		263,625,728													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	54,352	63,691	70,833	75,898	264,774
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 on 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 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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, lines 1 and 2 (see instructions), 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, JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$75,898 DURING FISCAL YEAR ENDED JUNE 30, 2020 TO SUPPORT THEIR LOBBYING ACTIVITIES. JOHNS HOPKINS OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS (GCA) SERVES JOHNS HOPKINS UNIVERSITY AND MEDICINE, JOHNS HOPKINS HEALTH SYSTEM AND AFFILIATES. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT JOHNS HOPKINS HEALTH SYSTEM AND ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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) 2019

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" on 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, for escrow or custodial account liability? . . .

☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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" on 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		12,977,766		12,977,766
b Buildings		179,897,604	89,927,787	89,969,817
c Leasehold improvements		1,376,879	658,012	718,867
d Equipment		91,332,288	65,696,687	25,635,601
e Other		41,729,537	1,831,786	39,897,751
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				169,199,802

Schedule D (Form 990) 2019

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) U.S. T-BILLS	172,808,387	F
(B) INVESTMENTS CMROC, LLC	1,022,624	F
(C) INV IN SUBS/JOINT VE	2,638,675	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	176,469,686	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,509,141
(2) OTHER LONG TERM ASSETS	21,020,100
(3) OTHER LONG TERM ASSETS	1,769,054
(4) DUE FROM AFFILIATES	1,006,938
(5) DUE FROM OTHERS	1,098,553
(6) FINANCE LEASE RIGHT-OF-USE ASSET	6,779,904
(7) OPERATING LEASE RIGHT-OF-USE ASSET	435,317
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	33,619,007

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	8,283,521
(3) ADVANCES THIRD PARTY PAYORS	9,876,450
(4) ESTIMATED MALPRACTICE COST	9,397,863
(5) NOTES PAYABLE AFFILIATES	162,343,025
(6) NET PENSION LIABILITY	3,376,000
(7) TOTAL OTHER LIABILITIES	28,641,880
(8) FINANCE LEASE LIABILITIES	7,115,323
(9) OPERATING LEASE LIABILITIES	477,359
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	229,511,421

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	280,335,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,292,201
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	-3,292,201
3	Subtract line 2e from line 1	3	283,627,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-150,673
c	Add lines 4a and 4b	4c	-150,673
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	283,476,528

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	262,623,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	262,623,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,002,728
c	Add lines 4a and 4b	4c	1,002,728
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	263,625,728

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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, 2020 AND 2019.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF COGS TO REVENUE -148,298. BOOK/AUDIT ADJUSTMENT -2,375.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SWAP INTEREST 1,150,597. RECLASS OF COGS -148,298. BOOK/AUDIT ADJUSTMENT 429.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 criteria used 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.	3a	Yes
		3b	Yes
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"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

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)			5,114,987	0	5,114,987	1.940 %
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			5,114,987		5,114,987	1.940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			21,196,574	0	21,196,574	8.040 %
f Health professions education (from Worksheet 5)			1,462,570	0	1,462,570	0.550 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			386,913	169,726	217,187	0.080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			269,507	0	269,507	0.100 %
j Total. Other Benefits			23,315,564	169,726	23,145,838	8.770 %
k Total. Add lines 7d and 7j			28,430,551	169,726	28,260,825	10.710 %

Part II Community 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
1 Physical improvements and housing			0	0		
2 Economic development			0	0		
3 Community support			535,270	0	535,270	0.200 %
4 Environmental improvements			0	0		
5 Leadership development and training for community members			10,696	0	10,696	0 %
6 Coalition building			83	0	83	0 %
7 Community health improvement advocacy			0	0		
8 Workforce development			496	0	496	0 %
9 Other			0	0		
10 Total			546,545		546,545	0.200 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,077,952	
3 Enter 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	
4 Provide 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

5 Enter total revenue received from Medicare (including DSH and IME)	5	79,487,071	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	78,424,142	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,062,929	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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 letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 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 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	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 significant 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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 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):	7	Yes
a ☒ Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, 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 (FAP)

HOWARD COUNTY GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 500.000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☒ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
b	☒ The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

HOWARD COUNTY GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 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(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HOWARD COUNTY GENERAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 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 Section C.

24 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 Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[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.

990 Schedule H, Supplemental Information

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 7B (CHARITY CARE AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I COME FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO CHARGE RATIO.- 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.
PART I, LINE 7G:	HOWARD COUNTY GENERAL HOSPITAL, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

990 Schedule H, Supplemental Information

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 CHILDREN'S PLAY AREA IN THE COLUMBIA MALL, A CENTERPIECE OF THE HOWARD COUNTY COMMUNITY, TO PROMOTE HEALTHY HABITS IN A FUN EDUCATIONAL MANNER. IN ADDITION, HCGH HOLDS A NUMBER OF HEALTH EDUCATION AND HEALTH PROMOTION OFFERINGS FREE OF CHARGE TO ITS COMMUNITY, INCLUDING CHRONIC DISEASE SELF-MANAGEMENT COURSES.
PART III, LINE 2:	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.

990 Schedule H, Supplemental Information

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, HCGH CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.
PART III, LINE 4:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGES 15.

990 Schedule H, Supplemental Information

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.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	HCGH UTILIZES THE MARYLAND SHIP METRICS AS WELL AS THE AMERICAN COMMUNITY SURVEY, COUNTY HEALTH RANKINGS, AND TRUVEN/IBM MARKET EXPERT. HCGH ALSO USES THE UNITED WAY'S ALICE REPORT TO REVIEW COMMUNITY MEMBERS ABOVE THE POVERTY LINE BUT WITH FINANCIAL CHALLENGES DUE TO THE HIGH COST OF LIVING IN THE COUNTY. FINALLY, HCGH PARTNERS WITH THE HOWARD COUNTY HEALTH DEPARTMENT, THE HORIZON FOUNDATION, THE COLUMBIA ASSOCIATION, AND OPINIONWORKS TO DESIGN AND ADMINISTER THE HOWARD COUNTY HEALTH ASSESSMENT SURVEY EVERY TWO YEARS. THIS HOWARD COUNTY-SPECIFIC SURVEY ASKS RESIDENTS QUESTIONS ABOUT A VARIETY OF HEALTH-RELATED INFORMATION SUCH AS CHRONIC DISEASE, PHYSICAL ACTIVITY, NUTRITION, AND BEHAVIORAL HEALTH. FOR THE FY19 CHNA, HCGH ALSO WORKED WITH THE HOWARD COUNTY HEALTH DEPARTMENT TO PROMOTE A BRIEF SURVEY IN THE COMMUNITY, WHICH REQUESTED FEEDBACK ON THE PRIOR CHNA AND PERCEIVED HEALTH PRIORITIES IN HOWARD COUNTY.
PART VI, LINE 3:	HCGH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS, AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE, AND AT THE EMERGENCY DEPARTMENT WITHIN HCGH. NOTICE OF AVAILABILITY WILL BE POSTED ON THEIR WEBSITE, WILL BE MENTIONED DURING ORAL COMMUNICATIONS, AND WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST. HCGH HAS STAFF AVAILABLE TO DISCUSS AND ASSIST PATIENTS AND/OR THEIR FAMILIES WITH THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS PATIENTS WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE.

990 Schedule H, Supplemental Information

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 426,705 OF WHICH 49.5% WERE MALES AND 50.5% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$147,338, 2.5% OF RESIDENTS ARE UNINSURED, 19.4% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, AND 3.8% OF RESIDENTS HAVE INCOME BELOW THE FEDERAL POVERTY GUIDELINES.- NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 2- FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE NOT PRESENT IN THE COMMUNITY.
PART VI, LINE 5:	-PLEASE SEE FORM 990, SCHEDULE O FOR A DESCRIPTION OF SIGNIFICANT COVID-19 RESPONSE ACTIVITIES.- HOWARD COUNTY GENERAL HOSPITAL: A MEMBER OF JOHNS HOPKINS MEDICINE IS A PRIVATE, NOT-FOR-PROFIT, COMMUNITY HEALTH CARE PROVIDER, GOVERNED BY A COMMUNITY-BASED BOARD OF TRUSTEES. OPENED IN 1973, THE ORIGINAL 59-BED, SHORT-STAY HOSPITAL HAS GROWN INTO A COMPREHENSIVE ACUTE CARE MEDICAL CENTER WITH 225 LICENSED BEDS, SPECIALIZING IN WOMEN'S AND CHILDREN'S SERVICES, SURGERY, CARDIOLOGY, ONCOLOGY, ORTHOPEDICS, GERONTOLOGY, PSYCHIATRY, EMERGENCY SERVICES AND COMMUNITY HEALTH EDUCATION. IN JUNE 1998, HOWARD COUNTY GENERAL HOSPITAL JOINED JOHNS HOPKINS MEDICINE. HOWARD COUNTY GENERAL HOSPITAL CARES FOR ITS COMMUNITY THROUGH THE COLLABORATIVE EFFORTS OF A WIDE RANGE OF PEOPLE. HCGH STAFF INCLUDES MORE THAN 1,800 EMPLOYEES. IT IS THE SECOND LARGEST PRIVATE EMPLOYER IN HOWARD COUNTY AND EMPLOYS NEARLY 1,000 HOWARD COUNTY RESIDENTS. A DIVERSE WORKFORCE, 51 PERCENT OF HOSPITAL STAFF ARE MINORITIES. THE HOSPITAL'S PROFESSIONAL STAFF IS COMPRISED OF MORE THAN 1,000 PHYSICIANS AND ALLIED HEALTH PROFESSIONALS, REPRESENTING NEARLY 100 SPECIALTIES AND SUBSPECIALTIES. NINETY-FIVE PERCENT OF THE PHYSICIANS ARE BOARD-CERTIFIED IN THEIR SPECIALTY. HOSPITAL EXPENDITURES TOTAL APPROXIMATELY \$267 MILLION PER YEAR, MUCH OF WHICH IS SPENT LOCALLY FOR SUPPLIES AND SERVICES. THIS FIGURE INCLUDES SALARIES AND BENEFITS OF APPROXIMATELY \$128 MILLION. MORE THAN 370 VOLUNTEERS CONTRIBUTED OVER 26,800 HOURS OF SERVICE WORKING IN ALL AREAS OF THE HOSPITAL AND THE COMMUNITY TO SUPPORT THE HOSPITAL AND ITS SERVICES. HCGH PROVIDED SERVICES TO NEARLY 200,000 PEOPLE, INCLUDING EVALUATION AND TREATMENT OF OVER 78,000 PATIENTS IN THE EMERGENCY DEPARTMENT. THERE WERE OVER 22,000 PATIENTS ADMITTED TO OR OBSERVED IN THE HOSPITAL, NEARLY 10,000 SURGERIES PERFORMED, AND OVER 3,000 BABIES DELIVERED. IN ADDITION TO THE MANY HOSPITAL-BASED SERVICES, HCGH ALSO PROVIDED OUTPATIENT SERVICES TO OVER 45,000 PATIENTS, AND REACHED OVER 30,000 PEOPLE IN THE COMMUNITY THROUGH OUTREACH, HEALTH PROMOTION, AND WELLNESS PROGRAMS. IN OUR COMMITMENT TO BE HOWARD COUNTY'S TRUSTED SOURCE OF HEALTH AND WELLNESS, HCGH IS BUILDING PROGRAMS AND WORKING WITH COMMUNITY PARTNERS TO MEET THE HEALTH NEEDS OF OUR COMMUNITY. THESE PARTNERSHIPS ALLOW HCGH AND ITS PARTNERS TO REACH OUT TO HOWARD COUNTY'S MOST VULNERABLE, CHRONICALLY ILL, AND/OR HIGH-UTILIZING COMMUNITY MEMBERS AND PROVIDE CONNECTIONS TO RESOURCES, HOME-BASED CARE, AND COMMUNITY SUPPORT.- FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARECHARITY CARE AND PATIENT BAD DEBTAND 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 PAYORSGOVERNMENTALLY-INSURED, COMMERCIALYINSURED, OR SELF-PAYARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCYTHE 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 HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPXBECAUSE 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.

990 Schedule H, Supplemental Information

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 JOHNS HOPKINS ALL CHILDRENS HOSPITAL, INC (JHACH), A FL ACADEMIC CHILDRENS HOSPITAL.
PART VI, LINE 7, REPORTS FILED WITH STATES	MD

Additional Data

Software ID:**Software Version:**

EIN: 52-2093120

Name: HOWARD COUNTY GENERAL HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities[illegible]

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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	PART V, SECTION B, LINE 5: - HOWARD COUNTY GENERAL HOSPITAL (HCGH) TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH VARIOUS WAYS LISTED BELOW: A) PRIMARY DATA WAS GATHERED FROM MORE THAN 2,000 PARTICIPANTS VIA AN EXTENSIVE PHONE SURVEY IN THE BIENNIAL HOWARD COUNTY HEALTH ASSESSMENT SURVEY (HCHAS) IN SUMMER AND FALL 2018. THE SURVEY WAS JOINTLY COMMISSIONED BY THE HORIZON FOUNDATION, THE HOWARD COUNTY HEALTH DEPARTMENT, HOWARD COUNTY GENERAL HOSPITAL, AND THE COLUMBIA ASSOCIATION. B) THE DATA FROM THE 2018 HCHAS WAS PRESENTED TO THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), A PART OF THE STATE HEALTH IMPROVEMENT PLAN, IN JANUARY 2019. . THE LHIC INCLUDES LEADERS OF LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS, COUNTY GOVERNMENT LEADERSHIP, LOCAL BUSINESS LEADERS AND HOSPITAL LEADERS WHO PROVIDED INPUT THROUGH THEIR PARTICIPATION IN THIS PROCESS. C) IN ADDITION TO THE 2018 HCHAS, HCCGH AND THE HOWARD COUNTY HEALTH DEPARTMENT CONDUCTED AN ONLINE SURVEY REQUESTING FEEDBACK ON COMMUNITY HEALTH NEEDS. HCGH AND HCHD SOLICITED FEEDBACK USING THEIR SOCIAL MEDIA PLATFORMS, AND EMAIL REQUESTS TO LHIC MEMBERS AND FAITH COMMUNITIES THROUGH THE JOURNEY TO BETTER HEALTH PROGRAM. 368 RESIDENTS COMPLETED THE SURVEY AND COMMENTED ON THEIR PERCEPTIONS OF THE GREATEST COMMUNITY HEALTH PRIORITIES, SOCIAL DETERMINANTS OF HEALTH, AND THE HOSPITAL'S PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). D) SECONDARY DATA FROM LOCAL, STATE AND FEDERAL SOURCES PROVIDED ESSENTIAL INFORMATION, INSIGHT AND KNOWLEDGE ON A BROAD RANGE OF HEALTH AND SOCIAL ISSUES AND A RESOURCE INVENTORY WAS COMPILED TO ASSESS THE AVAILABILITY OF SERVICES TO RESIDENTS IN HOWARD COUNTY.
HOWARD COUNTY GENERAL HOSPITAL	PART V, SECTION B, LINE 11: - COMMUNITY BENEFITS ACTIVITIES ARE INCLUDED EVERY YEAR IN THE JOHNS HOPKINS MEDICINE FIVE-YEAR STRATEGIC PLAN. IN FY 2020, THESE ACTIVITIES WERE INCLUDED IN THE "INTEGRATION" PILLAR OF THE JHM PLAN, WHERE HCGH SET SPECIFIC GOALS RELATED TO OUR HEALTH PRIORITIES AS IDENTIFIED IN THE CHNA. THESE HEALTH PRIORITIES ARE AS FOLLOWS: ACCESS TO AFFORDABLE CARE; BEHAVIORAL HEALTH; HEALTHY AGING; AND HEALTHY WEIGHT, EXERCISE, AND NUTRITION. THESE PRIORITIES ARE INTEGRATED INTO HCGH'S ONGOING INITIATIVES. HCGH SET THE FOLLOWING TWO STRATEGIC OBJECTIVES FOR FY 2020 TO SUPPORT THESE PRIORITIES: O STRATEGIC OBJECTIVE 1 ACCESS TO CARE: DEVELOP AND IMPLEMENT A HOME-BASED MEDICINE PROGRAM IN COLLABORATION WITH MULTIPLE ENTITIES WITHIN JOHNS HOPKINS MEDICINE. COMPLETION DATE: 06/30/20. FINAL STATUS: IMPLEMENTATION AND TRANSITION PLAN APPROVED BY ALL ENTITIES. HOWARD COUNTY GO-LIVE TIMELINE ESTABLISHED FOR Q1 FY20 (PROVIDER IDENTIFIED AND WORKING ON ONBOARDING). O STRATEGIC OBJECTIVE 2 BEHAVIORAL HEALTH: INCREASE BEHAVIORAL HEALTH PROVIDER CAPACITY IN THE HCGH EMERGENCY DEPARTMENT BY EXPANDING THE SOCIAL WORK AND NAVIGATION SUPPORT SERVICES FOR PATIENTS AND FAMILIES/CAREGIVERS. COMPLETION DATE: 06/30/20. FINAL STATUS: BEHAVIORAL HEALTH NAVIGATORS HIRED AND STARTED IN NOVEMBER 2018. PATIENT AND FAMILY EDUCATION PROGRAMS INITIATED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 7A	HTTPS://WWW.HOPKINSMEDICINE.ORG/HOWARD_COUNTY_GENERAL_HOSPITAL/ABOUT/GIVING_BACK/CHNA.HTML
PART V, SECTION B, LINE 10A	HTTPS://WWW.HOPKINSMEDICINE.ORG/HOWARD_COUNTY_GENERAL_HOSPITAL/ABOUT/GIVING_BACK/CHNA.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 16A	HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML
PART V, SECTION B, LINE 16B	HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 16C	HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASSOCIATION OF COMMUNITY SERVICES OF HOWARD COUNTY 9770 PATUXENT WOODS DR STE 301 COLUMBIA, MD 21046	52-1320048	501(C)(3)	6,845				TO SUPPORT HEALTH CARE PUBLIC CHARITY
LEADERSHIP HOWARD COUNTY 6760 ALEXANDER BELL DR STE 260 COLUMBIA, MD 21046	52-1530676	501(C)(3)	10,000				TO SUPPORT HEALTH CARE PUBLIC CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITED WAY OF CENTRAL MARYLAND INC 1800 WASHINGTON BLVD STE 340 BALTIMORE, MD 21230	52-0591543	501(C)(3)	5,797				TO SUPPORT HEALTH CARE PUBLIC CHARITY
BPR REIT SERVICES LLC SDS 12 1495 PO BOX 86 MINNEAPOLIS, MN 55486	37-1743911		75,000				SPONSORSHIP/COLUMBIA MALL PLAY AREA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CYSTIC FIBROSIS FOUNDATION MARYLAND CHAPTER 10626 YORK RD STE A COCKEYSVILLE, MD 21030	52-6019357	501(C)(3)	6,500				TO SUPPORT HEALTH CARE PUBLIC CHARITY
HOWARD COUNTY DEPARTMENT OF FINANCE PO BOX 2748 ELLICOTT CITY, MD 21041	52-6000769	501(C)(3)	34,000				TO SUPPORT HOWARD COUNTY BIKESHARE PROGRAM

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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	A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHHC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED ALL OF THESE ARRANGEMENTS WERE APPROVED, 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. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT FROM ONE OR MORE SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, WITH PAYMENTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III); THE TOTAL OF AMOUNTS PAYABLE DURING 2019 BUT REPORTED AS DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2019. G. DANIEL SHEALER \$456,144 IN ADDITION TO THOSE LISTED ABOVE, RONALD PETERSON RECEIVED PAYMENT FROM A SUPPLEMENTAL RETIREMENT PROGRAM THAT WAS IN PLACE PRIOR TO 1986 AND SUBJECT TO DIFFERENT TAX RULES. MR. PETERSON ACCRUED BENEFITS OVER A 40+ YEAR CAREER AT JOHNS HOPKINS HEALTH SYSTEM AND THE BENEFIT HAS BEEN REPORTED ON THE FORM 990 TWICE ALREADY: ONCE WHEN ACCRUED AND AGAIN WHEN INCLUDED AS TAXABLE INCOME FOR MEDICARE TAX PURPOSES. BENEFITS ARE PAID AS AN ANNUITY TO MR. PETERSON OVER HIS REMAINING LIFETIME AND TAXED FOR INCOME TAX PURPOSES AS PAID. UNDER FORM 990 REPORTING REQUIREMENTS, MR. PETERSON'S BENEFIT IS REQUIRED TO BE REPORTED A THIRD TIME WHEN PAID. DURING 2019, MR. PETERSON RECEIVED A PAYMENT OF \$1,275,825; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). MR. PETERSON ALSO PARTICIPATED IN A LEGACY PROGRAM, FUNDED WITH EMPLOYEE CONTRIBUTIONS, THAT RESULTED IN A TOTAL PAYOUT OF \$1,613,115.30 DURING 2019; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).
PART I, LINE 7	ANNUAL INCENTIVE PLAN: EXECUTIVES PARTICIPATE IN AN ANNUAL INCENTIVE PLAN THAT REWARDS PARTICIPANTS FOR THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES APPROVED BY THE JOHNS HOPKINS MEDICINE COMPENSATION COMMITTEE EACH YEAR, INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. A PORTION OF THE OVERALL AWARD IS DETERMINED BASED ON INDIVIDUAL PERFORMANCE. DEPENDENT TUITION REIMBURSEMENT: DUE TO THEIR CLOSE COLLABORATION WITH THE JOHNS HOPKINS UNIVERSITY (JHU), JHHC PROVIDES LEADERS WITH DEPENDENT TUITION REIMBURSEMENT ON A SIMILAR BASIS AS THEIR JHU COUNTERPARTS. DEPENDENT TUITION REIMBURSEMENT IS TAXABLE FOR JHHC EMPLOYEES. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD. TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RONALD R PETERSON FORMER CORP VICE CHAIR/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	2,888,940	0	0	2,888,940	0
1KEVIN W SOWERS MSN RN FAAN CORPORATE VICE CHAIR/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,248,448	626,950	47,418	243,973	12,829	2,179,618	0
2GDANIEL SHEALER JR TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	704,405	221,917	559,148	275,590	13,257	1,774,317	0
3STEVEN C SNELGROVE PRESIDENT/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	463,364	134,474	52,161	88,022	24,014	762,035	0
4RENEE DEMSKI TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	294,233	59,292	39,596	312,184	24,562	729,867	0
5MOHAMMED SHAFEEQ AHMED MD VP MEDICAL AFFAIRS & CMO	(i)	0	0	0	0	0	0	0
	(ii)	387,188	76,359	23,663	18,271	24,467	529,948	0
6CLARO PIO RODA VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	250,877	51,290	28,779	165,186	27,384	523,516	0
7RYAN BROWN VP OF OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	228,032	44,968	27,556	101,929	11,298	413,783	0
8JAMES E YOUNG FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	191,778	0	31,042	151,207	23,055	397,082	0
9ELIZABETH EDSALL KROMM VP FOR POPULATION HLTH	(i)	0	0	0	0	0	0	0
	(ii)	207,484	40,697	12,296	36,284	3,409	300,170	0
10JON ORAVEC VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	187,279	31,596	17,014	15,310	20,738	271,937	0
11NANCY SMITH SR. DIR OF PATIENT CARE	(i)	202,983	0	1,005	20,503	17,096	241,587	0
	(ii)	0	0	0	0	0	0	0
12SHERYL DULSKY REGISTERED NURSE	(i)	203,248	0	288	9,145	7,039	219,720	0
	(ii)	0	0	0	0	0	0	0
13DANIELLE MCQUIGG SR. DIR MED/SURG & NURSING	(i)	148,735	0	21,660	6,496	14,048	190,939	0
	(ii)	0	0	0	0	0	0	0
14JENNIFER BALDWIN VP NURSING & CNO	(i)	0	0	0	0	0	0	0
	(ii)	152,844	20,000	2,117	0	14,512	189,473	0
15SANDEE GELVEN SR. DIR EMERGENCY SERVICES	(i)	161,855	0	881	5,000	19,821	187,557	0
	(ii)	0	0	0	0	0	0	0
16SUSAN CASE SR. DIR. OF MARKETING & COMMUNICATIO	(i)	156,913	0	13,195	7,032	9,107	186,247	0
	(ii)	0	0	0	0	0	0	0
17DAVID NITKIN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	166,571	0	270	4,997	314	172,152	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
HOWARD COUNTY GENERAL HOSPITAL INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

52-2093120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 8	PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, HOWARD COUNTY GENERAL HOSPITAL RECOGNIZED \$14,044,502 OF FUNDING FROM THE PROVIDER RELIEF FUND ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES DURING FY20. THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THE COVID-19 PANDEMIC, HOWARD COUNTY GENERAL HOSPITAL (HCGH) TREATED APPROXIMATELY 3,300 PATIENTS, TESTED MORE THAN 40,000 PATIENTS AND VACCINATED HUNDREDS OF COMMUNITY MEMBERS. OUR HOSPITAL CONTINUED TO CARE FOR PATIENTS CORONAVIRUS POSITIVE OR NOT WHO NEEDED EMERGENCY CARE AND SURGERY OR OBSTETRIC CARE. WE CHANGED THE WAY WE CARE FOR OUR PATIENTS, IMPLEMENTING MANY SAFETY PROTOCOLS AND RECONFIGURING ENTIRE PARTS OF THE HOSPITAL TO ALLOW FOR SURGES IN PATIENTS WITH A VARIETY OF DIAGNOSES. HCGH IMPLEMENTED SEVERAL NEW SERVICES ON OUR CAMPUS AND IN THE COMMUNITY, INCLUDING DRIVE-THROUGH COVID-19 TESTING, STAFF AND PATIENT VACCINATION CLINICS AND TREATMENTS SUCH AS MONOCLONAL ANTIBODY INFUSION, DESIGNED TO PREVENT HOSPITALIZATIONS. THOUGH WE ARE A HOWARD COUNTY HOSPITAL, HCGH BECAME A REGIONAL DESTINATION FOR ASYMPTOMATIC COVID-19 POSITIVE PSYCHIATRY INPATIENTS DURING THE PANDEMIC, CARING FOR APPROXIMATELY 200 OF THESE PATIENTS, THE VAST MAJORITY FROM OUTSIDE OF HOWARD COUNTY. WE WORKED WITH OUR COLLEAGUES IN THE HOWARD COUNTY GOVERNMENT AND HOWARD COUNTY HEALTH DEPARTMENT TO KEEP THE PUBLIC INFORMED, EDUCATED AND PREPARED. WE COLLABORATED WITH OUR HEALTH SYSTEM AND COUNTY OFFICIALS ON OUTREACH FOR TESTING AND VACCINATION EFFORTS, INCLUDING EDUCATION FOR AT-RISK POPULATIONS. THROUGHOUT THE EVENT, WE HAVE FOCUSED ON RAISING NEEDED FUNDS TO SUPPORT THE WELLBEING AND RESILIENCE OF OUR FRONT-LINE STAFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT ORGANIZATION, IS THE S OLE CORPORATE MEMBER OF HOWARD COUNTY GENERAL HOSPITAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF HOWARD COUNTY GENERAL HOSPITAL, INC. ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INTERNAL POLICIES, INCLUDING CONFLICT OF INTERST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 23,004,956. MANAGEMENT AND GENERAL EXPENSES 5,044,312. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 28,049,268.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MARKET VALUE OF SWAP AGREEMENT -7,761,227. CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLANS 1,931,000. OTHER COMPONENTS OF NET PERIODIC PENSION COST -2,357,000. OTHER NON-OPERATING LOSS -3,907,417. INT IN NET ASSETS OF FOUNDATION 19,378,065.

eFile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493133027761	
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships			
Department of the Treasury Internal Revenue Service		OMB No. 1545-0047			
Name of the organization HOWARD COUNTY GENERAL HOSPITAL INC		2019			
Name of the organization HOWARD COUNTY GENERAL HOSPITAL INC		Open to Public Inspection			
Internal Revenue Service		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) CENTRAL MARYLAND MANAGEMENT SERVICES LLC 10211 WINCOPIN CIRCLE SUITE 600 COLUMBIA, MD 21044 81-2768743	MANAGEMENT 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.					
See Additional Data Table					
(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
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2019

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, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	Disproportionate 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) COLUMBIA INVESTMENT HOLDINGS LLC 10211 WINCOPIN CIRCLE SUITE 600 COLUMBIA, MD 21044 81-2791588	HOLDING COMPANY	MD	HOWARD COUNTY GENERAL HOSPITAL INC	INVESTMENT	183,063	2,726,344		No		Yes		100.000 %
(3) JOHNS HOPKINS HEALTHCARE LLC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1899357	MEDICAL SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					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) 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
(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) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
(6) TCAS INC 5759 CEDAR LANE COLUMBIA, MD 21044 52-1979344	NURSING SERVICES	MD	N/A	C					No

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

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
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1072778	FUNDRAISING/SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 52-0591656	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21218 23-7252596	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND INC		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
5255 LOUGHBORO RD NW WASHINGTON, DC 20016 53-0196602	HEALTHCARE SERVICES	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
6001 MONTROSE RD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 12B, II	N/A		No
6001 MONTROSE RD NO 1020 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 10	N/A		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-3425191	PEDIATRIC MEDICAL SERVICES	MD	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No