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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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.

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE MEDSTAR-GEORGETOWN MEDICAL CENTER INC
Doing business as
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
HOSPITAL ADMIN 1 MAIN BLDG
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20007

D Employer identification number
52-2218584
E Telephone number
(202) 784-3000
G Gross receipts \$ 1,350,604,827

F Name and address of principal officer:
MICHAEL SACHTLEBEN
HOSPITAL ADMIN 1 MAIN BLDG
WASHINGTON, DC 20007

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.GEORGETOWNUNIVERSITYHOSPITAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2000 M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE OTO PROVIDE PHYSICAL AND SPIRITUAL COMFORT TO OUR PATIENTS AND THEIR FAMILIES IN THE JESUIT TRADITION OF CURA PERSONALIS, CARING FOR THE WHOLE PERSON.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 5,374

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,191,607

7b Net unrelated business taxable income from Form 990-T, line 39 7b 1,008,967

Revenue

8 Contributions and grants (Part VIII, line 1h) 34,796,181 58,252,001

9 Program service revenue (Part VIII, line 2g) 1,113,688,521 1,258,693,522

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,273,597 1,069,846

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,685,431 32,589,458

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,176,443,730 1,350,604,827

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 40,000

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 567,276,509 616,393,719

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶2,197

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 520,454,368 553,756,969

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,087,730,877 1,170,190,688

19 Revenue less expenses. Subtract line 18 from line 12 88,712,853 180,414,139

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 760,336,597 988,810,390

21 Total liabilities (Part X, line 26) 272,205,910 270,327,911

22 Net assets or fund balances. Subtract line 21 from line 20 488,130,687 718,482,479

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
2022-05-11
Date
JOEL BRYAN VP/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-05-10 Check ☐ if self-employed PTIN P01876391
Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207
Firm's address ▶ 8350 BROAD STREET SUITE 900 Phone no. (703) 286-8000
MCLEAN, VA 22102

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 (2020)

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

SEE SCHEDULE OAS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL'S (MEDSTAR GEORGETOWN) MISSION IS TO PROVIDE PHYSICAL AND SPIRITUAL COMFORT TO OUR PATIENTS AND THEIR FAMILIES IN THE JESUIT TRADITION OF CURA PERSONALIS, CARING FOR THE WHOLE PERSON. MEDSTAR GEORGETOWN IS AN ACUTE CARE TEACHING AND RESEARCH HOSPITAL LOCATED IN NORTHWEST WASHINGTON, D.C. IN FISCAL YEAR 2021, MEDSTAR GEORGETOWN HAD 15,886 INPATIENT ADMISSIONS AND 726,426 OUTPATIENT VISITS, INCLUDING 28,006 EMERGENCY VISITS.

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

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

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

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

4 Describe the 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 \$	821,274,210	including grants of \$	40,000)	(Revenue \$	1,230,944,167)
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See Additional Data

4b	(Code:)	(Expenses \$	83,607,698	including grants of \$)	(Revenue \$	27,749,355)
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See Additional Data

4c	(Code:)	(Expenses \$	4,188,446	including grants of \$)	(Revenue \$)
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See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	909,070,354
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	Yes
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax 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	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2020)

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	1a 18		
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	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶ JOEL BRYAN 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 (410) 772-6721

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 ☐

a 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)

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,191,088	11,811,380	525,247

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 ▶ 458

	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
AMN HEALTHCARE INC 2735 COLLECTION CENTER DR CHICAGO, IL 60693	STAFFING SERVICES	11,293,030
STANDARD PARKING CORP 201 EAST UNIVERSITY PKWY BALTIMORE, MD 21218	PARKING SERVICES	4,220,296
SODEXO INC & AFFILIATES 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	FOOD&FACILITIES MGMT	3,179,373
ROLYN LLC 5706 FREDERICK AVE ROCKVILLE, MD 20852	FACILITIES SERVICES	2,802,894
HKS-SHALOM BARANES JOINT VENTURE 1010 WISCONSIN AVE NW STE 900 WASHINGTON, DC 20007	PROFESSIONAL SVCS	2,678,919

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 ▶ 91

Form 990 (2020)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	29,556,649				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,695,352				
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,424,157				
	h Total. Add lines 1a-1f ▶		58,252,001				
Program Service Revenue	2a NET PATIENT SERVICE RE		Business Code 621400	1,221,454,578	1,220,262,971	1,191,607	
	b TRAINING TUITION		900099	14,231,712	14,231,712		
	c OTHER PHYSICIAN REVENUE		621400	8,184,700	8,184,700		
	d PHARMACY REVENUE		900099	8,108,464	8,108,464		
	e RESIDENT SERVICE REVENUE		900099	6,921,835	6,921,835		
	f All other program service revenue.			-207,767	-207,767		
	g Total. Add lines 2a-2f. ▶		1,258,693,522				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		533,067			533,067	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	149,941				
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c	149,941	149,941			149,941
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	536,779				
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c	536,779	536,779			536,779
	d Net gain or (loss) ▶						
	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 ▶							
10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a INTERCOMPANY SUBSIDY R		900099	21,722,161			21,722,161	
b REBATE INCOME		900099	1,635,847			1,635,847	
c PARKING INCOME		900099	636,678			636,678	
d All other revenue			8,444,831			8,444,831	
e Total. Add lines 11a-11d ▶		32,439,517					
12 Total revenue. See instructions ▶		1,350,604,827			1,257,501,915	1,191,607	33,659,304

Form 990 (2020)

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	40,000	40,000		
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	5,358,926	4,656,973	701,953	
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	511,088,678	444,261,924	66,826,754	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,974,380	6,981,554	992,826	
9 Other employee benefits	54,992,723	47,459,411	7,533,312	
10 Payroll taxes	36,979,012	32,104,109	4,874,903	
11 Fees for services (non-employees):				
a Management	101,292,303		101,292,303	
b Legal	957,731	33,816	923,915	
c Accounting				
d Lobbying				
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)	88,620,683	67,241,224	21,377,262	2,197
12 Advertising and promotion	2,713,446	224,322	2,489,124	
13 Office expenses	8,481,794	9,344,699	-862,905	
14 Information technology				
15 Royalties				
16 Occupancy	7,835,111	1,936,415	5,898,696	
17 Travel	808,653	391,741	416,912	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	247,484	217,032	30,452	
20 Interest	8,898,920		8,898,920	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,473,202	19,547,950	17,925,252	
23 Insurance	16,365,923		16,365,923	
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 MED/SURG SUPPLIES	170,205,311	168,038,428	2,166,883	
b IMPLANTS/PROSTHESES	42,158,441	42,158,372	69	
c MAINTENANCE	23,742,354	24,146,354	-404,000	
d UTILITIES	15,231,569	13,546,107	1,685,462	
e All other expenses	28,724,044	26,739,923	1,984,121	
25 Total functional expenses. Add lines 1 through 24e	1,170,190,688	909,070,354	261,118,137	2,197
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 <input type="checkbox"/> 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		9,185,226	1	11,431,914	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		197,310,970	4	282,663,254	
	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		38,796	7	25,864	
	8	Inventories for sale or use		15,353,115	8	15,283,106	
	9	Prepaid expenses and deferred charges		3,898,954	9	4,462,938	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	994,003,833			
	b	Less: accumulated depreciation	10b	452,936,646	400,281,749	10c	541,067,187
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		21,375,340	12	32,135,448	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		70,718,228	14	70,718,228	
	15	Other assets. See Part IV, line 11		42,174,219	15	31,022,451	
16	Total assets. Add lines 1 through 15 (must equal line 33)		760,336,597	16	988,810,390		
Liabilities	17	Accounts payable and accrued expenses		200,873,728	17	196,493,524	
	18	Grants payable			18		
	19	Deferred revenue		4,053,665	19	4,160,756	
	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		67,278,517	25	69,673,631	
	26	Total liabilities. Add lines 17 through 25		272,205,910	26	270,327,911	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		458,945,125	27	666,082,391	
	28	Net assets with donor restrictions		29,185,562	28	52,400,088	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		488,130,687	32	718,482,479	
33	Total liabilities and net assets/fund balances		760,336,597	33	988,810,390		

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	1,350,604,827
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,170,190,688
3	Revenue less expenses. Subtract line 2 from line 1	3	180,414,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	488,130,687
5	Net unrealized gains (losses) on investments	5	5,768,138
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-16,229
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,185,744
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	718,482,479

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Software ID:
Software Version:
EIN: 52-2218584
Name: THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE OMEDSTAR GEORGETOWN UNIVERSITY HOSPITAL'S LARGEST PROGRAM IS THE PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF THE NORTHWEST WASHINGTON, D.C. AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR GEORGETOWN INCURRED \$261.1M OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. MEDSTAR GEORGETOWN'S CENTERS OF EXCELLENCE INCLUDE NEUROSCIENCES, TRANSPLANTATION, CANCER AND GASTROENTEROLOGY. THE HOSPITAL IS ONE OF A FEW CENTERS IN THE WORLD PROVIDING LIVING-DONOR LIVER TRANSPLANTATION. MEDSTAR GEORGETOWN'S NEUROSCIENCES PROGRAM IS RECOGNIZED AS AN ADVANCED PRIMARY STROKE CENTER BY THE JOINT COMMISSION AND IS A NATIONAL PARKINSON FOUNDATION CENTER OF EXCELLENCE FOR PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS. MEDSTAR GEORGETOWN'S LOMBARDI COMPREHENSIVE CANCER CENTER IS ONE OF ONLY 52 CENTERS IN THE U.S., AND THE ONLY ONE DESIGNATED AS A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE IN WASHINGTON, D.C. MEDSTAR GEORGETOWN WAS THE FIRST HOSPITAL IN WASHINGTON, D.C. TO ATTAIN MAGNET RECOGNITION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), AND NOW HAS ACHIEVED 4 CONSECUTIVE MAGNET DESIGNATIONS (2004, 2008, 2014, 2018). MEDSTAR GEORGETOWN IS IN THE PROCESS OF THE JOURNEY TOWARDS A FIFTH MAGNET DESIGNATION. SINCE MARCH 2020, MEDSTAR HEALTH HAS CARED FOR 1 IN 4 COVID-19 PATIENTS IN THE REGION. OPERATING AS ONE MEDSTAR AND ALIGNING WITH GUIDANCE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND LOCAL DEPARTMENTS OF HEALTH, MEDSTAR HEALTH COVID-19 PREPARATIONS AND RESPONSE ARE GUIDED BY THREE CRITICAL DRIVERS: PROVIDING A SAFE CARE ENVIRONMENT FOR PATIENTS AND ASSOCIATES; MITIGATING COMMUNITY SPREAD OF COVID-19; AND ENSURING OPERATIONAL CONTINUITY TO FULFILL OUR CORE MISSION OF CARING FOR OUR COMMUNITIES. THESE EFFORTS HAVE EVOLVED AND TRANSITIONED IN MULTIPLE WAY THROUGHOUT THE DURATION OF THE COVID-19 PANDEMIC, LEADING TO A NUMBER OF INTEGRATED CARE APPROACHES IN PLACE TODAY: UTILIZATION OF MEDSTAR HEALTH URGENT CARE, VISITS AND OUR DIGITAL CAPABILITIES TO CREATE ACCESS, RAPID STAND-UP OF TESTING SITES, USE OF TELEHEALTH FOR PRIMARY CARE AND FOLLOW-UP VISITS, UTILIZATION OF MEDSTAR HEALTH HOME CARE TO SAFELY MANAGE THE CARE CONTINUUM NEEDS FOR PATIENTS, DEPLOYMENT OF INNOVATIVE LABORATORY APPROACHES INTEGRATED WITH OCCUPATIONAL HEALTH TO BETTER SUPPORT ASSOCIATES MANAGING THROUGH COVID-19 EXPOSURES, STAND-UP OF A BUDDY PROGRAM WHERE NON-CLINICAL ASSOCIATES TAKE SHIFTS TO PROVIDE SUPPORT SERVICES FOR NURSING AND CARE TEAMS, ESTABLISHMENT OF COMMUNITY MOBILE UNITS AND CLINICS FOR COVID-19 VACCINATIONS/BOOSTERS, SUPPLY AND MAINTAIN PERSONAL PROTECTIVE EQUIPMENT (PPE), N95 RESPIRATORS, COVID-19 VACCINES AND BOOSTERS, EXECUTION OF A MANDATORY COVID-19 VACCINATION POLICY RESULTING IN 99% OF ASSOCIATES AND PHYSICIANS VACCINATED AGAINST COVID-19, AND ADMINISTRATION OF MORE THAN 253,000 COVID-19 VACCINATIONS/BOOSTERS ACROSS THE REGION.

Form 990, Part III, Line 4b:

MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL PROVIDED \$83.6M IN HEALTH PROFESSIONS EDUCATION IN FISCAL YEAR 2021. THIS CATEGORY INCLUDES TRAINING IN GRADUATE MEDICAL EDUCATION, AND EDUCATION FOR PHYSICIANS, MEDICAL STUDENTS, NURSES, AND OTHER HEALTH PROFESSIONS.

Form 990, Part III, Line 4c:

MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL PROVIDED \$4.2M IN CHARITY CARE SERVICES IN FISCAL YEAR 2021. CHARITY CARE IS PROVIDED PURSUANT TO MEDSTAR HEALTH'S FINANCIAL ASSISTANCE POLICY TO MEMBERS OF THE COMMUNITY WHOSE INCOME IS BELOW CERTAIN THRESHOLDS AND FOR WHICH THE HOSPITAL IS NOT COMPENSATED.

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			
KENNETH A SAMET DIRECTOR	1.00 39.00	X						0	9,408,672	92,948
MICHAEL C SACHTLEBEN PRESIDENT/DIRECTOR	40.00 0.00	X		X				1,425,416	0	53,273
NADIM HADDAD MD DIRECTOR	40.00 0.00	X						1,431,043	0	39,999
MATTHEW COOPER MD DIRECTOR	40.00 0.00	X						782,730	0	29,056
CIRREDA COOPER MD VICE CHAIR	40.00 0.00	X						409,816	0	24,136
KENNETH A SHARIGIAN PHD DIRECTOR	1.00 0.00	X						0	0	0
JUDSON W STARR CHAIR	1.00 0.00	X						0	0	0
STEPHEN L URBANCZYK DIRECTOR	1.00 0.00	X						0	0	0
RICHARD H FRANK DIRECTOR	1.00 0.00	X						0	0	0
DALBERT B GINSBERG DIRECTOR	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			
HON GILBERT R CHAGOURY DIRECTOR	1.00 0.00	X						0	0	0
EDWARD B HEALTON DIRECTOR	1.00 0.00	X						0	0	0
PATRICIA A CLOONAN PHD DIRECTOR (UNTIL 06/2021)	1.00 0.00	X						0	0	0
MARY BETH CONNELL MD DIRECTOR	1.00 0.00	X						0	0	0
SHELLEY HOLT DIRECTOR	1.00 0.00	X						0	0	0
NEIL KISHTER DIRECTOR	1.00 0.00	X						0	0	0
CATHERINE MELOY DIRECTOR	1.00 0.00	X						0	0	0
DANIEL P SULMASY MD DIRECTOR	1.00 0.00	X						0	0	0
MARY KAY SIDAWY MD DIRECTOR	40.00 0.00	X						522,015	0	17,581
DAVID HO CHIEF FINANCIAL OFFICER	40.00 0.00			X				470,199	0	22,193

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			
LEE BERGMAN SECRETARY	1.00 39.00			X				0	269,980	30,284
HEATHER NOWAKOWSKI ASSISTANT SECRETARY	40.00 0.00			X				116,690	0	14,778
EILEEN FERRELL PHYSICIAN	40.00 0.00					X		524,181	0	23,467
BRINDER SINGH PHYSICIAN	40.00 0.00					X		469,462	0	29,754
REGGIE PEARSON PHYSICIAN	40.00 0.00					X		428,476	0	24,962
KAREN ALCORN PHYSICIAN	40.00 0.00					X		322,612	0	39,974
DALONG PANG PHYSICIAN	40.00 0.00					X		288,448	0	21,791
RICHARD GOLDBERG MD FORMER PRESIDENT	0.00 40.00						X	0	1,505,962	36,273
KERRY RICHARD FORMER SECRETARY	0.00 40.00						X	0	626,766	24,778

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

2020

Open to Public Inspection

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

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

The organization is not a private foundation because it is: (For lines 1 through 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2019. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2020. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2019. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? 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.		
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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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? 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.		
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? 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.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b 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? 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.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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 D

(Form 990)

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

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

3

Using the organization's 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

Term 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

(ii) Related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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				
b Buildings		213,649,068	130,080,682	83,568,386
c Leasehold improvements		2,363,812	2,116,702	247,110
d Equipment		414,409,963	318,318,743	96,091,220
e Other		363,580,990	2,420,519	361,160,471
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				541,067,187

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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)		
(10)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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) OPERATING LEASE LIABILITIES	24,176,470
(3) CREDIT BALANCES - PATIENT AR	13,300,572
(4) PENDING PFS REFUNDS	7,009,998
(5) WORKERS COMPENSATION FUNDS	5,240,295
(6) SETTLEMENTS - MEDICARE	3,031,871
(7) OTHER LIABILITIES	16,914,425
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	69,673,631

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 52-2218584
Name: THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48 FOOTNOTE INCOME TAXES ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD. DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. ANY CHANGES TO THE VALUATION ALLOWANCE ON THE DEFERRED TAX ASSET ARE REFLECTED IN THE YEAR OF CHANGE. THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES. THERE WAS NO LIABILITY RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► **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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE MEDSTAR-GEORGETOWN MEDICAL CENTER INC

Employer identification number

52-2218584

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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. 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,188,446		4,188,446	0.360 %
b Medicaid (from Worksheet 3, column a)			121,506,727	114,962,105	6,544,622	0.560 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,594,657	4,465,123	129,534	0.010 %
d Total Financial Assistance and Means-Tested Government Programs			130,289,830	119,427,228	10,862,602	0.930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,195,606	1,750	1,193,856	0.100 %
f Health professions education (from Worksheet 5)			83,607,698	27,749,355	55,858,343	4.770 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			201,653		201,653	0.020 %
j Total. Other Benefits			85,004,957	27,751,105	57,253,852	4.890 %
k Total. Add lines 7d and 7j			215,294,787	147,178,333	68,116,454	5.820 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			67,852		67,852	0.010 %
8 Workforce development						
9 Other						
10 Total			67,852		67,852	0.010 %

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	Yes	
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	16,727,268	
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		
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	225,333,437
6 Enter Medicare allowable costs of care relating to payments on line 5	6	253,725,484
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,392,047
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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)
DBA GEORGETOWN UNIVERSITY 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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MEDSTARGEORGETOWN.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.MEDSTARGEORGETOWN.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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)

DBA GEORGETOWN UNIVERSITY HOSPITAL			
Name of hospital facility or letter of facility reporting group			
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 <input checked="" type="checkbox"/> 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 400.000000000000 %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.MEDSTARGEORGETOWN.ORG			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.MEDSTARGEORGETOWN.ORG			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.MEDSTARGEORGETOWN.ORG			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

DBA GEORGETOWN UNIVERSITY 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

DBA GEORGETOWN UNIVERSITY 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
BAD DEBT	PART III, LINES 2 & 4 MEDSTAR HEALTH AND ITS AFFILIATED ORGANIZATIONS REPORT BAD DEBT EXPENSE IN ACCORDANCE WITH ASU 2011-07, WHICH REQUIRES CERTAIN HEALTHCARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). HOWEVER, MEDSTAR AND ITS AFFILIATED ENTITIES DO NOT MAKE A DETERMINATION AS TO WHETHER SELF PAY AMOUNTS ARE COLLECTIBLE IN DETERMINING REVENUE RECOGNITION. RESERVE MODELS, WHICH HAVE BEEN DEVELOPED BASED ON HISTORICAL COLLECTION RESULTS AND WHICH ARE ADJUSTED PERIODICALLY BASED ON ACTUAL COLLECTIONS EXPERIENCE, ARE USED TO ESTIMATE UNCOLLECTIBLE AMOUNTS ACROSS ALL PAYORS INCLUDING SELF PAY. BAD DEBT DETERMINATIONS ARE MADE ONLY AFTER SUFFICIENT EVIDENCE IS OBTAINED TO SUPPORT THAT AN AMOUNT IS NOT COLLECTIBLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
MEDICARE	PART III, LINE 8THIS IS A COST-TO-CHARGE RATIO DETERMINED FROM OUR FINANCIAL REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
DEBT COLLECTION POLICY	PART III, LINE 9BIF IT IS DETERMINED THAT A PATIENT MAY POTENTIALLY QUALIFY FOR A CHARITABLE/FINANCIAL PROGRAM, A HOLD IS PLACED ON THE ACCOUNT TO PREVENT IT FROM BEING REPORTED AS BAD DEBT UNTIL PROGRAM APPROVALS HAVE BEEN OBTAINED. IF IT IS APPROVED, THE ACCOUNT IS DOCUMENTED AND THE NECESSARY ADJUSTMENTS ARE MADE TO CLOSE THE ACCOUNT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
NEEDS ASSESSMENT	<p>PART VI, LINE 2:IN FY18, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL (MGUH) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ACCORDANCE WITH THE GUIDELINES ESTABLISHED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE INTERNAL REVENUE SERVICE. THE HOSPITAL'S FY18 CHNA AND THREE-YEAR IMPLEMENTATION STRATEGIES WERE ENDORSED BY MGUH'S BOARD OF DIRECTORS AND APPROVED BY THE MEDSTAR HEALTH BOARD OF DIRECTORS. THE DOCUMENT BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE ON JUNE 30, 2018.DURING FY19, KEY REVISIONS WERE MADE ACROSS MEDSTAR HEALTH TO MORE EFFECTIVELY IMPACT THE COMMUNITIES SERVED THROUGHOUT MARYLAND AND WASHINGTON, DC. SEVERAL INTERNAL MEETINGS WERE CONVENED WITH LEADERSHIP FROM EACH MEDSTAR HEALTH HOSPITAL TO REVIEW CURRENT PRACTICES AND STRATEGIES. AS A RESULT OF THESE MEETINGS, THE APPROACH TO THE CURRENT CHNA FOR THE REMAINDER OF THE THREE-YEAR CYCLE (FY19-FY21) WAS REVISED.A KEY REVISION TO THE CHNA IS A GREATER FOCUS ON HOSPITAL AREA STRATEGIES THAT ARE MOST APPROPRIATE FOR THE LOCAL COMMUNITIES SERVED. THE NUMBER OF STRATEGIES EACH HOSPITAL IS ACCOUNTABLE FOR EXECUTING WAS REDUCED TO ENCOURAGE MORE MEANINGFUL REACH WITHIN KEY AREAS CONTRASTED WITH BROADER REACH WITH REDUCED IMPACT.USING THE STANDARD CATEGORIES, HEALTH AND WELLNESS, ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALTH TO DETERMINE WHAT TO PRIORITIZE FOR THE CHNA IRS REQUIREMENTS, EACH HOSPITAL AGREED TO SELECT TWO TO THREE STRATEGIES AS PRIORITIES THAT HAVE SIZE AND SCALE IMPACT AND MEASURABLE OUTCOMES. ALL OTHER PROGRAMMING WAS INTEGRATED AS PART OF THE HOSPITAL'S OVERALL COMMUNITY HEALTH PORTFOLIO. THESE ADDITIONAL PROGRAMS WERE CAPTURED IN THE INVENTORY FOR THE WHOLE PICTURE OF CONTRIBUTING TO THE HEALTH OF THE COMMUNITIES SERVED AS WELL AS SORTED FOR WHAT COUNTS AS COMMUNITY BENEFIT FOR REGULATORY REPORTING.THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) REMAINS THE SAME, BASED ON THE ADVISORY TASK FORCE (ATF) RECOMMENDATION. THE HOSPITAL IDENTIFIED DISTRICT OF COLUMBIA WARDS 7 AND 8 AS ITS CBSA, WHICH INCLUDES ALL RESIDENTS LIVING IN ZIP CODES 20011, 20019 AND 20020. THE HOSPITAL SELECTED THIS GEOGRAPHIC AREA BASED ON HOSPITAL UTILIZATION DATA AND SECONDARY PUBLIC HEALTH DATA AS WELL AS ITS PROXIMITY TO THE HOSPITAL. THE ATF INCLUDED A DIVERSE GROUP OF INDIVIDUALS, INCLUDING HOSPITAL LEADERS, GRASSROOTS ACTIVISTS, COMMUNITY RESIDENTS, FAITH-BASED LEADERS, HOSPITAL REPRESENTATIVES, PUBLIC HEALTH LEADERS AND OTHER STAKEHOLDER ORGANIZATIONS, SUCH AS REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS.MGUH'S HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS (COMMUNITY PEDIATRIC AND FAMILY HEALTH AND WELLNESS), ACCESS TO CARE (CANCER SCREENINGS AND LINKAGE) AND SOCIAL DETERMINANTS OF HEALTH (HEALTH JUSTICE ALLIANCE).AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM MGUH ROUTINELY PARTICIPATE IN THE MEDSTAR HEALTH COMMUNITY HEALTH WORKGROUP. THE WORKGROUP IS COMPRISED OF COMMUNITY HEALTH PROFESSIONALS WHO REPRESENT ALL TEN MEDSTAR HOSPITALS. THE TEAM ANALYZES LOCAL AND REGIONAL COMMUNITY HEALTH DATA, ESTABLISHES SYSTEM-WIDE COMMUNITY HEALTH PROGRAMMING PERFORMANCE AND EVALUATION MEASURES AND SHARES BEST PRACTICES.IN FY21, THE HOSPITAL CONDUCTED A CHNA AND PRODUCED A THREE-YEAR IMPLEMENTATION STRATEGY. THE DOCUMENT BECAME AVAILABLE ON THE HOSPITAL'S WEBSITE BY JUNE 30, 2021 AND WILL GUIDE PROGRAMMING PRIORITIES IN FISCAL YEARS 2022-2024.</p>

Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>PART VI, LINE 3:AS ONE OF THE REGION'S LEADING NOT-FOR-PROFIT HEALTHCARE SYSTEMS, MEDSTAR HEALTH IS COMMITTED TO ENSURING THAT UNINSURED PATIENTS; UNDERINSURED PATIENTS MEETING MEDICAL HARDSHIP CRITERIA; AND PATIENTS DETERMINED ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY WITHIN THE COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO EMERGENCY AND MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL: . TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION.. SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR CARE.. ASSIST THOSE PATIENTS WHO ARE ADMITTED THROUGH OUR ADMISSION PROCESS FOR NON-URGENT, MEDICALLY NECESSARY CARE WHO CANNOT PAY FOR THE CARE THEY RECEIVE.. BALANCE NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO KEEP ITS HOSPITALS' DOORS OPEN FOR ALL WHO MAY NEED CARE IN THE COMMUNITY.IN MEETING ITS COMMITMENTS, MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL WORK WITH THEIR UNINSURED PATIENTS SEEKING EMERGENCY AND MEDICALLY NECESSARY CARE TO GAIN AN UNDERSTANDING OF EACH PATIENT'S FINANCIAL RESOURCES. BASED ON THIS INFORMATION AND ELIGIBILITY DETERMINATION, MEDSTAR HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES WILL PROVIDE FINANCIAL ASSISTANCE TO UNINSURED PATIENTS WHO RESIDE WITHIN THE COMMUNITIES WE SERVE IN ONE OR MORE OF THE FOLLOWING WAYS:. ASSIST WITH ENROLLMENT IN PUBLICLY-FUNDED ENTITLEMENT PROGRAMS (E.G., MEDICAID).. REFER PATIENTS TO STATE OR FEDERAL INSURANCE EXCHANGE NAVIGATOR RESOURCES.. ASSIST WITH CONSIDERATION OF FUNDING THAT MAY BE AVAILABLE FROM OTHER CHARITABLE ORGANIZATIONS.. PROVIDE FINANCIAL ASSISTANCE ACCORDING TO APPLICABLE POLICY GUIDELINES.. PROVIDE FINANCIAL ASSISTANCE FOR PAYMENT OF MEDSTAR HOSPITAL AND HOSPITAL-BASED PHYSICIAN PRACTICE CHARGES USING A SLIDING-SCALE BASED ON THE PATIENT'S HOUSEHOLD INCOME AND FINANCIAL RESOURCES.. OFFER PERIODIC PAYMENT PLANS TO ASSIST PATIENTS WITH FINANCING THEIR HEALTHCARE SERVICES.MEDSTAR HEALTH WILL WIDELY PUBLICIZE THE MEDSTAR FINANCIAL ASSISTANCE POLICY BY:. PROVIDING ACCESS TO THE MEDSTAR FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATIONS, AND MEDSTAR PATIENT INFORMATION SHEET ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS. . PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT INFORMATION SHEET TO PATIENTS UPON REQUEST.. PROVIDING HARD COPIES OF THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT INFORMATION SHEET TO PATIENTS UPON REQUEST BY MAIL AND WITHOUT CHARGE.. PROVIDING NOTIFICATION AND INFORMATION ABOUT THE MEDSTAR FINANCIAL ASSISTANCE POLICY BY:* OFFERING COPIES AS PART OF ALL REGISTRATION OR DISCHARGES PROCESSES AND ANSWERING QUESTIONS ON HOW TO APPLY FOR ASSISTANCE.* PROVIDING WRITTEN NOTICES ON BILLING STATEMENTS.* DISPLAYING MEDSTAR FINANCIAL ASSISTANCE POLICY INFORMATION AT ALL HOSPITAL REGISTRATION POINTS.* TRANSLATING THE MEDSTAR FINANCIAL ASSISTANCE POLICY, MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND THE MEDSTAR PATIENT INFORMATION SHEET INTO PRIMARY LANGUAGES OF ALL SIGNIFICANT POPULATIONS WITH LIMITED ENGLISH PROFICIENCY.. MEDSTAR HEALTH WILL PROVIDE PUBLIC NOTICES YEARLY IN LOCAL NEWSPAPERS SERVING ALL HOSPITAL TARGET POPULATIONS.MEDSTAR HEALTH PROVIDES A FINANCIAL ASSISTANCE PROBABLE AND LIKELY ELIGIBILITY DETERMINATION TO THE PATIENT WITHIN TWO BUSINESS DAYS FROM RECEIPT OF THE INITIAL FINANCIAL ASSISTANCE APPLICATION. FINAL ELIGIBILITY DETERMINATIONS ARE MADE AND COMMUNICATED TO THE PATIENT BASED ON RECEIPT AND REVIEW OF A COMPLETED APPLICATION.MEDSTAR HEALTH BELIEVES THAT ITS PATIENTS HAVE PERSONAL RESPONSIBILITIES RELATED TO THE FINANCIAL ASPECTS OF THEIR HEALTHCARE NEEDS. FINANCIAL ASSISTANCE AND PERIODIC PAYMENT PLANS AVAILABLE UNDER THIS POLICY WILL NOT BE AVAILABLE TO THOSE PATIENTS WHO FAIL TO FULFILL THEIR RESPONSIBILITIES. FOR PURPOSES OF THIS POLICY, PATIENT RESPONSIBILITIES INCLUDE:. COMPLY WITH PROVIDING THE NECESSARY FINANCIAL DISCLOSURE FORMS TO EVALUATE THEIR ELIGIBILITY FOR PUBLICLY-FUNDED HEALTHCARE PROGRAMS, CHARITY CARE PROGRAMS, AND OTHER FORMS OF FINANCIAL ASSISTANCE. THESE DISCLOSURE FORMS MUST BE COMPLETED ACCURATELY, TRUTHFULLY, AND TIMELY TO ALLOW MEDSTAR HEALTH'S FACILITIES TO PROPERLY COUNSEL PATIENTS CONCERNING THE AVAILABILITY OF FINANCIAL ASSISTANCE.. WORKING WITH MEDSTAR HOSPITAL PATIENT ADVOCATES AND PATIENT FINANCIAL SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS.. MAKING APPLICABLE PAYMENTS FOR SERVICES IN A TIMELY FASHION, INCLUDING ANY PAYMENTS MADE PURSUANT TO DEFERRED AND PERIODIC PAYMENT SCHEDULES.. PROVIDING UPDATED FINANCIAL INFORMATION TO MEDSTAR HOSPITAL PATIENT ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES.</p>

Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>SENTATIVES ON A TIMELY BASIS AS THE PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.. IT IS A PATIENT'S RESPONSIBILITY, DURING THEIR 12-MONTH ELIGIBILITY PERIOD, TO NOTIFY MEDSTAR HEALTH OF THEIR EXISTING HOUSEHOLD ELIGIBILITY FOR FREE CARE, REDUCED COST-CARE, AND/OR ELIGIBILITY UNDER MEDICAL HARDSHIP PROVISIONS FOR MEDICAL NECESSARY CARE RECEIVED DURING THE 12 -MONTH ELIGIBILITY PERIOD.. IN THE EVENT A PATIENT FAILS TO MEET THESE RESPONSIBILITIES, MEDSTAR RESERVES THE RIGHT TO PURSUE ADDITIONAL BILLING AND COLLECTION EFFORTS. IN THE EVENT OF NON-PAYMENT BILLING, AND COLLECTION EFFORTS ARE DEFINED IN THE MEDSTAR BILLING AND COLLECTION POLICY. A FREE COPY IS AVAILABLE ON ALL HOSPITAL WEBSITES AND PATIENT PORTALS VIA THE FOLLOWING URL: WWW.MEDSTARHEALTH.ORG/FINANCIALASSISTANCE , OR BY CALL CUSTOMER SERVICE AT 1-800-280-9006.PATIENTS OF MEDSTAR HEALTH'S HOSPITALS AND HOSPITAL-BASED PHYSICIAN PRACTICES MAY BE ELIGIBLE FOR FULL FINANCIAL ASSISTANCE OR PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE UNDER THIS POLICY. THE PATIENT ADVOCATE AND PATIENT FINANCIAL SERVICES STAFF WILL DETERMINE ELIGIBILITY FOR FULL FINANCIAL ASSISTANCE AND PARTIAL SLIDING-SCALE FINANCIAL ASSISTANCE BASED ON REVIEW OF INCOME FOR THE PATIENT AND THEIR FAMILY (HOUSEHOLD), OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT'S FAMILY, FAMILY SIZE, AND THE EXTENT OF THE MEDICAL COSTS TO BE INCURRED BY THE PATIENT.</p>

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Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>PART VI, LINE 4GEOGRAPHIC:THE HOSPITAL IDENTIFIED DISTRICT OF COLUMBIA WARDS 4, 5, 6 AND 7 AS ITS CBSA, SPECIFICALLY, RESIDENTS LIVING IN ZIP CODES 20002, 20011, 20019. THE HOSPITAL SELECTED THIS GEOGRAPHIC AREA BASED ON HOSPITAL UTILIZATION DATA AND SECONDARY PUBLIC HEALTH DATA AS WELL AS ITS PROXIMITY TO THE HOSPITAL WITH THE GOAL OF EXPANDING SERVICES AND PROGRAMS TO VULNERABLE POPULATIONS, SUCH AS THE UNDERINSURED, UNINSURED, AND LOW-INCOME.DEMOGRAPHICS:IN WASHINGTON, DC, 4% OF THE POPULATION IS UNINSURED AND 281,542 ARE MEDICAID RECIPIENTS. ACCORDING TO THE COUNTY HEALTH RANKINGS, THE LIFE EXPECTANCY IN THE DISTRICT OF COLUMBIA IS 78.6 YEARS, 16% OF ADULTS SMOKE, 24% OF ADULTS ARE OBESE, 11% ARE FOOD INSECURE, AND 27% OF ADULTS DRINK EXCESSIVELY. ADDITIONALLY, 52% OF CHILDREN RESIDE IN SINGLE-PARENT HOUSEHOLDS AND 27% LIVE IN POVERTY.THE COMMUNITIES THE ORGANIZATION SERVES INCLUDE:ZIP CODE 20002 IS AN URBAN GEOGRAPHIC SERVICE AREA. THERE ARE 52,370 PEOPLE AND THE AVERAGE INCOME IS \$65,000. THE COMMUNITIES INCLUDE 5,851 HOUSEHOLDS WITH RESIDENTS WITH INCOMES BELOW \$25,000, WHICH IS JUST ABOVE THE POVERTY GUIDELINE FOR A THREE-PERSON HOUSEHOLD. THIS COMMUNITY COVERS AREAS IN WARDS 5 AND 6 WHICH HAS A TOTAL OF 5 HOSPITALS, HOWEVER, THERE IS ONLY 1 HOSPITAL SERVING THE COMMUNITY IN THIS ZIP CODE. THERE ARE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS PRESENT IN THE COMMUNITY INCLUDING PRIMARY CARE SPECIALTY. MORE THAN 62% OF RESIDENTS ARE BLACK OR AFRICAN AMERICAN AND ABOUT 32% ARE WHITE. TWENTY-FOUR PERCENT OF FAMILIES INCLUDE A SINGLE GUARDIAN AND 37% RELY ON PUBLIC TRANSPORTATION TO WORK. THIS ZIP CODE HAS A MUCH HIGHER PERCENTAGE OF PEOPLE WITH LOW EDUCATION LEVELS THAN AVERAGE (49% HAVE A HIGH SCHOOL DIPLOMA OR LESS).ZIP CODE 20011 IS AN URBAN GEOGRAPHIC SERVICE AREA. THERE ARE 58,536 PEOPLE AND THE AVERAGE INCOME IS \$54,488. THE COMMUNITIES INCLUDE 5,546 HOUSEHOLDS WITH RESIDENTS WITH INCOMES BELOW \$25,000. THIS COMMUNITY COVERS AREAS IN WARDS 4 AND 5 WHICH HAS A TOTAL OF 5 HOSPITALS, HOWEVER, THERE IS ONLY 1 HOSPITAL SERVING THE COMMUNITY IN THIS ZIP CODE. THERE ARE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS PRESENT IN THE COMMUNITY INCLUDING PRIMARY CARE SPECIALTY. MORE THAN 66% OF RESIDENTS ARE BLACK OR AFRICAN AMERICAN AND ABOUT 15% ARE WHITE. TWENTY-EIGHT PERCENT OF FAMILIES INCLUDE A SINGLE GUARDIAN AND 39% RELY ON PUBLIC TRANSPORTATION TO WORK. THIS ZIP CODE HAS A MUCH HIGHER PERCENTAGE OF PEOPLE WITH LOW EDUCATION LEVELS THAN AVERAGE (62% HAVE A HIGH SCHOOL DIPLOMA OR LESS).ZIP CODE 20019 IS AN URBAN GEOGRAPHIC SERVICE AREA. THERE ARE 54,358 PEOPLE AND THE AVERAGE INCOME IS \$34,832. THE COMMUNITIES INCLUDE 8,683 HOUSEHOLDS WITH RESIDENTS WITH INCOMES BELOW \$25,000. THIS COMMUNITY IS LOCATED IN WARD 7 AND ALTHOUGH THERE ARE HOSPITALS IN NEIGHBORING WARDS, THERE ARE NO HOSPITALS SERVING THE COMMUNITY IN THIS WARD. THERE ARE FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS PRESENT IN THE COMMUNITY INCLUDING PRIMARY CARE SPECIALTY. MORE THAN 95.6% OF RESIDENTS ARE BLACK OR AFRICAN AMERICAN AND ABOUT 1% ARE WHITE. FORTY-THREE PERCENT OF FAMILIES INCLUDE A SINGLE GUARDIAN AND 42% RELY ON PUBLIC TRANSPORTATION TO WORK. THIS ZIP CODE HAS A MUCH HIGHER PERCENTAGE OF PEOPLE WITH LOW EDUCATION LEVELS THAN AVERAGE (82.2% HAVE A HIGH SCHOOL DIPLOMA OR LESS).</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>PART VI, LINE 5:AS A COMMUNITY PARTNER, MGUH ENGAGES IN SEVERAL COMMUNITY BENEFIT ACTIVITI ES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITY. PRIORITY AREAS, AS DE TERMINED BY THE 2018 CHNA, FALL UNDER THREE AREAS OF FOCUS INCLUDING HEALTH AND WELLNESS, ACCESS TO CARE, AND SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE (BUT ARE NOT LIMITED T O):HEALTH AND WELLNESSMGUH EXECUTED THREE PROGRAMS THROUGH THE COMMUNITY PEDIATRIC AND FAM ILY HEALTH & WELLNESS (CPFW) INITIATIVE: THE KIDS MOBILE MEDICAL CLINIC, THE MOBILE FITNE SS PROGRAM AND SCHOOL BASED HEALTH CLINICS AT TWO HIGH SCHOOL SITES IN WARDS 4 AND 8. COMM UNITY PEDIATRIC AND FAMILY HEALTH & WELLNESS DELIVERED THESE EVIDENCE-BASED, OUTCOME-FOCUS ED CHRONIC DISEASE MANAGEMENT AND PREVENTION PROGRAMS IN, OR TARGETED INDIVIDUALS LIVING I N, MGUH'S CBSA.THE MOBILE FITNESS (FUN IN TEACHING NUTRITION AND EXERCISE TO SUCCESSFUL ST UDENTS) PROGRAM IS A HEALTHY WEIGHT AND ACTIVITY MANAGEMENT PROGRAM LED BY A MULTIDISCIPLI NARY TEAM INCLUDING A PEDIATRICIAN, EXERCISE PHYSIOLOGIST, REGISTERED DIETITIAN, AND COMMU NITY HEALTH EDUCATOR. THE FITNESS PROGRAM AIMS TO ENGAGE STUDENTS AND FAMILIES IN HEALTHIE R NUTRITION AND PHYSICAL ACTIVITY HABITS, TO REDUCE THE BURDEN OF CHRONIC DISEASE AND IMPR OVE QUALITY OF LIFE. DUE TO COVID-19, FITNESS PIVOTED AND CONDUCTED VIRTUAL NUTRITION AND PHYSICAL ACTIVITY PROGRAMMING INCLUDING YOGA AND MINDFULNESS VIDEOS BY AN EXERCISE PHYSIOL OGIST AND A VIRTUAL COOKING MATTERS PROGRAM FOR THE SBHC TEEN PARENTS LED BY A HEALTH EDUC ATOR. THE CPFW ALSO LAUNCHED THE HEALTHY CHILDREN AND FAMILIES INITIATIVE TO BETTER SUPPO RT FAMILIES IN NEED DURING THESE CHALLENGING TIMES BY PROVIDING WEEKLY NUTRITIOUS MEALS AN D GROCERY BOXES FOR ELIGIBLE FAMILIES WITH CHILDREN. THROUGH THIS PROGRAM, 40 BMI SCREENIN GS WERE CONDUCTED. OVER THE COURSE OF THE YEAR, 30 55 FAMILIES WERE SUPPORTED EACH QUARTER WITH WEEKLY DELIVERIES OF HOT MEALS AND GROCERY BOXES. IN FY21, OVER 9,962 HOT MEALS AND 565 GROCERY BOXES WERE DELIVERED.THE KIDS MOBILE MEDICAL CLINIC PROVIDES OUTPATIENT SERVIC ES TO CHILDREN AND ADOLESCENTS LIVING IN THE UNDERSERVED COMMUNITIES OF WASHINGTON, D.C., WHO ARE AT RISK OR HAVE POOR ACCESS TO COMPREHENSIVE PEDIATRIC HEALTH CARE SERVICES. THIS PROGRAM FOCUSES ON THE FIVE PILLARS OF HEALTH MODEL INCLUDING ORAL, NUTRITION, PHYSICAL, M ENTAL, AND SOCIAL DETERMINANTS OF HEALTH. THE KIDS MOBILE MEDICAL CLINIC PROVIDED 957 PATI ENT VISITS, SERVING 414 UNIQUE PATIENTS; AND COMPLETED 485 SOCIAL DETERMINANTS OF HEALTH S CREENINGS.PHYSICIANS ASSIST AT SAFETY-NET CLINICS AND SCHOOL-BASED HEALTH CENTERS. SCHOOL- BASED HEALTH CENTERS AIM TO IMPROVE ACCESS TO CARE FOR MEDICALLY VULNERABLE ADOLESCENTS BY CREATING AN ADOLESCENT-FRIENDLY WELLNESS ENVIRONMENT. THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL IS IMPLEMENTED BY ENSURING ACCESS TO ADOLESCENT HEALTH, PRIMARY CARE, ME NTAL HEALTH SCREENINGS AND HEALTH EDUCATION. IN FY21, SCHOOL BASED HEALTH CENTERS REGISTER ED 46 NEW STUDENTS, BRINGING THE TOTAL SERVED TO 433 STUDENTS, WITH 806 PATIENT VISITS. TH ESE CLINICS CONTINUED TO PROVIDE INTENSIVE CASE MANAGEMENT, CARE COORDINATION AND TELEHEAL TH SERVICES FOR STUDENTS DESPITE COVID-19, ALTHOUGH THE PROGRAM WAS LIMITED DURING THE SUM MER OF 2020.STAFF PARTICIPATE IN COMMUNITY HEALTH EVENTS SUCH AS HEALTH FAIRS, FESTIVALS, AND EXPOSITIONS WHERE SCREENINGS ARE PERFORMED, AND HEALTH INFORMATION IS SHARED. OUTREACH IS ALSO PROVIDED IN-PERSON AND VIRTUALLY, HOSPITAL STAFF SHARE THEIR KNOWLEDGE WITH THE C OMMUNITY THROUGH ENGAGING INTERVIEWS, SEMINARS, BLOGS, AND VIDEOS.THE SCREENING BRIEF INTE RVENTION, REFERRAL TO TREATMENT (SBIRT) PROGRAM LAUNCHED IN FEBRUARY 2021. THE GOAL OF THE SBIRT PROGRAM IS TO IDENTIFY PEOPLE WITH AT-RISK AND DEPENDENT SUBSTANCE AND/OR ALCOHOL U SE BEHAVIORS, AND TO PROVIDE BRIEF EARLY INTERVENTION SERVICES TO THOSE WHO SCREEN POSITIV ELY FOR RISKY DRUG AND ALCOHOL USE. MEDSTAR GEORGETOWN'S SBIRT PROGRAM IS OPERATED WITHIN THE EMERGENCY DEPARTMENT IN COLLABORATION WITH A COMMUNITY-BASED OVERDOSE SURVIVOR OUTREAC H PROGRAM (OSOP) RECOVERY COACH, LINKING OVERDOSE SURVIVORS INTO CARE. SINCE ITS LAUNCH, A TOTAL OF 7,698 SCREENS WERE COMPLETED IN THE ED, OF WHICH 403 SCREENED POSITIVELY, 265 RE CEIVED BRIEF INTERVENTION, 54 WERE REFERRED TO TREATMENT, AND 9 WERE LINKED TO TREATMENT.A CCESS TO CAREMGUH PARTNERS WITH DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION (DCPCA) TO I MPROVE ACCESS TO HEALTH SERVICES AMONG PATIENTS BY INCREASING CANCER SCREENING RATES FOR U NDERSERVED PATIENTS IN DC. THROUGH THE CANCER SCREENING & PATIENT NAVIGATION PROGRAM, PATI ENTS ARE SCREENED FOR BREAST, COLORECTAL AND CERVICAL CANCER. IN FY21, A TOTAL OF 1,542 IN DIVIDUALS PARTICIPATED IN CANCER SCREENINGS AND PATIENT NAVIGATION SERVICES. OF THOSE, 636 RECEIVED COLORECTAL SCREENINGS, 23 RECEIVED CERVICAL SCREENINGS AND 883 RECEIVED BREAST C ANCER SCREENINGS. ALTHOUGH PATIENT SCREENING IS THE PRIMARY FOCUS, NAVIGATING PATIENTS THR OUGH ONGOING MEDICAL CARE IS A KEY PRIORITY FOR IM</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>PROVING OVERALL HEALTH OUTCOMES. PATIENTS ALSO RECEIVE ONE-ON-ONE SUPPORT FROM TWO FULL TIME CANCER PATIENT NAVIGATORS FUNDED BY MGUH.SOCIAL DETERMINANTS OF HEALTHTHE HOSPITAL PART NERS WITH UBER HEALTH TO PROMOTE ACCESS TO CARE FOR VULNERABLE POPULATIONS. THROUGH THIS P ARTNERSHIP, RIDES ARE PROVIDED TO PATIENTS AND/OR FAMILIES WITH FINANCIAL NEED. THE TRANSP ORTATION ASSISTANCE ENABLES PATIENTS TO ATTEND NECESSARY APPOINTMENTS WITH THEIR HEALTH CA RE PROVIDERS. THROUGH THIS PARTNERSHIP, MGUH PROVIDED 4,875 UBER RIDES IN FY21.SOCIAL NEED S SCREENINGS ARE PROVIDED TO SCREEN FOR FOOD AND HOUSING INSECURITY, AND BARRIERS RELATED TO TRANSPORTATION, EMPLOYMENT, AND UTILITIES. IDENTIFIED NEEDS ARE ADDRESSED BY CONNECTING THE PARTICIPANT TO SOCIAL SERVICES AND OTHER RESOURCES IN THE COMMUNITY. OUR COMMUNITY PA RTNER, AUNT BERTHA, PROVIDES AN ONLINE PLATFORM THAT ALLOWS STAFF TO TRACK AND MANAGE REFE RRALS WITH LOCAL NONPROFIT GROUPS. MGUH ALSO PARTNERS WITH GEORGETOWN UNIVERSITY'S HEALTH JUSTICE ALLIANCE TO CONDUCT SOCIAL NEEDS SCREENINGS AND SUPPORT LINKAGES TO SOCIAL NEED SE RVICES AS PART OF CARE DELIVERY AND CHRONIC DISEASE SELF-MANAGEMENT THROUGH THE COMMUNITY PEDIATRIC AND FAMILY HEALTH & WELLNESS PROGRAMMING. THE HEALTH JUSTICE ALLIANCE IS A MEDIC AL-LEGAL PARTNERSHIP FOLLOWING AN INTER-PROFESSIONAL HEALTHCARE DELIVERY MODEL THAT EMBEDS LEGAL SERVICES IN HEALTHCARE SETTINGS TO HELP DOCTORS AND HEALTHCARE PROFESSIONALS ADDRES S SOCIAL DETERMINANTS OF HEALTH THAT CONTRIBUTE TO POOR HEALTH AND HEALTH DISPARITIES.DISA STER READINESSTHE HOSPITAL STRENGTHENED THE COMMUNITY HEALTH RESILIENCE BY IMPROVING THE A BILITY OF THE COMMUNITY TO WITHSTAND AND RECOVER FROM CORONAVIRUS, A PUBLIC HEALTH EMERGEN CY THAT SURFACED IN MARCH 2020. LEADERSHIP PARTICIPATED IN COMMUNITY-WIDE TASK FORCES AND STAFF IMPLEMENTED PROGRAMS ASSOCIATED WITH ADDRESSING HEALTH NEEDS ARISING FROM CORONAVIRU S. STAFF PLANNED AND IMPLEMENTED COMMUNITY RESPONSE EFFORTS INCLUDING COVID-19 TESTING AND VACCINATION EVENTS AND PUBLIC EDUCATION EFFORTS. EVENTS AND OUTREACH OCCURRED AT HOSPITAL CAMPUSES AND AT TARGETED COMMUNITY LOCATIONS SUCH AS SENIOR COMPLEXES, CHURCHES AND COMMU NITY CENTERS TO BEST REACH UNDERSERVED AND AT-RISK POPULATIONS. PPE (PERSONAL PROTECTIVE E QUIPMENT) AND CLINICAL EQUIPMENT WERE ALSO DONATED TO OTHER NON-PROFITS SUPPORTING DISASTE R RELIEF EFFORTS.</p>

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Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6AS A PROUD MEMBER OF MEDSTAR HEALTH, MGUH IS ABLE TO EXPAND ITS CAPACITY TO MEET THE NEEDS OF THE COMMUNITY BY PARTNERING WITH OTHER MEDSTAR HOSPITALS AND ASSOCIATED ENTITIES. MEDSTAR HEALTH RESOURCES ASSIST THE HOSPITAL IN COMMUNITY HEALTH PLANNING TO MEET THE NEEDS OF THE UNINSURED AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MGUH WITH TECHNICAL SUPPORT TO ENHANCE COMMUNITY HEALTH PROGRAMMING AND EVALUATION. MEDSTAR'S CORPORATE PHILANTHROPY DEPARTMENT IDENTIFIES AND SEEKS PUBLIC AND PRIVATE FUNDING SOURCES TO ENSURE THE AVAILABILITY OF HIGH-QUALITY HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY.

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Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7THE COMMUNITY BENEFIT REPORT FOR MGUH IS FILED IN THE DISTRICT OF COLUMBIA.

Additional Data

Software ID:
Software Version:
EIN: 52-2218584
Name: THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

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

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		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
1	DBA GEORGETOWN UNIVERSITY HOSPITAL 3800 RESERVOIR ROAD NW WASHINGTON, DC 20007	X	X		X	X	X	X			

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
D/B/A GEORGETOWN UNIVERSITY HOSPITAL	<p>PART V, SECTION B, LINE 5: CHNA INPUTHOSPITAL LEADROLE DESCRIPTIONTHE COMMUNITY HEALTH NEE DS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNI TY HEALTH ASSESSMENT PROCESS. HE/SHE HELPS ESTABLISH AND COORDINATE THE ACTIVITIES OF THE ADVISORY TASK FORCE. THE LEAD ALSO HELPS PRODUCE THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASS ESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FRO M THE CORPORATE COMMUNITY HEALTH DEPARTMENT AND GEORGETOWN UNIVERSITY. THE LEAD ALSO WORKS CLOSELY WITH THE WRITER. HE/SHE REVIEWS ALL NARRATIVES PRIOR TO PUBLICATION.NAME OF HOSPI TAL LEAD: KHALEELAH COHENEXECUTIVE SPONSORROLE DESCRIPTIONTHE EXECUTIVE SPONSOR SERVES AS THE CONDUIT BETWEEN THE ADVISORY TASK FORCE AND THE SENIOR MANAGEMENT TEAM. THE SPONSOR IS AN ACTIVE PARTICIPANT OF THE ADVISORY TASK FORCE AND HE/SHE COMMUNICATES THE HOSPITAL'S C LINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE AUDIENCES.NAME OF EXECUTIVE SPONSOR: L ISA BOYLE, MDADVISORY TASK FORCEROLE DESCRIPTIONTHE ADVISORY TASK FORCE (ATF) REVIEWS PRIM ARY/SECONDARY DATA AND LOCAL/STATE/FEDERAL COMMUNITY HEALTH GOALS. BASED ON FINDINGS, THE ATF PROVIDES INPUT INTO THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY. AS AMBASSADORS FOR THE CHNA PROCESS, THE ATF MEMBERS SUPPORT EFFORTS TO OPTIMIZE COMMUNITY PARTICIPATION. NOTE: THE ATF SHOULD BE A COMBINATION OF COMMUNITY REPRESENTATIVES AND STAFF. COMMUNITY R EPRESENTATIVES SHOULD MAKEUP AT LEAST 50% OF TOTAL PARTICIPANTS. NAME : AMBER PENNEL, MHA, BSN, RN TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF CASE MANAGEMENTNAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : ANDREA TALHAMITITLE/AFFILIATION WITH HOSPI TAL : PRODUCE RX PROGRAM MANAGER NAME OF ORGANIZATION : DC GREENSNAME : ANJALI TALWALKER T ITLE/AFFILIATION WITH HOSPITAL : SR. DEPUTY DIRECTOR NAME OF ORGANIZATION : DC COMMUNITY H EALTH ADMINISTRATIONNAME : ANNIE PARKER, CRNP TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR O F NURSE RECRUITMENT NAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : AZ A NEDHARI, LM, CPM , MS TITLE/AFFILIATION WITH HOSPITAL : EXECUTIVE DIRECTOR NAME OF ORGAN IZATION : MAMATOTO VILLAGENAME : BEVERLY JOHN TITLE/AFFILIATION WITH HOSPITAL : FOUNDER, C OMMUNITY LEADER NAME OF ORGANIZATION : THE TALKING DRUM, INC.NAME : CATHERINE MELOY TITLE/ AFFILIATION WITH HOSPITAL : PRESIDENT, CEO NAME OF ORGANIZATION : GOODWILL OF GREATER WASH INGTON, MGUH BOARD MEMBERNAME : CHIRANJEEV DASH, MBBS, PHD TITLE/AFFILIATION WITH HOSPITAL : ASSOCIATE PROFESSOR OF ONCOLOGY, ASSISTANT DIRECTOR, OFFICE OF MINORITY HEALTH & HEALTH DISPARITIES RESEARCH NAME OF ORGANIZATION : GEORGETOWN UNIVERSITYNAME : CORY FELDMAN TITL E/AFFILIATION WITH HOSPITAL : ADMINISTRATOR II, DEPARTMENT OF PATHOLOGY & LABORATORY ASSOC IATE FACULTY, MEDSTAR INSTITUTE FOR QUALITY & SAFETYNAME OF ORGANIZATION : MEDSTAR GEORGET OWN UNIVERSITY HOSPITALNAME : DENA HASAN TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF POL ICY AND PROGRAM SUPPORT NAME O</p>

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
D/B/A GEORGETOWN UNIVERSITY HOSPITAL	F ORGANIZATION : DC DEPARTMENT OF HUMAN SERVICESNAME : DONCELLA "DONNIE" HAMPTON, LICSWTITLE/AFFILIATION WITH HOSPITAL : ASSOCIATE DIRECTOR, SOCIAL SERVICES (SE LOCATION)NAME OF OR GANIZATION : BREAD FOR THE CITYNAME : ERICA MCCLASKEY, MDTITLE/AFFILIATION WITH HOSPITAL : FAMILY HEALTH BUREAU CHIEF NAME OF ORGANIZATION : DEPARTMENT OF HEALTHNAME : JANINE RETHY , MD, MPH TITLE/AFFILIATION WITH HOSPITAL : DIVISION CHIEF OF COMMUNITY PEDIATRICS NAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : JEROME JOHNSON TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF PARTNERSHIPS NAME OF ORGANIZATION : DC PARKS & RECREATIONNAME : JILLIAN GRIFFITH, MSPH, RDN, LDN TITLE/AFFILIATION WITH HOSPITAL : IN-STORE NUTRITIONIST NAME OF ORGANIZATION : GIANT FOODNAME : JOANNE ODOM, LICSWTITLE/AFFILIATION WITH HOSPITAL : PROGRAM ADMINISTRATOR FOR COMMUNITY PEDIATRICS, PRIMARY CARE REPRESENTATIONNAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : KHALEELAH COHEN, MA TITLE/AFFILIATION WITH HOSPITAL : COMMUNITY BENEFIT SPECIALIST, COMMUNITY HEALTH HOSPITAL LEADNAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : LISA BOYLE, MD TITLE/AFFILIATION WITH HOSPITAL : CHIEF MEDICAL OFFICER & VICE PRESIDENT OF MEDICAL AFFAIRS NAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : LISA K. FITZPATRICK, MD, MPH, MPA TITLE/AFFILIATION WITH HOSPITAL : FOUNDER AND CEO OF GRAPEVINE HEALTHNAME OF ORGANIZATION : GRAPEVINE HEALTHNAME : MEGAN LOUCKS TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR OF QUALITY IMPROVEMENT NAME OF ORGANIZATION : DC PRIMARY CARE ASSOCIATIONNAME : MICHELLE ROETT, MD , MPH, FAAFP, CPE TITLE/AFFILIATION WITH HOSPITAL : DIRECTOR, DC AREA HEALTH EDUCATION CENTER, PROFESSOR AND CHAIR DEPARTMENT OF FAMILY MEDICINENAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL, GEORGETOWN UNIVERSITY MEDICAL CENTERNAME : NATALIE LIMA-GARCIA , RNC, BSN, MPH TITLE/AFFILIATION WITH HOSPITAL : OUTPATIENT PEDIATRIC NURSE MANAGERNAME OF ORGANIZATION : MEDSTAR GEORGETOWN UNIVERSITY HOSPITALNAME : REGINA KNOX WOODSTITLE/AFFILIATION WITH HOSPITAL : VICE PRESIDENT OF GOVERNMENT AFFAIRS FOR DISTRICT OF COLUMBIANAME OF ORGANIZATION : MEDSTAR HEALTH

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
D/B/A GEORGETOWN UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 11: IMPLEMENTATION STRATEGIESTHE IMPLEMENTATION STRATEGIES SERVE AS A ROADMAP FOR HOW COMMUNITY BENEFIT RESOURCES WILL BE ALLOCATED AND DEPLOYED. MEDSTAR'S HOSPITALS WILL BE ABLE TO MEASURE OUR CONTRIBUTION TO IMPROVING THE HEALTH OF UNDERSERVED AND VULNERABLE POPULATIONS IN THE REGIONS WE SERVE. THREE-YEAR IMPLEMENTATION STRATEGIES WITH MEASURABLE OBJECTIVES WERE DEVELOPED FOR EACH HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA - A SPECIFIC COMMUNITY OR TARGET POPULATION OF FOCUS. PRIORITIES WERE BASED ON COMMUNITY NEED AS DETERMINED BY QUANTITATIVE DATA AND COMMUNITY INPUT, AS WELL AS ON HOSPITAL EXPERTISE, RESOURCES, STRENGTHS OF EXISTING PROGRAMMING AND PARTNERSHIPS, AND ALIGNMENT WITH NATIONAL, STATE, AND LOCAL HEALTH GOALS. THE MEDSTAR HEALTH CORPORATE COMMUNITY HEALTH DEPARTMENT WILL PROVIDE SYSTEM-WIDE COORDINATION AND OVERSIGHT OF COMMUNITY BENEFIT PROGRAMMING.HOSPITAL ADVISORY TASK FORCES CONVENE AT LEAST ANNUALLY TO MONITOR PROGRESS OF STRATEGY EXECUTION AND TO PROVIDE ONGOING RECOMMENDATIONS RELATED TO OUTCOMES ACHIEVEMENT, PROGRAM DEVELOPMENT, PARTNERSHIP APPROACHES, AND OVERALL IMPLEMENTATION IMPROVEMENT.FOR SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA THAT THE HOSPITAL HAS NOT PRIORITIZED AS FOCUS AREAS THROUGH ITS IMPLEMENTATION STRATEGY, THESE NEEDS WILL BE ADDRESSED BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS, AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE SCOPE OF THE HOSPITAL'S STRENGTHS. BY COLLABORATING WITH OTHER LEADING ORGANIZATIONS, AND BY TAKING A SUPPORTER ROLE ON IDENTIFIED NEEDS THAT ARE BEYOND THE SCOPE OF THE HOSPITAL'S STRENGTHS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVE NW 201 WASHINGTON, DC 20007	20-0244173	501(C)(3)	40,000				ANNUAL SUPPORT FOR HOPE FOR HENRY FOUNDATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to 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
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Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		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 THE MEDSTAR-GEORGETOWN MEDICAL CENTER INC		Employer identification number 52-2218584

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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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	No
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	No
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	

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

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

[illegible]

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
SCHEDULE J, PART III	MR. SAMET'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(II) AND (III) INCLUDES A PAYMENT OF \$1,483,604, WHICH REPRESENTS BENEFITS ACCRUED THROUGH AN EXECUTIVE RETIREMENT PLAN THAT IS COMPRISED OF TARGET BENEFITS CALCULATED ANNUALLY USING COMPENSATION AND YEARS OF SERVICE AND \$2,853,113, WHICH REPRESENTS THE EXERCISED VALUE OF OPTION PLAN SHARES, BASED ON DEFERRED COMPENSATION EARNED APPROXIMATELY 20 YEARS AGO AND INVESTMENT RETURNS ON THIS COMPENSATION EARNED OVER THIS PERIOD OF TIME. DR. GOLDBERG'S OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B) (III) INCLUDES \$100,000 REPRESENTING A LONG-TERM RETENTION ARRANGEMENT RECEIVED BY DR. GOLDBERG.

Additional Data

Software ID:

Software Version:

EIN: 52-2218584

Name: THE MEDSTAR-GEORGETOWN MEDICAL CENTER 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				
1KENNETH A SAMET DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,997,518	4,558,041	2,853,113	56,948	36,000	9,501,620	0
1RICHARD GOLDBERG MD FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	718,361	687,601	100,000	25,332	10,941	1,542,235	0
2MICHAEL C SACHTLEBEN PRESIDENT/DIRECTOR	(i)	722,603	702,813	0	21,200	32,073	1,478,689	0
	(ii)	0	0	0	0	0	0	0
3NADIM HADDAD MD DIRECTOR	(i)	1,330,683	360	100,000	18,858	21,141	1,471,042	0
	(ii)	0	0	0	0	0	0	0
4MATTHEW COOPER MD DIRECTOR	(i)	581,447	201,283	0	8,550	20,506	811,786	0
	(ii)	0	0	0	0	0	0	0
5KERRY RICHARD FORMER SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	373,424	253,342	0	8,550	16,228	651,544	0
6EILEEN FERRELL PHYSICIAN	(i)	347,239	176,942	0	13,961	9,506	547,648	0
	(ii)	0	0	0	0	0	0	0
7MARY KAY SIDAWY MD DIRECTOR	(i)	309,270	212,745	0	8,550	9,031	539,596	0
	(ii)	0	0	0	0	0	0	0
8BRINDER SINGH PHYSICIAN	(i)	343,428	126,034	0	8,550	21,204	499,216	0
	(ii)	0	0	0	0	0	0	0
9DAVID HO CHIEF FINANCIAL OFFICER	(i)	316,147	154,052	0	8,550	13,643	492,392	0
	(ii)	0	0	0	0	0	0	0
10REGGIE PEARSON PHYSICIAN	(i)	313,898	114,578	0	8,550	16,412	453,438	0
	(ii)	0	0	0	0	0	0	0
11CIRRELDA COOPER MD VICE CHAIR	(i)	372,157	37,649	10	22,853	1,283	433,952	0
	(ii)	0	0	0	0	0	0	0
12KAREN ALCORN PHYSICIAN	(i)	258,560	64,052	0	16,045	23,929	362,586	0
	(ii)	0	0	0	0	0	0	0
13DALONG PANG PHYSICIAN	(i)	288,088	360	0	8,550	13,241	310,239	0
	(ii)	0	0	0	0	0	0	0
14LEE BERGMAN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	219,276	50,704	0	10,086	20,198	300,264	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CLARK CONSTRUCTION GROUP LLC	SEE PART V	114,309,699	CONSTRUCTION		No
(2) KCI USA INC	SEE PART V	958,344	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTION INVOLVING INTERESTED PERSON	SCHEDULE L, PART IV THE FOLLOWING IS A SUBSTANTIAL CONTRIBUTOR (IN EXCESS OF \$5,000) THAT ALSO PROVIDED SERVICES TO THE ABOVE-MENTIONED HOSPITAL VALUED IN EXCESS OF \$100,000: CLARK CONSTRUCTION GROUP, LLC, KCI USA, INC. PER MEDSTAR'S CONFLICT OF INTEREST POLICY, THESE TRANSACTIONS ARE AT ARMS-LENGTH FOR FAIR MARKET VALUE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts						
1	Art—Works of art										
2	Art—Historical treasures . .										
3	Art—Fractional interests . .										
4	Books and publications . . .										
5	Clothing and household goods										
6	Cars and other vehicles . . .										
7	Boats and planes										
8	Intellectual property										
9	Securities—Publicly traded .	X	19	2,424,157	FMV						
10	Securities—Closely held stock .										
11	Securities—Partnership, LLC, or trust interests										
12	Securities—Miscellaneous . .										
13	Qualified conservation contribution—Historic structures										
14	Qualified conservation contribution—Other										
15	Real estate—Residential . . .										
16	Real estate—Commercial . . .										
17	Real estate—Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies . .										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ► (_____)										
26	Other ► (_____)										
27	Other ► (_____)										
28	Other ► (_____)										
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29							
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>30a</td><td></td><td>No</td></tr></table>		Yes	No	30a		No
	Yes	No									
30a		No									
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				<table><tr><td>31</td><td>Yes</td><td></td></tr></table>	31	Yes				
31	Yes										
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				<table><tr><td>32a</td><td></td><td>No</td></tr></table>	32a		No			
32a		No									
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.										

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER 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

2020**Open to Public
Inspection****Employer identification number**

52-2218584

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZATION MEMBERS THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, IN C. MEDSTAR HEALTH, INC., OR ONE OF ITS AFFILIATES AND SUBSIDIARIES, IS THE SOLE MEMBER OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>DESCRIPTION OF MEMBERS AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., THE ORGANIZATION MAY RECOMMEND PERSON(S) FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING BODY. ANY SUCH RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. THE BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY TO THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC. AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION, THE ORGANIZATION MAY RECOMMEND PERSON(S) FOR MEMBERSHIP ON THE ORGANIZATION'S GOVERNING BODY. ANY SUCH RECOMMENDATION BY THE ORGANIZATION IS SUBJECT TO APPROVAL BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. THE BOARD OF MEDSTAR HEALTH, INC. HAS DELEGATED CERTAIN APPROVAL AUTHORITY TO THE GOVERNANCE COMMITTEE AND THE PRESIDENT & CEO OF MEDSTAR HEALTH, INC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE GOVERNING BODY AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., THE BYLAWS OF THE ORGANIZATION ARE SUBJECT TO CERTAIN RESERVED POWERS, WHICH PROVIDE THAT THE SOLE MEMBER OF THE ORGANIZATION MUST APPROVE CERTAIN DECISIONS, INCLUDING BUT NOT LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS FOR REVIEWING FORM 990 THE PROCESS FOR REVIEWING THE FORM 990 INCLUDED EDUCATION AND TRANSPARENCY. SENIOR FINANCIAL EXECUTIVES, WORKING WITH INDEPENDENT OUTSIDE EXPERTS, THOROUGHLY REVIEWED FORM 990 AND ACCOMPANYING INSTRUCTIONS. IN ADDITION, SENIOR EXECUTIVES REVIEWED THE RELEVANT SECTIONS OF THE FORM 990 WITH THE FOLLOWING COMMITTEES OF THE ORGANIZATION'S GOVERNING BODY: FINANCE, AUDIT, GOVERNANCE, STRATEGIC PLANNING, AND EXECUTIVE COMPENSATION. FOLLOWING THESE MEETINGS, THE GOVERNING BODY WAS PROVIDED A COPY OF THE FORM 990 IN ITS FINAL FORM AND GIVEN AN OPPORTUNITY TO PROVIDE ANY INPUT OR COMMENTS RELATING TO THE FORM 990 PRIOR TO ITS FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY APPOINTMENT OF BOARDS OF DIRECTORS MEDSTAR HEALTH (AND ITS SUBSIDIARIES) REQUIRE ALL NOMINATED DIRECTORS, PRIOR TO THEIR APPOINTMENT OR ELECTION, TO DISCLOSE THE EXISTENCE OF (OR POTENTIAL EXISTENCE OF) ANY TRANSACTION WITH MEDSTAR THAT WOULD RESULT IN A CONFLICT OF INTEREST.SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED. ANNUAL DISCLOSURES - ALL OFFICERS, DIRECTORS, AND SENIOR MANAGERS ALL OFFICERS, DIRECTORS AND SENIOR MANAGERS ARE REQUIRED, NOT LESS THAN ANNUALLY, TO COMPLETE A SURVEY OF QUESTIONS CONCERNING ANY TRANSACTIONS OR RELATIONSHIPS WHICH WOULD OR COULD REPRESENT A CONFLICT OF INTEREST. SUCH DISCLOSURES (IF ANY) ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE MEDSTAR HEALTH BOARD OF DIRECTORS WHICH DETERMINES HOW THE MATTER SHOULD BE RESOLVED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION PROCESS THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEDSTAR HEALTH, INC. (THE "COMMITTEE") HAS OVERSIGHT OVER THE EXECUTIVE COMPENSATION PROGRAM (THE "PROGRAM") OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES. TOTAL COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES OF MEDSTAR HEALTH, INC. AND ITS AFFILIATES ARE REVIEWED AND APPROVED BY THE COMMITTEE WITH ASSISTANCE AND GUIDANCE FROM AN INDEPENDENT THIRD PARTY ADVISOR. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT FROM ALL OF THE PARTICIPANTS IN THE PROGRAM. THE MAIN OBJECTIVE OF THE PROGRAM IS TO PROVIDE MARKET COMPETITIVE TOTAL COMPENSATION THAT IS INTERNALLY EQUITABLE AND HAS A STRONG PAY-FOR-PERFORMANCE LINKAGE. PERFORMANCE IS EVALUATED AT THE SYSTEM, OPERATING UNIT, AND INDIVIDUAL LEVELS. THE OVERALL TOTAL COMPENSATION PHILOSOPHY IS MANAGED AT THE 75TH PERCENTILE OF THE COMPETITIVE MARKET FOR COMPARABLE SIZE (NET REVENUE) AND TYPE (TAX-EXEMPT HEALTHCARE ORGANIZATIONS). WHERE APPROPRIATE, ADDITIONAL INDUSTRY DATA IS CONSIDERED (GENERAL BUSINESS AND/OR TAXABLE HEALTHCARE) FOR SELECTED POSITIONS THAT CAN BE RECRUITED FROM OR POTENTIALLY LOSS TO THESE INDUSTRIES (E.G., INFORMATION TECHNOLOGY, FINANCE, ETC.). THE COMMITTEE HAS ENGAGED ERNST & YOUNG LLP ("E&Y") TO SERVE AS AN ADVISOR ON THE REASONABLENESS AND COMPETITIVENESS OF THE PROGRAM. IN DETERMINING REASONABLENESS AND COMPETITIVENESS, E&Y REVIEWS MARKET PRACTICES AND TRENDS, AND MAKES RECOMMENDATIONS RELATED TO THE PROGRAM. E&Y UTILIZES INFORMATION FROM CUSTOM SURVEYS, NATIONAL COMPENSATION SURVEYS, PROPRIETARY DATABASES, AND CLIENT EXPERIENCES TO DETERMINE ITS FINAL RECOMMENDATIONS. E&Y PRESENTS THEIR FINDINGS AND RECOMMENDATIONS TO THE COMMITTEE. THE COMMITTEE MAKES THE FINAL DECISIONS ON ALL OF THE COMPENSATION DETERMINATIONS OF THE PROGRAM. ALL DECISIONS MADE BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENT AVAILABILITY MEDSTAR HEALTH POSTS ITS ANNUAL FINANCIAL AUDIT AND QUARTERLY FINANCIAL REPORTS TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) SYSTEM. THE ORGANIZATION ALSO E-MAILS ITS ANNUAL AND QUARTERLY DISCLOSURES TO HOLDERS OF THE COMPANY'S PUBLICLY TRADED DEBT. THE COMPANY'S GOVERNANCE DOCUMENTS AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST THROUGH ITS CORPORATE (OR AS APPLICABLE ENTITY) PUBLIC INFORMATION OFFICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS 44,185,744.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

Employer identification number
52-2218584

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

(a) Name, address, and EIN (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) MGMC LLC 3800 RESERVOIR ROAD NW WASHINGTON, DC 20007 52-2228444	PHYSICIANS	DC	263,930,873	39,655,462	N/A
(2) GUHKIDS MOBILE MEDICAL CLINIC PROGRAM 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-2228444	HOSPITAL	MD	0	0	N/A

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

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.

See Additional Data Table

(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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

No

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

See Additional Data Table

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

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: 52-2218584
Name: THE MEDSTAR-GEORGETOWN MEDICAL
CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237 52-0608007	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
3001 SOUTH HANOVER STREET BALTIMORE, MD 21225 52-0491660	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-2087445	MEDICAL SVCS	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-0646893	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-0591607	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218 52-0591685	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
108 IRVING STREET NW WASHINGTON, DC 20010 52-6056274	HOSPITAL	DC	501(C)(3)	LINE 4	N/A	Yes	
110 IRVING STREET NW WASHINGTON, DC 20010 52-1272129	HOSPITAL	DC	501(C)(3)	LINE 3	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1542230	MEDICAL SVCS	MD	501(C)(3)	LINE 12C, III-FI	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1132992	ADMIN SVCS	MD	501(C)(3)	LINE 12C, III-FI	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1496539	MENTAL HEALTH	MD	501(C)(3)	LINE 10	N/A	Yes	
4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-1061679	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-0591600	MEDICAL FUND	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1672866	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1481656	ELDER HOUSING	MD	501(C)(3)	LINE 10	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1429853	ADMIN SVCS	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-1980510	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	
4061 POWDERMILL ROAD CALVERTON, MD 20705 53-0196597	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	
4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-1458516	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1372467	MEDICAL SVCS	MD	501(C)(3)	LINE 10	N/A	Yes	

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
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1366812	FOUNDATION	MD	501(C)(3)	LINE 12B, II	N/A	Yes	
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-6039600	FOUNDATION	MD	501(C)(3)	11C III	N/A	Yes	
102 IRVING STREET NW WASHINGTON, DC 20010 52-1369749	HOSPITAL	DC	501(C)(3)	LINE 3	N/A	Yes	
18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-2310902	MEDICAL SVCS	MD	501(C)(3)	LINE 3	N/A	Yes	
102 IRVING STREET NW WASHINGTON, DC 20010 52-1931151	MEDICAL SVCS	DC	501(C)(3)	LINE 3	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1104382	FOUNDATION	MD	501(C)(3)	LINE 12D, III-O	N/A	Yes	
4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-1332411	ADMIN SVCS	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-2299070	ELDER HOUSING	MD	501(C)(3)	LINE 10	N/A	Yes	
PO BOX 527 LEONARDTOWN, MD 20650 52-2153926	SUPPORT ORG	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650 52-0619006	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
7503 SURRATTS ROAD CLINTON, MD 20735 46-0726303	HOSPITAL	MD	501(C)(3)	LINE 3	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 46-7454613	RET. TRUST	MD	501(A)	N/A	N/A	Yes	
10980 GRANTCHESTER WAY COLUMBIA, MD 21044 23-7374724	MEDICAL FUND	MD	501(C)(3)	PF	N/A	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDSTAR SHAH MSO LLC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 46-2700536	MGMT SVCS	MD	N/A	N/A				No			No	
22590 SHADY COURT LLC 24035 THREE NOTCH ROAD HOLLYWOOD, MD 20636 47-3361777	REAL ESTATE	MD	N/A	N/A				No			No	
24035 THREE NOTCH ROAD LLC 24035 THREE NOTCH ROAD HOLLYWOOD, MD 20636 47-3375076	REAL ESTATE	MD	N/A	N/A				No			No	
37767 MARKET DRIVE LLC 37767 MARKET DRIVE CHARLOTTE HALL, MD 20622	REAL ESTATE	MD	N/A	N/A				No			No	
26840 POINT LOOKOUT ROAD LLC 24035 THREE NOTCH ROAD HOLLYWOOD, MD 20636 47-3393670	REAL ESTATE	MD	N/A	N/A				No			No	
MONTGOMERY COMMUNITY MRI LP 4110 ASPEN HILL RD ROCKVILLE, MD 20853 52-1534253	MRI SCREENING	MD	N/A	N/A				No			No	
PHYSIOTHERAPY ASSOCIATES NRH REHAB LLC 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055 52-2212036	PHYSIOTHERAPY	PA	N/A	N/A				No			No	
PHYSICIAN IMAGING OF WASHINGTON 840 CRESCENT CENTRE DR FRANKLIN, TN 37067 56-2616090	RADIOLOGY SVC	TN	N/A	N/A				No			No	
FRANKLIN IMAGING LLC 7253 AMBASSADOR RD BALTIMORE, MD 21244 52-1588688	IMAGING	MD	N/A	N/A				No			No	
MEDSTAR HEALTHSURGCENTER DEVELOPMENT JV 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 82-1073412	SURGERY	MD	N/A	N/A				No			No	
10 ST PATRICK'S DRIVE LLC 10 ST PATRICKS DRIVE WALDORF, MD 20603 83-2261766	REAL ESTATE	MD	N/A	N/A				No			No	
MEDSTAR ENDOSCOPY CTR AT LUTHERVILLE L 1300 BELLONA AVE LUTHERVILLE, MD 21093 82-3193901	SURGERY	MD	N/A	N/A				No			No	
CAPITAL ENDOSCOPY LLC 6475 NEW HAMPSHIRE AVE HYATTSVILLE, MD 20783 13-4244093	SURGERY	MD	N/A	N/A				No			No	
GREATER CHESAPEAKE SURGERY CENTER LLC 1212 YORK ROAD LUTHERVILLE, MD 21093 84-1479788	SURGERY	MD	N/A	N/A				No			No	
NRH CPT REGIONAL REHAB LLC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-2107062	REHAB SERVICES	MD	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(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	
4240 ALTAMONT PLACE LLC 103 CENTENNIAL STREET SUITE K LA PLATA, MD 20646 86-1202310	REAL ESTATE	MD	N/A	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MEDSTAR PHARMACIES INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1513056	DRUG SALES	MD	N/A	C					No
EXTENCARE INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1556228	MEDICAL SCVS	MD	N/A	C					No
HELIX RESOURCES MANAGEMENT INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1913070	ADMIN SCVS	MD	N/A	C					No
HELIXCARE MEDICAL GROUP LLC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1955580	MEDICAL SCVS	MD	N/A	C					No
HELIXCARE PROPERTIES LLC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1966695	MEDICAL SCVS	MD	N/A	C					No
PARKWAY VENTURES INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1893569	HOLDING CO.	MD	N/A	C					No
PHYSICIANS ADMINISTRATIVE SERVICES INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 23-7042074	BILLING SCVS	MD	N/A	C					No
MEDSTAR FAMILY CHOICE INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1995521	MANAGED CARE	MD	N/A	C					No
MEDSTAR ENTERPRISES INC 4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-2139841	ADMIN SCVS	MD	N/A	C					No
STAR BILLING INC 4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-1850113	BILLING SCVS	MD	N/A	C					No
WASHINGTON RISK NETWORK MANAGEMENT INC 4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-2132677	MEDICAL SCVS	MD	N/A	C					No
WASHINGTON HOSPITAL CENTER PHYSICIAN HOS 100 IRVING STREET NW WASHINGTON, DC 20010 52-1931000	MEDICAL SCVS	MD	N/A	C					No
MEDSTAR PHYSICIAN PARTNERS INC 4061 POWDERMILL ROAD SUITE 210 CALVERTON, MD 20705 52-2030809	MEDICAL SCVS	MD	N/A	C					No
FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 76-0756352	CONDOMINIUMS	MD	N/A	C					No
MGH DIVERSIFIED SERVICES INC 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1943602	MEDICAL SCVS	MD	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ST MARY'S HEALTH ALLIANCE INC 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650 52-1930331	MEDICAL SCVS	MD	N/A	C					No
ST MARY'S CONDO ASSOCIATION 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650 27-3377216	CONDOMINIUMS	MD	N/A	C					No
SITEL INC 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 90-0753340	EDUCATIONAL	MD	N/A	C					No
GREENSPRING FINANCIAL INSURANCE LIMITED 878 WEST BAY RD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0188617	INSURANCE	CJ	N/A	C					No
MEDSTAR HEALTH MASTER RETIREMENT TRUST 103 SOUTH CHURCH ST GRAND CAYMAN KY1-1002 CJ 98-1371657	INVESTMENTS	CJ	N/A	C					No
MEDSTAR HEALTH INC - INVESTMENT FUND I 103 SOUTH CHURCH ST GRAND CAYMAN CJ 98-1310273	INVESTMENTS	CJ	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HH MEDSTAR HEALTH	P	289,895,302	FMV
FRANKLIN SQUARE HOSPITAL CENTER INC	P	16,436,206	FMV
THE UNION MEMORIAL HOSPITAL	Q	9,861,873	FMV
THE GOOD SAMARITAN HOSPITAL OF MARYLAND INC	P	708,653	FMV
HARBOR HOSPITAL INC	P	615,682	FMV
WASHINGTON HOSPITAL CENTER CORPORATION	Q	26,761,469	FMV
NATIONAL REHABILITATION HOSPITAL	Q	1,365,755	FMV
MONTGOMERY GENERAL HOSPITAL	Q	30,488,600	FMV
ST MARY'S HOSPITAL OF ST MARY'S COUNTY INC	P	152,163	FMV
VNA INC	P	82,219	FMV
MEDSTAR HEALTH RESEARCH INSTITUTE	Q	528,479	FMV
BAY LIFE SERVICES INC	P	140,649	FMV