

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 2019

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Name and title of officer

JOEL BRYAN, VP/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>238969870.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 2 0 7 3 5 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 07/10/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 4 0 2 8 0 2 2 1 0 2

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 6/15/2020

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2018

Federal

Tax Return 7000GB	Return Type 990
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Taxpayer
MEDSTAR SOUTHERN MD HOSPITAL
CENTER INC.

Submitted Date	2020-07-10 17:10:18
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Acknowledgement Date	2020-07-10 17:26:27
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Status	Accepted
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Submission ID	54028020201925000011
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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.			D Employer identification number 46-0726303
	Doing Business As			E Telephone number (301) 868-8000
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 238,969,870.
	7503 SURRETTTS ROAD			
City or town, state or province, country, and ZIP or foreign postal code CLINTON, MD 20735			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: CHRISTINE WRAY 7503 SURRETTTS ROAD, CLINTON, MD 20735				
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶ MEDSTARSOUTHERNMARYLAND.ORG				H(c) Group exemption number ▶
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation: 2012			M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEDSTAR SOUTHERN MD HOSPITAL CENTER UPHOLDS ITS TRADITION OF CARING BY CONTINUOUSLY PROMOTING, MAINTAINING AND IMPROVING HEALTH THROUGH EDUCATION AND SERVICE.	
	2 Check this box <input type="checkbox"/> 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 10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 6.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 1,398.
	6 Total number of volunteers (estimate if necessary)	6 94.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 271,210. Current Year: 1,357,872.
	9 Program service revenue (Part VIII, line 2g)	235,639,409. 235,923,221.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,024. 1,755.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,410,678. 1,687,022.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,383,321. 238,969,870.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,365,473. 112,045,514.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		136,147,125. 134,749,619.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	247,512,598. 246,795,133.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,129,277. -7,825,263.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 121,930,477. End of Year: 126,940,958.
	21 Total liabilities (Part X, line 26)	32,658,534. 30,601,185.
	22 Net assets or fund balances. Subtract line 21 from line 20.	89,271,943. 96,339,773.

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	Date			
	JOEL BRYAN Type or print name and title	VP / TREASURER			
Paid Preparer Use Only	Print/Type preparer's name JG WHITE	Preparer's signature <i>JG White</i>	Date 6/15/2020	Check <input type="checkbox"/> if self-employed	PTIN P01498698
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 703-286-8000	
	Firm's address ▶ 8350 BROAD STREET, SUITE 900 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.

Form **990** (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	46-0726303
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	7503 SURRETTTS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLINTON, MD 20735	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOEL BRYAN

• The books are in the care of ▶ 10980 GRANTCHESTER WAY COLUMBIA MD 21044

Telephone No. ▶ 410 772-6721 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or
▶ tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 155,431,786. including grants of \$) (Revenue \$ 253,923,221.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 7,661,991. including grants of \$) (Revenue \$)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$7.7M IN SUBSIDIZED (MISSION DRIVEN) HEALTH SERVICES IN FISCAL YEAR 2019. THESE CRITICAL SERVICES, WHICH ARE DRIVEN BY COMMUNITY NEEDS, OPERATE AT A LOSS. THEY ADDRESS PRIORITIES PRIMARILY THROUGH DISEASE PREVENTION AND IMPROVEMENT OF HEALTH STATUS. SERVICES PROVIDED INCLUDE HOSPITAL OUTPATIENT SERVICES, WOMEN'S AND CHILDREN'S SERVICES, NEONATAL SERVICES, AND BEHAVIORAL HEALTH.

4c (Code:) (Expenses \$ 5,526,984. including grants of \$) (Revenue \$)

MEDSTAR SOUTHERN MARYLAND PROVIDED \$5.5M IN CHARITY CARE SERVICES IN FISCAL YEAR 2019. 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. UNDER MARYLAND'S UNIQUE PAYER SYSTEM, THE AMOUNT REPORTED REPRESENTS MEDSTAR SOUTHERN MARYLAND'S CHARITY CARE EXPENSE AND REVENUES REPRESENT DIRECT PAYMENTS FROM THE STATE'S CHARITY CARE POOL. OTHER CHARITY CARE EXPENSES ARE INDIRECTLY REIMBURSED VIA THE STATE OF MARYLAND'S PAYMENT SYSTEM.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 168,620,761.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,398		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a _____		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a _____ Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a _____		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b _____		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 _____ If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 _____		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

Part VII 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 X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(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			
(1) KENNETH A. SAMET DIRECTOR	1.00 39.00	X					0.	6,910,499.	87,839.	
(2) CHRISTINE R. WRAY PRESIDENT/DIRECTOR	20.00 20.00	X		X			545,111.	545,111.	41,194.	
(3) THOMAS K. HUISMAN, M.D. DIRECTOR (UNTIL 4/19)	1.00 0.	X					0.	0.	0.	
(4) ANTONIO POAG DIRECTOR	1.00 0.	X					0.	0.	0.	
(5) JOHN W. ROLLINS, JR. CHAIR	1.00 0.	X					0.	0.	0.	
(6) WILLIAM TANNER, M.D. DIRECTOR	40.00 0.	X					463,527.	0.	26,566.	
(7) TAMMY L. JONES DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) HON. M.H. ESTEPP DIRECTOR (UNTIL 12/18)	1.00 0.	X					0.	0.	0.	
(9) ROBERT CHIARAMONTE, M.D. DIRECTOR (UNTIL 1/19)	1.00 0.	X					0.	0.	0.	
(10) ROSALIND E. BISHOP DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) CLYDE PRAY DIRECTOR (AS OF 1/19)	40.00 0.	X					549,747.	0.	20,714.	
(12) KERRY R. WATSON VICE CHAIR (AS OF 9/18)	1.00 0.	X					0.	0.	0.	
(13) SONYA WILLIAMS DIRECTOR (AS OF 4/19)	1.00 0.	X					0.	0.	0.	
(14) CARRIE JENNISON CFO (UNTIL 6/19)	20.00 20.00			X			87,142.	87,142.	4,186.	

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			
(15) ANNETTE BRONER SECRETARY	20.00 20.00			X				116,719.	116,720.	26,649.
(16) DAVID HAVRILLA CFO (AS OF 6/19)	1.00 39.00			X				0.	399,383.	33,326.
(17) LOUIS MAVROMATIS, M.D. VP - IT	40.00 0.					X		339,192.	0.	32,861.
(18) PATRICIA SCALFARI CNO	40.00 0.					X		301,165.	0.	18,003.
(19) DAN FEELEY ASST VICE PRESIDENT	20.00 20.00					X		143,098.	143,098.	29,945.
(20) GRANT MCCLURE VP, PROF SVCS & PLANT OPS	40.00 0.					X		269,486.	0.	16,894.
(21) CHILEDUM AHAGHOTU VP, MEDICAL AFFAIRS	40.00 0.					X		572,605.	0.	22,552.
1b Sub-total								1,645,527.	7,542,752.	180,499.
c Total from continuation sheets to Part VII, Section A								1,742,265.	659,201.	180,230.
d Total (add lines 1b and 1c)								3,387,792.	8,201,953.	360,729.

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 ► 135

	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>		X
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>	X	
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>		X

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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 27

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,162,921.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	194,951.				
	g Noncash contributions included in lines 1a-1f: \$		0.				
	h Total. Add lines 1a-1f			1,357,872.			
Program Service Revenue	2a PATIENT SERVICE REVENUE			Business Code			
				621300	235,923,221.	235,923,221.	
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f				235,923,221.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).				869.		869.
	4 Income from investment of tax-exempt bond proceeds				0.		
	5 Royalties				0.		
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
	7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other		
				886.			
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)			886.			
	d Net gain or (loss)				886.		886.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a	0.		
	b Less: direct expenses			b	0.		
c Net income or (loss) from fundraising events				0.			
9a Gross income from gaming activities. See Part IV, line 19			a	0.			
b Less: direct expenses			b	0.			
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	0.			
b Less: cost of goods sold			b	0.			
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue			Business Code				
11a REBATE INCOME			900099	422,044.		422,044.	
b CAFETERIA SALES			900099	232,460.		232,460.	
c GIFT SHOP SALES			900099	211,690.		211,690.	
d All other revenue				820,828.		820,828.	
e Total. Add lines 11a-11d				1,687,022.			
12 Total revenue. See instructions.				238,969,870.	235,923,221.	1,688,777.	

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 X

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,845,541.	1,616,714.	228,827.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,070.	137,737.	20,333.	
7 Other salaries and wages	93,039,453.	81,896,839.	11,142,614.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	976,436.	840,588.	135,848.	
9 Other employee benefits	10,585,990.	8,326,804.	2,259,186.	
10 Payroll taxes	5,440,024.	4,718,145.	721,879.	
11 Fees for services (non-employees):				
a Management	19,244,648.		19,244,648.	
b Legal	112,317.		112,317.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ATCH 4	49,226,848.	28,459,228.	20,767,620.	
12 Advertising and promotion	373,244.		373,244.	
13 Office expenses	1,432,220.	1,134,813.	297,407.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	152,469.	131,263.	21,206.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,394.	3,775.	25,619.	
20 Interest	6,759,870.		6,759,870.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,283,418.	3,613,037.	7,670,381.	
23 Insurance	3,042,694.	104,000.	2,938,694.	
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	20,441,580.	20,290,948.	150,632.	
b IMPLANTS/PROSTHESES	6,535,307.	6,535,307.		
c MAINTENANCE	6,567,647.	5,055,858.	1,511,789.	
d UTILITIES	2,760,962.	2,327,085.	433,877.	
e All other expenses	6,787,001.	3,428,620.	3,358,381.	
25 Total functional expenses. Add lines 1 through 24e	246,795,133.	168,620,761.	78,174,372.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	38,644.	1	12,192.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	390,218.	3	211,960.
	4 Accounts receivable, net	26,810,949.	4	25,892,851.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,357,679.	8	3,537,434.
	9 Prepaid expenses and deferred charges	896,831.	9	918,627.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 134,010,739.		
	b Less: accumulated depreciation	10b 61,606,664.	62,220,405.	10c 72,404,075.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	25,821,072.	14	23,836,786.
	15 Other assets. See Part IV, line 11	2,394,679.	15	127,033.
16 Total assets. Add lines 1 through 15 (must equal line 34)	121,930,477.	16	126,940,958.	
Liabilities	17 Accounts payable and accrued expenses	14,155,250.	17	15,198,945.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,016,653.	19	189,925.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	17,486,631.	25	15,212,315.
	26 Total liabilities. Add lines 17 through 25	32,658,534.	26	30,601,185.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	89,271,943.	27	96,339,773.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	89,271,943.	33	96,339,773.
34 Total liabilities and net assets/fund balances	121,930,477.	34	126,940,958.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	238,969,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	246,795,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,825,263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,271,943.
5	Net unrealized gains (losses) on investments	5	4,408.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,888,685.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,339,773.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		X
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	X	
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.	X	
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?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.**

Employer identification number
46-0726303

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.**

Employer identification number

46-0726303

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number
46-0726303

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

46-0726303

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		3,140,000.		3,140,000.
b Buildings		41,178,460.	13,177,858.	28,000,602.
c Leasehold improvements		3,781,978.	1,301,098.	2,480,880.
d Equipment		74,598,043.	47,029,300.	27,568,743.
e Other		11,312,258.	98,408.	11,213,850.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				72,404,075.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
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)	
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) ADVANCES	8,938,856.	
(3) CREDIT BALANCES PATIENT AR	1,200,183.	
(4) OTHER LIABILITIES	5,073,276.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		15,212,315.

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 . <i>(This must equal Form 990, Part I, line 12.)</i>		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 . <i>(This must equal Form 990, Part I, line 18.)</i>		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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X

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, 2019.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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	X	
1b If "Yes," was it a written policy?	X	
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 care</i> ? 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 _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,526,984.		5,526,984.	2.24
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			5,526,984.		5,526,984.	2.24
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,001,372.		1,001,372.	.41
f Health professions education (from Worksheet 5)			963,572.		963,572.	.39
g Subsidized health services (from Worksheet 6)			7,661,991.		7,661,991.	3.10
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			39,628.		39,628.	.02
j Total. Other Benefits			9,666,563.		9,666,563.	3.92
k Total. Add lines 7d and 7j	9		15,193,547.		15,193,547.	6.16

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

Schedule H (Form 990) 2018

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			1,793.		1,793.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,650.		2,650.	
7 Community health improvement advocacy			26,386.		26,386.	.01
8 Workforce development			211,363.		211,363.	.09
9 Other						
10 Total			242,192.		242,192.	.10

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 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** 8,367,838.
- 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**
- 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

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

Section C. Collection Practices

- Did the organization have a written debt collection policy during the tax year? **9a** X
- 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** X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MEDSTAR SOUTHERN MD HOSPITAL CENTER
7503 SURRATTS ROAD
CLINTON MD 20735

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
X	X					X			

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)

Name of hospital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CENTER

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?		X
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		X
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):	X	
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>17</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b 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		X
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):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
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 status		
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?	X	
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):	X	
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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MEDSTARHEALTH.ORG/MSMHC</u>		
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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CENTER

	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?	X	
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?		X
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

	Yes	No
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?	X	
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)

Name of hospital facility or letter of facility reporting group MEDSTAR SOUTHERN MD HOSPITAL CENTER

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.		X
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.		X

Part V Facility Information (continued)

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.

CHNA INPUT

PART V, SECTION B, LINE 5

HOSPITAL LEAD

ROLE DESCRIPTION

THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HOSPITAL LEAD SERVES AS THE COORDINATOR OF ALL ASPECTS OF THE COMMUNITY 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 ASSESSMENT AND IMPLEMENTATION STRATEGY. HE/SHE WORKS COLLABORATIVELY WITH REPRESENTATIVES FROM 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 HOSPITAL LEAD: CHANTAL TUELL

EXECUTIVE SPONSOR

ROLE DESCRIPTION

THE 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 CLINICAL STRENGTHS AND PROGRAM PRIORITIES TO DIVERSE AUDIENCES.

Part V Facility Information (continued)

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.

NAME OF EXECUTIVE SPONSOR: DR. CHILEDUM AHAGHOTU.

ROLE DESCRIPTION

THE ADVISORY TASK FORCE (ATF) REVIEWS PRIMARY/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 REPRESENTATIVES SHOULD MAKEUP AT LEAST 50% OF TOTAL PARTICIPANTS.

NAME:	TITLE/AFFILIATION WITH HOSPITAL	NAME OF ORGANIZATION
BEATRICE TIGNOR, ED.D.	MUNICIPAL LIAISON	OFFICE OF THE COUNTY EXECUTIVE
CARMEN SPENSER	HOUSE OF DELEGATES MEMBER	MARYLAND STATE DELEGATE
CAROLYN LOWE	COORDINATOR	DISTRICT "V" COFFEE CLUB
CHERYL BROWN	MEDICAL WELLNESS MINISTRY	UNION BETHAL AME CHURCH, BRANDYWINE CHILEDUM AHAGHOTU, EXECUTIVE SPONSOR,
		VICE MSMHC

Part V Facility Information (continued)

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.

MD	VICE PRESIDENT OF MEDICAL AFFAIRS	
CHRISIE MULCAHEY	EXECUTIVE DIRECTOR	HEALTH PARTNERS
CHRISTINE R. WRAY	PRESIDENT	MSMHC
GLORIA BROWN-	DIRECTOR OF SOCIAL	PRINCE GEORGE'S COUNTY
BURNETT	SERVICES	HEALTH DEPARTMENT
JOHN O'BRIEN	DIRECTOR OF COMMUNITY HEALTH	NEW BEGINNINGS RECOVERY CENTER
KEVIN REED, MD	PHYSICIAN	MSMHC, ED
MARY JOBSON-OLIVER	STROKE COORDINATOR	MSMHC
OCTAVIA PETERSON	COMMUNITY HEALTH MANAGER	MSMHC
PAMELA CREEKMUR	HEALTH OFFICER	PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT
RONNIE BARNES-BEY	LOCAL RESIDENT, STROKE SURVIVOR	FORT WASHINGTON, MD
TARA SAGGAR, MD	PHYSICIAN	MSMHC
VALARIE BARNES	DIRECTOR, CASE MANAGEMENT	MSMHC
VEDA BELTON, RN	COMMUNITY HEALTH COORDINATOR	COALITION OF METROPOLITAN MINISTER'S ALLIANCE
WILLIE HUNT	REVEREND	COALITION OF METROPOLITAN MINISTER'S ALLIANCE

Part V Facility Information (continued)

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.

IMPLEMENTATION STRATEGIES

PART V, SECTION B, LINE 11

THE 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

Part V Facility Information (continued)

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.

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. ARE BEYOND THE SCOPE OF THE HOSPITAL'S STRENGTHS.

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	

Schedule H (Form 990) 2018

Part VI Supplemental Information

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- 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.
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CHARITY CARE AND CERTAIN OTHER BENEFITS AT COST

PART I, LINE 7

MEDICARE COST REPORT DATA AS WELL AS COST-TO-CHARGE RATIO WERE USED TO CALCULATE FIGURES REPORTED (WHERE APPLICABLE). THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST-TO-CHARGES.

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

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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.

DEBT COLLECTION POLICY

PART III, LINE 8

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. AS SUCH, THE NET EFFECT FOR MEDICARE EXPENSES AND REVENUES IN MARYLAND IS ZERO.

Part VI Supplemental Information

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PART III, LINE 9B

IF 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.

NEEDS ASSESSMENT

PART VI, LINE 2

IN FY18, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER (MSMHC) 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 MSMHC'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

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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

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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 SOUTHERN PRINCE GEORGES COUNTY AS ITS CBSA, WHICH INCLUDES ALL RESIDENTS LIVING IN ZIP CODES 20735 AND 20747. 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.

MSMHC'S HEALTH PRIORITIES FOR THE CBSA INCLUDE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH, MATERNAL AND CHILD HEALTH PROGRAMMING) AND SOCIAL DETERMINANTS OF HEALTH

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(COMMUNITY HEALTH WORKER PROGRAM).

AS A PROUD MEMBER OF MEDSTAR HEALTH, REPRESENTATIVES FROM MSMHC 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.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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 AND UNDERINSURED PATIENTS MEETING MEDICAL HARDSHIP CRITERIA WITHIN THE COMMUNITIES WE SERVE WHO LACK FINANCIAL RESOURCES HAVE ACCESS TO EMERGENCY AND MEDICALLY NECESSARY HOSPITAL SERVICES. MEDSTAR HEALTH AND ITS HEALTHCARE FACILITIES WILL:

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. TREAT ALL PATIENTS EQUITABLY, WITH DIGNITY, RESPECT, AND COMPASSION;

. SERVE THE EMERGENCY HEALTH CARE NEEDS OF EVERYONE WHO PRESENTS TO OUR FACILITIES 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 HEALTH'S FACILITIES 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 HEALTH FACILITIES 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.,

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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 FACILITY 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.

EACH FACILITY PUBLICIZES 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,

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MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION, AND MEDSTAR PATIENT

INFORMATION SHEET TO PATIENTS UPON REQUEST;

. 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 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

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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:

. COMPLYING 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 THE FACILITY'S PATIENT ADVOCATES AND PATIENT FINANCIAL SERVICES STAFF TO ENSURE THERE IS A COMPLETE UNDERSTANDING OF THE PATIENT'S FINANCIAL SITUATION AND CONSTRAINTS;

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. 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 THE FACILITY'S PATIENT ADVOCATES OR CUSTOMER SERVICE REPRESENTATIVES ON A TIMELY BASIS AS THE PATIENT'S FINANCIAL CIRCUMSTANCES MAY CHANGE.

. IT IS THE RESPONSIBILITY OF THE PATIENT TO INFORM THE MEDSTAR HOSPITAL OF THEIR EXISTING ELIGIBILITY UNDER A MEDICAL HARDSHIP DURING THE 12-MONTH 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 OR BY CALLING CUSTOMER SERVICE AT 1-800-280-9006.

UNINSURED PATIENTS OF MEDSTAR HEALTH'S FACILITIES MAY BE ELIGIBLE FOR

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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.

COMMUNITY INFORMATION

PART VI, LINE 4

GEOGRAPHIC:

MSMHC'S CBSA INCLUDES RESIDENTS OF SOUTHERN PRINCE GEORGE'S COUNTY, SPECIFICALLY CLINTON, MARYLAND (ZIP CODE 20735) AND DISTRICT HEIGHT, MARYLAND (ZIP CODE 20747). THE COMMUNITY WAS SELECTED BASED ON ITS PROXIMITY TO THE HOSPITAL, AND THE AVAILABILITY OF PRE-EXISTING PROGRAMS AND SERVICES. PRINCE GEORGE'S COUNTY WAS ESTABLISHED IN THE 17TH CENTURY AND ENCOMPASSES A MIX OF URBAN, SUBURBAN, AND RURAL COMMUNITIES. THE COUNTY IS PREDOMINATELY AFRICAN AMERICAN WITH AN INCREASING HISPANIC,

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.

IMMIGRANT, AND NON-ENGLISH SPEAKING POPULATION. THE COUNTY'S ONCE RURAL GEOGRAPHY IS RAPIDLY EVOLVING INTO A SUBURBAN AREA, WITH AN INCREASED PRESENCE OF COMMERCIAL AND RESIDENTIAL DWELLINGS. MSMHC SERVES APPROXIMATELY 30% OF CHARLES COUNTY RESIDENTS.

DEMOGRAPHICS:

PRINCE GEORGE'S COUNTY, MD HAS A POPULATION OF 919,583 PEOPLE WITH A MEDIAN AGE OF 37.2 AND A MEDIAN HOUSEHOLD INCOME OF \$81,240. THE POPULATION OF PRINCE GEORGE'S COUNTY, MD HAS GROWN 6.5% FROM 908,049 IN 2010 AND ITS MEDIAN HOUSEHOLD INCOME GREW FROM \$79,184 TO \$81,240, A 2.6% INCREASE.

THE POPULATION OF PRINCE GEORGE'S COUNTY, MD IS 62% BLACK OR AFRICAN AMERICAN, 18.5% HISPANIC OR LATINO, AND 12.6% WHITE. 27.1% OF THE PEOPLE IN PRINCE GEORGE'S COUNTY, MD SPEAK A NON-ENGLISH LANGUAGE, AND 87.7% ARE U.S. CITIZENS.

PRINCE GEORGE'S COUNTY, MD BORDERS FAIRFAX COUNTY, VA, MONTGOMERY COUNTY,

Part VI Supplemental Information

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MD, DISTRICT OF COLUMBIA, DC, ANNE ARUNDEL COUNTY, MD, CHARLES COUNTY, MD, ALEXANDRIA CITY, VA, CALVERT COUNTY, MD, AND HOWARD COUNTY, MD. THE ECONOMY OF PRINCE GEORGE'S COUNTY, MD EMPLOYS 491K PEOPLE. THE LARGEST INDUSTRIES IN PRINCE GEORGE'S COUNTY, MD ARE PUBLIC ADMINISTRATION (67,228 PEOPLE), HEALTH CARE & SOCIAL ASSISTANCE (64,084 PEOPLE), AND EDUCATIONAL SERVICES (45,271 PEOPLE), AND THE HIGHEST PAYING INDUSTRIES ARE PUBLIC ADMINISTRATION (\$81,629), UTILITIES (\$71,028), AND PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES (\$70,341).

DISTRICT HEIGHTS (ZIP CODE 20747) HAS AN APPROXIMATE POPULATION OF 6,000 WITH A MEDIAN AGE OF 29. THE MEDIAN HOUSEHOLD INCOME IS \$69,358. THE POPULATION OF DISTRICT HEIGHTS, MD IS 88.4% BLACK OR AFRICAN AMERICAN, 7.6% HISPANIC OR LATINO, AND 2.05% TWO OR MORE RACES. 10.1% OF THE POPULATION FOR WHOM POVERTY STATUS IS DETERMINED IN DISTRICT HEIGHTS, MD (600 OUT OF 5.93K PEOPLE) LIVE BELOW THE POVERTY LINE, A NUMBER THAT IS LOWER THAN THE NATIONAL AVERAGE OF 13.4%. THE LARGEST DEMOGRAPHIC LIVING IN POVERTY IS FEMALES 12 - 14, FOLLOWED BY FEMALES 35 - 44 AND THEN FEMALES 6 - 11.

Part VI Supplemental Information

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AS FOR CLINTON, MD (ZIP CODE 20735), THERE ARE APPROXIMATELY 39,000 RESIDENTS LIVING IN THIS CBSA WITH A MEDIAN AGE OF 42 AND A MEDIAN HOUSEHOLD INCOME OF \$104,854. BETWEEN 2016 AND 2017 THE POPULATION OF CLINTON, MD DECLINED FROM 39,256 TO 39,230, A 0.0662% DECREASE AND ITS MEDIAN HOUSEHOLD INCOME GREW FROM \$102,534 TO \$104,854, A 2.26% INCREASE. THE POPULATION OF CLINTON, MD IS 82.6% BLACK OR AFRICAN AMERICAN, 7.64% WHITE, AND 6.07% HISPANIC OR LATINO. THE UNEMPLOYMENT RATE IS SIMILAR TO THAT OF THE NATION, AT 8%, AND LOWER THAN THE COUNTY AVERAGE. OF THE EMPLOYED POPULATION, 73.1% COMMUTE TO WORK ALONE, 14.4% UTILIZE PUBLIC TRANSPORTATION (EXCLUDING TAXICAB) AND 7.4% CARPOOL.

FAITH BASED ORGANIZATIONS HAVE A PROMINENT PRESENCE IN THE CBSA. THERE ARE APPROXIMATELY 19 FAITH-BASED ORGANIZATIONS OF VARIOUS DENOMINATIONS LOCATED WITHIN THE ZIP CODE.

Part VI Supplemental Information

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PROMOTION OF COMMUNITY HEALTH

PART VI, LINE 5

AS A COMMUNITY PARTNER, MSMHC ENGAGES IN A NUMBER OF COMMUNITY BENEFIT ACTIVITIES TO IMPROVE AND PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITY. PRIORITY AREAS OF FOCUS, AS DETERMINED BY THE 2018 CHNA, ARE HEALTH AND WELLNESS (CHRONIC DISEASE PREVENTION AND MANAGEMENT, BEHAVIORAL HEALTH SERVICES, MATERNAL AND CHILD HEALTH PROGRAMMING) AND SOCIAL DETERMINANTS OF HEALTH (COMMUNITY HEALTH WORKER PROGRAM).

TO ADDRESS HEALTH AND WELLNESS, MSMHC OFFERS THE WALK WITH EASE, MALL WALKER'S PROGRAM AT ST. CHARLES. THE PROGRAM IS DESIGNED TO HELP PEOPLE LIVING WITH ARTHRITIS AND OTHER CHRONIC DISEASES MANAGE THEIR PAIN. IT WAS DESIGNED TO MAKE WALKING A REGULAR HABIT AMONG PARTICIPANTS WHILE REDUCING THE PAIN AND DISCOMFORT OF ARTHRITIS, INCREASE BALANCE, STRENGTH, AND WALKING PACE, BUILD CONFIDENCE TO BE PHYSICALLY ACTIVE AND IMPROVE OVERALL HEALTH REDUCING THE RISK OF STROKE.

CHRONIC DISEASE PREVENTION PROGRAMS ARE OFFERED THROUGHOUT THE YEAR AT

Part VI Supplemental Information

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LOW OR NO COST TO THE PARTICIPANTS TO INFLUENCE EDUCATION,
 SELF-MANAGEMENT AND PROMOTE LIVING HEALTHY. THE DIABETES PREVENTION
 PROGRAM (DPP) ADDRESSES THE INCREASING BURDEN OF PREDIABETES AND TYPE 2
 DIABETES IN PRINCE GEORGE'S COUNTY. IT OFFERS EVIDENCE-BASED,
 COST-EFFECTIVE INTERVENTIONS THAT HELP PREVENT TYPE 2 DIABETES IN THE
 CBSA.

TO ADDRESS MATERNAL AND CHILD HEALTH, THE HOSPITAL SUPPORTS POSITIVE
 BIRTH OUTCOMES THROUGH EDUCATIONAL PROGRAMS BEFORE AND AFTER BIRTH AND IN
 COLLABORATION WITH PRINCE GEORGE'S HEALTH DEPARTMENT FOR THE HEALTHY
 BABIES INITIATIVE, WHICH PROVIDES SAFE SLEEP SUPPORT PACKAGES AND
 COMMUNITY HEALTH EDUCATION.

TO ADDRESS BEHAVIORAL HEALTH, MSMHC'S SCREENING, BRIEF INTERVENTION,
 REFERRAL TO TREATMENT (SBIRT) PROGRAM IS CONDUCTED IN THE EMERGENCY
 DEPARTMENT. THE PROGRAM IDENTIFIES PEOPLE WITH AT-RISK AND DEPENDENT
 SUBSTANCE AND/OR ALCOHOL USE BEHAVIORS AND PROVIDES BRIEF EARLY
 INTERVENTION SERVICES TO THOSE WHO SCREEN POSITIVELY FOR RISKY DRUG AND

Part VI Supplemental Information

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ALCOHOL USE. PEER RECOVERY COACHES ARE INTEGRAL TO HOSPITAL CARE TEAMS TO ASSIST WITH IMPROVING ACCESS TO SUBSTANCE USE TREATMENT AND SOCIAL SERVICE LINKAGE AND SUPPORT COMMUNITY EDUCATION EFFORTS.

TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, COMMUNITY HEALTH WORKERS WERE HIRED TO PROVIDE SUPPORT TO INDIVIDUALS AND ADVOCATE TO CONNECT THEM TO RESOURCES IN THE COMMUNITY, SUCH AS FOOD PANTRIES, PAYING FOR PRESCRIPTION MEDICATIONS AND TRANSPORTATION ASSISTANCE THROUGHOUT CHARLES AND PRINCE GEORGE'S COUNTIES. ADDITIONALLY, EACH SUMMER MSMHC PROVIDES INTERNSHIP PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS FROM THE SURROUNDING COMMUNITIES EXPOSURE TO CAREERS IN HEALTHCARE.

AFFILIATED HEALTH CARE SYSTEM

PART VI, LINE 6

AS A PROUD MEMBER OF MEDSTAR HEALTH, MSMHC 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

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AND OTHER VULNERABLE POPULATIONS. THROUGH ITS COMMUNITY HEALTH FUNCTION, MEDSTAR HEALTH PROVIDES MSMHC 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.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, LINE 7

THE COMMUNITY BENEFIT REPORT FOR MSMHC IS FILED IN THE STATE OF MARYLAND.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

Part I Questions Regarding Compensation

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 indemnification 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 (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH A. SAMET DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,887,489.	5,002,733.	20,277.	52,149.	35,690.	6,998,338.	0.
2 LOUIS MAVROMATIS, M.D. VP - IT	(i)	269,067.	70,125.	0.	8,250.	24,611.	372,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PATRICIA SCALFARI CNO	(i)	248,020.	53,145.	0.	8,250.	9,753.	319,168.	0.
	(ii)	0.	0.	0.	4,125.	10,848.	14,973.	0.
4 DAN FEELEY ASST VICE PRESIDENT	(i)	117,041.	26,057.	0.	4,125.	10,847.	158,070.	0.
	(ii)	117,041.	26,057.	0.	4,125.	10,848.	158,071.	0.
5 CHRISTINE R. WRAY PRESIDENT/DIRECTOR	(i)	284,172.	260,939.	0.	4,125.	16,472.	565,708.	0.
	(ii)	284,172.	260,939.	0.	4,125.	16,472.	565,708.	0.
6 WILLIAM TANNER, M.D. DIRECTOR	(i)	208,066.	253,938.	1,523.	9,466.	17,100.	490,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GRANT MCCLURE VP, PROF SVCS & PLANT OPS	(i)	225,152.	44,334.	0.	0.	16,894.	286,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CHILEDUM AHAGHOTU VP, MEDICAL AFFAIRS	(i)	381,010.	191,595.	0.	0.	22,552.	595,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CLYDE PRAY DIRECTOR (AS OF 1/19)	(i)	534,747.	15,000.	0.	8,250.	12,464.	570,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CARRIE JENNISON CFO (UNTIL 6/19)	(i)	87,142.	0.	0.	0.	2,093.	89,235.	0.
	(ii)	87,142.	0.	0.	0.	2,093.	89,235.	0.
11 ANNETTE BRONER SECRETARY	(i)	94,790.	21,929.	0.	4,241.	9,083.	130,043.	0.
	(ii)	94,790.	21,930.	0.	4,242.	9,083.	130,045.	0.
12 DAVID HAVRILLA CFO (AS OF 6/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,358.	125,933.	9,092.	16,095.	17,231.	432,709.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART III

MR. SAMET'S COMPENSATION IN PART II, COLUMN (B) INCLUDES \$1,950,307 REPRESENTING BENEFITS RECEIVED FROM EXECUTIVE RETIREMENT PLANS THAT ARE COMPRISED OF TARGET BENEFITS DETERMINED ANNUALLY BASED ON COMPENSATION AND YEARS OF SERVICE AND LONG-TERM RETENTION ARRANGEMENTS.

CHRISTINE WRAY'S COMPENSATION IS FOR SERVICES PROVIDED AS PRESIDENT TO BOTH MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER AND MEDSTAR ST. MARY'S HOSPITAL.

CARRIE JENNISON'S COMPENSATION IS FOR SERVICES PROVIDED AS CFO TO BOTH MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER AND MEDSTAR ST. MARY'S HOSPITAL.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

ORGANIZATION MEMBERS

PART VI, LINE 6

THE ORGANIZATION IS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC.,
A TAX-EXEMPT MARYLAND NON-STOCK CORPORATION. MEDSTAR HEALTH, INC., OR ONE
OF ITS AFFILIATES AND SUBSIDIARIES, IS THE SOLE MEMBER OF THE
ORGANIZATION.

DESCRIPTION OF MEMBERS

PART VI, LINE 7A

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.

DECISIONS OF GOVERNING BODY

PART VI, LINE 7B

AS AN AFFILIATE AND SUBSIDIARY OF MEDSTAR HEALTH, INC., A TAX-EXEMPT
MARYLAND NON-STOCK CORPORATION, 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

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
--	--

LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF REAL OR PERSONAL PROPERTY, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE.

PROCESS FOR REVIEWING FORM 990

PART VI, LINE 11B

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.

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

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

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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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. IN ADDITION, OFFICERS AND DIRECTORS OF MARYLAND HOSPITALS AND NURSING CENTERS ARE REQUIRED TO ANNUALLY DISCLOSE ADDITIONAL INFORMATION RELATING TO POTENTIAL CONFLICTS OF INTEREST AND SUCH DISCLOSURES ARE REPORTED TO THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

DESCRIPTION OF EXECUTIVE COMPENSATION

PART VI, LINE 15

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

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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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 LOST 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.

FINANCIAL STATEMENT AVAILABILITY

PART VI, LINE 19

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.

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

EQUITY TRANSFERS.....\$ 14,912,289

INCOME TAX PROVISION-FEDERAL.....\$ (23,604)

TOTAL \$ 14,888,685
ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS A PROUD MEMBER OF MEDSTAR HEALTH, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER'S (MEDSTAR SOUTHERN MARYLAND) MISSION IS TO UPHOLD ITS COMMITMENT TO THE COMMUNITY BY CONTINUOUSLY PROMOTING, MAINTAINING, AND IMPROVING HEALTH THROUGH EDUCATION AND SERVICE WHILE ASSURING FISCAL INTEGRITY. MEDSTAR SOUTHERN MARYLAND IS LOCATED IN SOUTHERN PRINCE GEORGE'S COUNTY, MARYLAND. IN FISCAL YEAR 2019, MSMHC HAD APPROXIMATELY 11,467 INPATIENT ADMISSIONS AND APPROXIMATELY 101,398 OUTPATIENT VISITS INCLUDING 46,361 EMERGENCY VISITS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

MEDSTAR SOUTHERN MARYLAND'S LARGEST PROGRAM IS ACCESS TO AND THE PROVISION OF ACUTE HOSPITAL SERVICES TO THE COMMUNITIES OF PRINCE GEORGE'S, CHARLES AND CALVERT COUNTY, MARYLAND AND THE SURROUNDING AREAS. IN ADDITION TO THE PROGRAM SERVICE EXPENSES LISTED ABOVE, MEDSTAR SOUTHERN MARYLAND INCURRED \$78.2M OF MANAGEMENT AND GENERAL EXPENSES IN PROVIDING SERVICES TO ITS COMMUNITIES. THE

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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ATTACHMENT 2 (CONT'D)

HOSPITAL OFFERS A FULL RANGE OF SERVICES AND IS KNOWN FOR ITS CARDIOVASCULAR AND ORTHOPAEDIC PROGRAMS. THE HOSPITAL ALSO HAS THE WOMEN & NEWBORNS CENTER, WHICH INCLUDES AN OBSTETRICS AND GYNECOLOGY PROGRAM WITH A LEVEL 2 SPECIAL CARE NURSERY AND PRIVATE PATIENT ROOMS. OTHER SPECIALTY SERVICES INCLUDE AN EMERGENCY DEPARTMENT AND CRITICAL CARE UNIT, BREAST HEALTH PROGRAM, OUTPATIENT RADIOLOGY, SURGICAL CENTER, SLEEP DISORDERS LAB, INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS, REHABILITATIVE MEDICINE, AND CANCER TREATMENT SERVICES. MEDSTAR SOUTHERN MARYLAND IS A PRIMARY STROKE CENTER.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMN HEALTHCARE 2735 COLLECTION CENTER DR. CHICAGO, IL 60693	STAFFING SERVICES	14,136,445.
DIAMOND HEALTHCARE PO BOX 85050 RICHMOND, VA 23285	MEDICAL STAFFING	5,265,799.
TOTAL RENAL CARE INC 2438 NORTH PONDEROSA DRIVE, SUITE C101 CAMARILLO, CA 93010-2465	MEDICAL SERVICES	1,242,813.
ROLYN COMPANIES INC 7 CROZERVILLE RD SUITE C ASTON, PA 19014	FACILITIES SERVICES	939,325.
AXIS HEALTHCARE GROUP PO BOX 640200 PITTSBURGH, PA 15264	MEDICAL SERVICES	708,392.

Name of the organization MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.	Employer identification number 46-0726303
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ATTACHMENT 4FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>FEES</u>	(B) <u>PROGRAM</u> <u>SERVICE EXP.</u>	(C) <u>MANAGEMENT</u> <u>AND GENERAL</u>	(D) <u>FUNDRAISING</u> <u>EXPENSES</u>
MANAGEMENT FEE EXPENSE	17,353,992.		17,353,992.	
PURCHASED PROFESSIONAL SVCS	11,320,034.	9,781,966.	1,538,068.	
SUBSIDY EXPENSE - INTERCOMPANY	11,299,667.	11,299,667.		
PHYSICIAN SERVICES	3,176,176.	3,176,176.		
MISC PURCHASED SVCS	2,012,583.	601,142.	1,411,441.	
NON-PHYS INTERCO PURCH SVCS	1,994,246.	1,994,246.		
COMMERCIAL LAUNDRY	532,754.	530,862.	1,892.	
LAB SERVICES	287,495.	287,495.		
PROTECTION SERVICE	281,406.	281,406.		
PRINTING SERVICES	266,646.		266,646.	
COMPUTER SERVICE	255,124.	255,124.		
BANK FEES	115,505.	-75.	115,580.	
MISCELLANEOUS FEES FOR SERVICE	331,220.	251,219.	80,001.	
TOTALS	<u>49,226,848.</u>	<u>28,459,228.</u>	<u>20,767,620.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHURCH HOME CORPORATION 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 23-7374724	MEDICAL FUND	MD	501(C)(3)	PF	N/A	X	
(2) FRANKLIN SQUARE HOSPITAL CENTER, INC. 9000 FRANKLIN SQUARE DRIVE BALTIMORE, MD 21237 52-0608007	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(3) HARBOR HOSPITAL, INC. 3001 SOUTH HANOVER STREET BALTIMORE, MD 21225 52-0491660	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(4) MEDSTAR HEALTH, INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-2087445	MEDICAL SVCS	MD	501(C)(3)	12C III	N/A		X
(5) MONTGOMERY GENERAL HOSPITAL 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-0646893	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(6) THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-0591607	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(7) THE UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218 52-0591685	HOSPITAL	MD	501(C)(3)	3	N/A	X	

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MEDSTAR HEALTH RESEARCH INSTITUTE 108 IRVING STREET NW WASHINGTON, DC 20010 52-6056274	HOSPITAL	DC	501(C)(3)	4	N/A	X	
(2) THE MEDSTAR-GEORGETOWN MEDICAL CENTER, I HOSPITAL ADMIN, 1 MAIN BLDG WASHINGTON, DC 20007 52-2218584	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(3) HH MEDSTAR HEALTH, INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1542230	MEDICAL SVCS	MD	501(C)(3)	12C III	N/A	X	
(4) MEDSTAR AMBULATORY SERVICES INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1132992	ADMIN SVCS	MD	501(C)(3)	12C III	N/A	X	
(5) BAY LIFE SERVICES, INC. 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-1496539	MENTAL HEALTH	MD	501(C)(3)	10	N/A	X	
(6) MEDSTAR SURGERY CENTER, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1061679	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(7) CHURCH HOME AND HOSPITAL OF THE CITY OF 10980 GRANTCHESTER WAY COLUMBIA, MD 21044 52-0591600	MEDICAL FUND	MD	501(C)(3)	12A I	N/A	X	

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GOOD SAMARITAN NURSING CENTER, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1672866	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(2) GS HOUSING, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1481656	ELDER HOUSING	MD	501(C)(3)	10	N/A	X	
(3) GS PROPERTIES, INC. 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1429853	ADMIN SVCS	MD	501(C)(3)	12A I	N/A	X	
(4) MEDSTAR HEALTH INFUSION, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1980510	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(5) MEDSTAR HEALTH VISITING NURSES ASSOCIATI 4061 POWDERMILL ROAD CALVERTON, MD 20705 53-0196597	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(6) MEDSTAR VNA HEALTHCARE 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1458516	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	
(7) MGH COMMUNITY HEALTH, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1372467	MEDICAL SVCS	MD	501(C)(3)	10	N/A	X	

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Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MGH HEALTH SERVICES, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-1366812	FOUNDATION	MD	501(C)(3)	12B II	N/A	X	
(2) MGH WOMEN'S BOARD 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-6039600	FOUNDATION	MD	501(C)(3)	12C III	N/A	X	
(3) NATIONAL REHABILITATION HOSPITAL 102 IRVING STREET NW WASHINGTON, DC 20010 52-1369749	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(4) NRH REGIONAL REHAB AT OLNEY, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832 52-2310902	MEDICAL SVCS	MD	501(C)(3)	3	N/A	X	
(5) SUBURBAN / NRH MEDICAL REHABILITATION, I 102 IRVING STREET NW WASHINGTON, DC 20010 52-1931151	MEDICAL SVCS	DC	501(C)(3)	3	N/A	X	
(6) THE THOMAS O'NEIL CATHOLIC HEALTH CARE F 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 52-1104382	FOUNDATION	MD	501(C)(3)	12D III	N/A	X	
(7) VNA, INC. 4061 POWDERMILL ROAD, SUITE 21 CALVERTON, MD 20705 52-1332411	ADMIN SVCS	MD	501(C)(3)	12A I	N/A	X	

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSTAR SOUTHERN MD HOSPITAL CENTER INC.

Employer identification number

46-0726303

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WOODBOURNE WOODS, INC. 52-2299070 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	ELDER HOUSING	MD	501(C)(3)	10	N/A	X	
(2) HOSPICE OF ST. MARY'S, INC. 52-2153926 PO BOX 527 LEONARDTOWN, MD 20650	SUPPORT ORG	MD	501(C)(3)	12A I	N/A	X	
(3) ST. MARY'S HOSPITAL OF ST. MARY'S COUNTY 52-0619006 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	HOSPITAL	MD	501(C)(3)	3	N/A	X	
(4) WASHINGTON HOSPITAL CENTER CORPORATION 52-1272129 110 IRVING STREET, N.W. WASHINGTON, DC 20010	HOSPITAL	DC	501(C)(3)	3	N/A	X	
(5) MEDSTAR HEALTH INC AND AFFILIATES MASTER 46-7454613 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	RET. TRUST	MD	501(A)	N/A	N/A	X	
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEDSTAR SHAH MSO, LLC 46-27005 10980 GRANTCHESTER WAY COLUMBI	MGMT SVCS	MD	N/A	N/A								
(2) 22590 SHADY COURT, LLC 22590 SHADY COURT CALIFORNIA,	REAL ESTATE	MD	N/A	N/A								
(3) 24035 THREE NOTCH ROAD, LLC 24035 THREE NOTCH ROAD, LLC HO	REAL ESTATE	MD	N/A	N/A								
(4) 37767 MARKET DRIVE, LLC 37767 MARKET DRIVE, LLC LEONAR	REAL ESTATE	MD	N/A	N/A								
(5) 26840 POINT LOOKOUT ROAD, LLC 26840 POINT LOOKOUT ROAD CHARL	REAL ESTATE	MD	N/A	N/A								
(6) MONTGOMERY COMMUNITY MAGNETIC 4110 ASPEN HILL ROAD, SUITE 20	MRI SCREENING	MD	N/A	N/A								
(7) PHYSIOTHERAPY ASSOCIATES NRH R 4714 GETTYSBURG ROAD MECHANICS	PHYSIOTHERAPY	PA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MEDSTAR PHARMACIES, INC. 52-1513056 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	DRUG SALES	MD	N/A	C CORP					
(2) EXTENCARE, INC. 52-1556228 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SCVS	MD	N/A	C CORP					
(3) HELIX RESOURCES MANAGEMENT, INC. 52-1913070 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	ADMIN SCVS	MD	N/A	C CORP					
(4) HELIXCARE MEDICAL GROUP, LLC 52-1955580 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SCVS	MD	N/A	C CORP					
(5) HELIXCARE PROPERTIES, LLC 52-1966695 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MEDICAL SCVS	MD	N/A	C CORP					
(6) PARKWAY VENTURES, INC. 52-1893569 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	HOLDING CO.	MD	N/A	C CORP					
(7) PHYSICIANS ADMINISTRATIVE SERVICES, INC. 23-7042074 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	BILLING SCVS	MD	N/A	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANKLIN SQUARE MEDICAL CENTER 101 EAST STATE STREET KENNETT	NURSING HOME	PA	N/A	N/A								
(2) PHYSICIAN IMAGING OF WASHINGTO 840 CRESCENT CENTRE DR, STE 20	RADIOLOGY SVC	TN	N/A	N/A								
(3) FRANKLIN IMAGING, LLC 52-15886 7253 AMBASSADOR RD. BALTIMORE,	IMAGING	MD	N/A	N/A								
(4) MEDSTAR HEALTH/SURGCENTER DEVE 10980 GRANTCHESTER WAY COLUMBI	SURGERY	MD	N/A	N/A								
(5) 10 ST. PATRICK'S DRIVE, LLC 83 10 ST. PATRICKS DR. WALDORF, M	REAL ESTATE	MD	N/A	N/A								
(6) MEDSTAR ENDOSCOPY CTR AT LUTHE 1300 BELLONA AVE LUTHERVILLE,	SURGERY	MD	N/A	N/A								
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MEDSTAR FAMILY CHOICE, INC. 52-1995521 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	MANAGED CARE	MD	N/A	C CORP					
(2) MEDSTAR ENTERPRISES, INC. 52-2139841 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	ADMIN SCVS	MD	N/A	C CORP					
(3) SITEL, INC. 90-0753340 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	EDUCATIONAL	MD	N/A	C CORP					
(4) STAR BILLING, INC. 52-1850113 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	BILLING SCVS	MD	N/A	C CORP					
(5) WASHINGTON RISK NETWORK MANAGEMENT, INC. 52-2132677 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					
(6) WASHINGTON HOSPITAL CENTER PHYSICIAN HOS 52-1931000 100 IRVING STREET NW WASHINGTON, DC 20010	MEDICAL SCVS	MD	N/A	C CORP					
(7) MEDSTAR PHYSICIAN PARTNERS, INC. 52-2030809 4061 POWDERMILL ROAD, SUITE 210 CALVERTON, MD 20705	MEDICAL SCVS	MD	N/A	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FRANKLIN SQUARE DRIVE LAND CONDO ASSOCIA 10980 GRANTCHESTER WAY COLUMBIA, MD 21044	76-0756352 CONDOMINIUMS	MD	N/A	C CORP					
(2) MGH DIVERSIFIED SERVICES, INC. 18101 PRINCE PHILIP DRIVE OLNEY, MD 20832	52-1943602 MEDICAL SCVS	MD	N/A	C CORP					
(3) ST. MARY'S HEALTH ALLIANCE, INC. 25500 POINT LOOKOUT ROAD LEONARDTOWN, MD 20650	52-1930331 MEDICAL SCVS	MD	N/A	C CORP					
(4) GREENSPRING FINANCIAL INSURANCE LIMITED 23 LIME TREE BAY AVENUE PO BOX 1051 KY1-1102, GRAND CAYMA	98-0188617 INSURANCE	CJ	N/A	C CORP					
(5) ST MARY'S CONDO ASSOCIATION 25500 POINT LOOKOUT RD LEONARDTOWN, MD 20650	27-3377216 CONDOMINIUMS	MD	N/A	C CORP					
(6) MEDSTAR HEALTH MASTER RETIREMENT TRUST 103 SOUTH CHURCH ST., GRAND CAYMAN, CJ KY1-1002	98-1371657 INVESTMENTS	CJ	N/A	C CORP					
(7) MEDSTAR HEALTH, INC. - INVESTMENT FUND I 103 SOUTH CHURCH ST., GRAND CAYMAN, CJ KY1-1002	98-1310273 INVESTMENTS	CJ	N/A	C CORP					

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.

	Yes	No
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.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDSTAR HEALTH, INC.	Q	1,389,059.	FMV
(2) WASHINGTON HOSPITAL CENTER CORPORATION	P	568,604.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
