

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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 FORT WASHINGTON MEDICAL CENTER, INC.		D Employer identification number 52-1682858
	Doing Business As		E Telephone number (301)292-7000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code FORT WASHINGTON, MD 20744		G Gross receipts \$ 41,358,813.
F Name and address of principal officer: VERNA MEACHAM 174 WATERFRONT STREET SUITE 225, NATIONAL HA		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.FORTWASHINGTONMC.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: 1989	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE HIGH QUALITY, COMPASSIONATE AND RESPONSIVE HEALTH CARE SERVICES DEDICATED TO			
	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	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	482
	6	Total number of volunteers (estimate if necessary)	6	20
	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	Current Year
	9	Program service revenue (Part VIII, line 2g)	89,747.	212,229.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,240,581.	39,638,675.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	808.	748.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,653,100.	1,349,335.
			41,984,236.	41,200,987.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	22,956,297.	21,573,554.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	198,303.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,925,940.	19,051,391.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,882,237.	40,624,945.	
19	Revenue less expenses. Subtract line 18 from line 12	1,101,999.	576,042.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	21,750,077.	20,996,593.
	22	Net assets or fund balances. Subtract line 21 from line 20	18,729,403.	17,399,877.
		3,020,674.	3,596,716.	

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		
	JOSEPH B. TUCKER, SR VP/CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	WAYNE L. HARDER				P00294296
Paid Preparer Use Only	Firm's name	Firm's EIN			
	MCGLADREY LLP	42-0714325			
Paid Preparer Use Only	Firm's address	Phone no. (312) 634-3400			
	ONE SOUTH WAKER DRIVE, SUITE 800 CHICAGO, IL 60606				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENSURE HIGH QUALITY, COMPASSIONATE AND RESPONSIVE HEALTH CARE SERVICES DEDICATED TO ADVANCING THE HEALTH OF OUR COMMUNITY CUSTOMERS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 30,603,251. including grants of \$) (Revenue \$ 40,654,586.) IN 2013, FORT WASHINGTON MEDICAL CENTER INC, AN ACUTE CARE HOSPITAL PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDE CHARITY CARE, TEACHNG PERCEPTOR OPPORTUNITIES, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES. SEE SCHEDULE H FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 30,603,251.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (or 1024 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. Own website, Another's website, [X] Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THERESA PITTMAN - (301)686-1523, 174 WATERFRONT STREET, SUITE 225, NATIONAL HARBOR, MD 20745

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

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 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) BEVERLY ANDERSON, PH. D. DIRECTOR	1.00 0.70	X					0.	0.	0.	
(2) SAMIR AZER, MD DIRECTOR	1.00 0.70	X					0.	0.	0.	
(3) VIMLA BHOOSHAN, MD DIRECTOR/PHYSICIAN	41.00 0.70	X					516,956.	0.	0.	
(4) CHARLES E. DAY, SR. DIRECTOR	1.00 0.70	X					0.	0.	0.	
(5) ELIAS DEBBAS, MD DIRECTOR	1.00 0.70	X					0.	0.	0.	
(6) MONICA HOLMAN EVANS, ESQ. DIRECTOR (THRU JUNE 2013)	1.00 0.70	X					0.	0.	0.	
(7) REGINALD A. JONES TREASURER	1.00 0.70	X		X			0.	0.	0.	
(8) YVONNE S. MAGEE, PHD BOARD CHAIR-ELECT	1.00 0.70	X		X			0.	0.	0.	
(9) VIRGIL C. MCDONALD DIRECTOR	1.00 0.70	X					0.	0.	0.	
(10) HENRY W. MOSLEY DIRECTOR	1.00 0.70	X					0.	0.	0.	
(11) KIMBERLY ROBERTSON PANNELL CHAIR	1.00 0.70	X		X			0.	0.	0.	
(12) JOHN A. PETTY SECRETARY	1.00 0.70	X		X			0.	0.	0.	
(13) MANERVIA W. RIDDICK IMMEDIATE PAST CHAIR	1.00 0.70	X		X			0.	0.	0.	
(14) VERNA S. MEACHAM PRESIDENT/CEO	40.00 16.00	X		X			177,716.	0.	16,325.	
(15) JOSEPH B. TUCKER SR. VP FINANCE/CFO	40.00 16.00			X			177,164.	0.	5,831.	
(16) MARJORIE QUINT-BOUZID DIR. OF PATIENT CARE SERVICES	38.00			X			152,457.	0.	22,294.	
(17) SOCORRO OBEDOZA DIRECTOR OR & PACU	38.00				X		126,759.	0.	5,151.	

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 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			
(18) BEVERLY L. ARCIAGA CLINICAL NURSE II	38.00					X		138,799.	0.	8,627.
(19) FREDERICK L. ASHBY DIRECTOR INFORMATION TECHNOLOGY	38.00					X		131,765.	0.	22,641.
(20) HOWARD L. ROBINSON, JR. DIRECTOR OF PHARMACY	38.00					X		121,469.	0.	14,179.
(21) LILLIAN ANTONIO PAROAN CLINICAL NURSE II	38.00					X		120,107.	0.	6,593.
1b Sub-total								1,663,192.	0.	101,641.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,663,192.	0.	101,641.

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 24

	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
VIMLA BHOOSHAN 9739 AVENSEL FARM DR., POTOMAC, MD 20854	PHYSICIAN	516,956.
QUEST DIAGNOSTICS 14225 NEW BROOK DR., CHANTILLY, VA 20153	LAB	476,404.
ALPHA SECURITY, 12805 OLD FORT RD, SUITE 302, FORT WASHINGTON, MD 20744	SECURITY	368,287.
CPSI 6600 WALL STREET, MOBILE, AL 36695	COMPUTER SERVICES	338,471.
HEALTH CARE RESOLUTIONS, INC., 14504 GREENVIEW DRIVE, STE 3300, LAUREL, MD	ICD-10 IMPLEMENTATION	287,385.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	186,030.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,199.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		212,229.				
	Program Service Revenue	2 a PATIENT SERVICES	Business Code 621400	39,599,750.	39,599,750.		
b DIETARY SERVICES		900099	38,925.	38,925.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			39,638,675.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		748.			748.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	65,577.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)	65,577.				
	d Net rental income or (loss)		65,577.	65,577.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 186,030. of contributions reported on line 1c). See Part IV, line 18	a	101,903.				
		b Less: direct expenses	157,826.				
c Net income or (loss) from fundraising events			-55,923.			-55,923.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MEDICARE INCENTIVE PAY		900099	915,000.	915,000.			
	b REPORT AND RECORD FEES	900099	33,014.	33,014.			
	c						
	d All other revenue	900099	391,667.	2,320.		389,347.	
	e Total. Add lines 11a-11d		1,339,681.				
12 Total revenue. See instructions.		41,200,987.	40,654,586.	0.	334,172.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,067,139.	691,707.	375,432.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,293,127.	14,730,738.	2,414,645.	147,744.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,604.		2,604.	
9 Other employee benefits	1,873,290.	1,449,637.	406,719.	16,934.
10 Payroll taxes	1,337,394.	1,138,398.	188,801.	10,195.
11 Fees for services (non-employees):				
a Management	168,237.		168,237.	
b Legal	72,011.		72,011.	
c Accounting	95,350.		95,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,054,744.	4,623,106.	2,419,491.	12,147.
12 Advertising and promotion	27,074.		24,891.	2,183.
13 Office expenses	1,087,457.	591,142.	493,146.	3,169.
14 Information technology				
15 Royalties				
16 Occupancy	935,544.	93,355.	842,189.	
17 Travel	28,879.	2,797.	26,082.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,131.	10,353.	25,491.	287.
20 Interest	544,383.		544,383.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	801,129.		801,129.	
23 Insurance	971,882.	199,029.	772,853.	
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 MEDICAL SUPPLIES	4,869,143.	4,860,114.	8,217.	812.
b BAD DEBT	1,850,854.	1,850,854.		
c				
d				
e All other expenses	508,573.	362,021.	141,720.	4,832.
25 Total functional expenses. Add lines 1 through 24e	40,624,945.	30,603,251.	9,823,391.	198,303.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,011,937.	1	1,122,622.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	46,000.	3	46,000.
	4 Accounts receivable, net	6,743,932.	4	5,243,940.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	964,235.	8	903,483.
	9 Prepaid expenses and deferred charges	762,384.	9	899,653.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,173,536.		
	b Less: accumulated depreciation	10b 18,278,893.	6,800,759.	10c 6,894,643.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,420,830.	15	5,886,252.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,750,077.	16	20,996,593.	
Liabilities	17 Accounts payable and accrued expenses	7,854,760.	17	7,068,904.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,215,044.	23	8,683,676.
	24 Unsecured notes and loans payable to unrelated third parties	450,369.	24	456,254.
	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	1,209,230.	25	1,191,043.
	26 Total liabilities. Add lines 17 through 25	18,729,403.	26	17,399,877.
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	2,913,674.	27	3,489,716.
	28 Temporarily restricted net assets	107,000.	28	107,000.
	29 Permanently restricted net assets		29	
	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	3,020,674.	33	3,596,716.
34 Total liabilities and net assets/fund balances	21,750,077.	34	20,996,593.	

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	41,200,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,624,945.
3	Revenue less expenses. Subtract line 2 from line 1	3	576,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,020,674.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,596,716.

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
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
--	--

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	<hr/> <hr/> <hr/> <hr/>	\$ 47,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 28,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 9,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 9,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 9,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
--	--

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 FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of organization <p style="text-align: center;">FORT WASHINGTON MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">52-1682858</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,697.
j Total. Add lines 1c through 1i			3,697.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DUES PAID TO MARYLAND HOSPITAL ASSOCIATION RELATING TO

LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,528.		122,528.
b Buildings		8,881,193.	6,548,153.	2,333,040.
c Leasehold improvements		751,841.	541,458.	210,383.
d Equipment		12,944,137.	11,189,282.	1,754,855.
e Other		2,473,837.		2,473,837.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,894,643.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,798,158.
(2) MISCELLANEOUS ACCOUNTS RECEIVABLE	215,803.
(3) ASSETS LIMITED AS TO USE	1,524,655.
(4) DEPOSITS	132,297.
(5) DEFERRED FINANCING COSTS	1,299,629.
(6) INCENTIVE PAYMENTS RECEIVABLE	915,710.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,886,252.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 FROM THIRD PARTY PAYEE	915,452.
(3) CAPITAL LEASE	275,591.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,191,043.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	41,358,813.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	157,826.
e	Add lines 2a through 2d	2e	157,826.
3	Subtract line 2e from line 1	3	41,200,987.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,200,987.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	40,782,771.
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	157,826.
e	Add lines 2a through 2d	2e	157,826.
3	Subtract line 2e from line 1	3	40,624,945.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,624,945.

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.

PART X, LINE 2:

THE HOSPITAL HAS ADOPTED THE ACCOUNTING STANDARD ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON

A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS

POLICY, THE HOSPITAL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX

POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE HOSPITAL'S TAX

POSITIONS AND HAS CONCLUDED THAT THE HOSPITAL HAS TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS GUIDANCE.

Part XIII Supplemental Information (continued)

THE HOSPITAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S.

FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31,

2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE

FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE 157,826.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE

FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE 157,826.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	287,933.			287,933.
	2 Less: Contributions	186,030.			186,030.
	3 Gross income (line 1 minus line 2)	101,903.			101,903.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	35,986.			35,986.
	7 Food and beverages	53,400.			53,400.
	8 Entertainment	21,633.			21,633.
	9 Other direct expenses	46,807.			46,807.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				157,826.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-55,923.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Name of the organization: **FORT WASHINGTON MEDICAL CENTER, INC.**
Employer identification number: **52-1682858**

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	
b 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 type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1,310,645.	958,865.	351,780.	.87%
b Medicaid (from Worksheet 3, column a)			2,564,107.	1,534,803.	1,029,304.	2.53%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			3,874,752.	2,493,668.	1,381,084.	3.40%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			73,033.		73,033.	.18%
f Health professions education (from Worksheet 5)			409,874.	15,000.	394,874.	.97%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,597.		60,597.	.15%
j Total. Other Benefits			543,504.	15,000.	528,504.	1.30%
k Total. Add lines 7d and 7j			4,418,256.	2,508,668.	1,909,588.	4.70%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 FORT WASHINGTON MEDICAL CENTER, INC.
11711 LIVINGSTON ROAD
FORT WASHINGTON, MD 20744

Table with 10 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'x' marks in the first three columns and 'x' in the ER-24 hours column.

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 facility reporting group FORT WASHINGTON MEDICAL CENTER, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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	
4 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
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.FORTWASHINGTONMC.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) FORT WASHINGTON MEDICAL CENTER, INC.

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) FORT WASHINGTON MEDICAL CENTER, INC.

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

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	x	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21		x
22		x

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information (continued)

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

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 3: FORT WASHINGTON MEDICAL CENTER (FWMC)

INITIATED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN MARCH 2013 TO

IDENTIFY THE NEEDS OF THOSE LIVING IN ITS PRIMARY AND SECONDARY SERVICE

AREAS IN PRINCE GEORGE'S COUNTY, CHARLES COUNTY, AND WASHINGTON, D.C. THIS

COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED TO EVALUATE THE STUDY AREA

(BY ZIP CODE) AND UNDERSTAND THE REGION'S HEALTH NEEDS.

THE CHNA, CONDUCTED BY CHNA CONSULTANT TRIPP UMBACH, IDENTIFIED SPECIFIC

COMMUNITY HEALTH NEEDS AND EVALUATED HOW THOSE NEEDS ARE BEING MET IN

ORDER TO BETTER CONNECT HEALTH AND HUMAN SERVICES WITH THE NEEDS OF

RESIDENTS IN THE REGION. FORT WASHINGTON MEDICAL CENTER CONNECTED WITH A

WIDE RANGE OF ORGANIZATIONS, HEALTH-RELATED PROFESSIONALS, LOCAL

GOVERNMENT OFFICIALS, HUMAN SERVICE ORGANIZATIONS, AND FAITH-BASED

ORGANIZATIONS TO EVALUATE THE COMMUNITY'S HEALTH AND SOCIAL NEEDS. THE

ASSESSMENT INCLUDED PRIMARY DATA COLLECTION VIA ELECTRONIC AND

HAND-DISTRIBUTED SURVEYS AND PHONE INTERVIEWS WITH THE FOLLOWING:

COMMUNITY STAKEHOLDERS INTERVIEWED VIA PHONE

- YMCA POTOMAC OVERLOOK: ALLISON JONES, VICE PRESIDENT OPERATIONS

- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT: DR. ERNEST CARTER, DEPUTY

HEALTH OFFICER

- PRINCE GEORGE'S COUNTY COUNCILMAN /STATE LEGISLATOR: PRINCE GEORGE'S

COUNTY COUNCILMAN OBIE PATTERSON; D-8 MARYLAND STATE DELEGATE KRISSELDA

VALDERRAMA

- FORT FOOTE BAPTIST CHURCH: REV. NORMAN ROBINSON, PASTOR

Part V Facility Information (continued)

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

- RIVER JORDAN PROJECT COMMUNITY ORGANIZATION AND FWMC ADVISORY COUNCIL

MEMBERS: REV. DR. ROBERT SCREEN; REV. TIERNEY SCREEN

COMMUNITY POPULATION SURVEYS

FORT WASHINGTON MEDICAL CENTER ATTENDED HEALTH FAIRS, AND DISTRIBUTED THE HAND SURVEY TO END-USERS IN THE STUDY AREA. AN ONLINE SURVEY ALSO WAS EMPLOYED. THE HAND SURVEY WAS DISTRIBUTED TO THE COMMUNITY THROUGH THE YMCA, FWMC HOSPITAL, LOCAL SCHOOL, LIBRARY AND LOCAL GROUP EVENTS, HEALTH FAIRS, STRIP MALLS, BARBERSHOPS, AND SENIOR HOMES.

- A TOTAL OF 339 SURVEYS WERE COLLECTED
- 299 VIA IN-PERSON, HAND-SURVEY COLLECTION; 88.2%
- 40 VIA ONLINE COLLECTION; 11.8%

TRIPP UMBACH'S INDEPENDENT DATA ANALYSIS, IN CONCERT WITH COMMUNITY FORUMS AND PRIORITIZATION OF THE COMMUNITY HEALTH ASSESSMENT FINDINGS, RESULTED IN THE IDENTIFICATION OF KEY COMMUNITY HEALTH NEEDS. THE COMMUNITY HEALTH NEEDS WERE PRIORITIZED AND AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND EXECUTED.

TO ENSURE THAT ALL HEALTH NEEDS WERE MET, FWMC IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET EACH IDENTIFIED COMMUNITY HEALTH NEED THROUGH THE CHNA ASSET COMMUNITY INVENTORY ASSESSMENT.

FWMC MADE THE CHNA AVAILABLE TO ITS EMPLOYEES, AND TO THE PUBLIC VIA ITS WEBSITE AND UPON REQUEST.

Part V Facility Information (continued)

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

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 7: THE HOSPITAL CANNOT ADDRESS ALL COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS.

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 20D: 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.

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.

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT FOR FORT WASHINGTON MEDICAL
CENTER IS FILED ANNUALLY WITH THE MARYLAND HEALTH SERVICES COST REVIEW
COMMISSION WHICH ALLOWS FOR PUBLIC ACCESS TO INFORMATION FILED.

PART I, LINE 7A, COLUMN D:

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

PART I, LINE 7B, COLUMNS B, C, D, AND F:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR

Part VI Supplemental Information (Continuation)

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 INCLUDING

UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID

REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO

THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID

ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL

GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE

RATE SETTING SYSTEM. THE HOSPITAL PORTION OF THE MEDICAID ASSESSMENT

FOR FORT WASHINGTON MEDICAL CENTER WAS \$170,015 IN 2013.

PART I, LINE 7F, COLUMNS C AND D:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR

HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH

SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A

RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING

UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO

UNCOMPENSATED CARE.

PART I, LINE 7F:

BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25,

Part VI Supplemental Information (Continuation)

COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE
IN THIS COLUMN.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL ROUTINELY PARTICIPATES IN COMMUNITY HEALTH FAIRS
PROVIDING EDUCATION AND BLOOD PRESSURE SCREENINGS AT VARIOUS LOCATIONS
THROUGHOUT THE SERVICE AREA. CLASSES ARE ALSO HELD TO EDUCATE THE
COMMUNITY ON DIABETES, HEART DISEASE AND SMOKING CESSATION.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARISE FROM HEALTH CARE SERVICES
PROVIDED PRIMARILY TO RESIDENTS OF MARYLAND. THE PRINCIPAL PAYERS FOR
THESE SERVICES ARE THE PATIENTS, INSURANCE COMPANIES (INCLUDING CAREFIRST)
AND MEDICARE AND CERTAIN MEDICAID PROGRAMS. ACCOUNTS RECEIVABLE ARE
REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE
COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST
HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF
REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND
PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE
MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE
ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES
PROVIDED TO PATIENTS WHO HAVE COVERAGE, THE HOSPITAL ANALYZES
CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS
AND A PROVISION FOR BAD DEBT, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED
UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD
PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING
FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

Part VI Supplemental Information (Continuation)

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE HOSPITAL GRANTS CREDIT TO PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE LOCAL RESIDENTS. THE HOSPITAL GENERALLY DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY IN EXTENDING CREDIT; HOWEVER, IT ROUTINELY OBTAINS ASSIGNMENT OF (OR IS OTHERWISE ENTITLED TO RECEIVE) PATIENTS' BENEFITS RECEIVABLE UNDER THEIR HEALTH INSURANCE PROGRAMS, PLANS, OR POLICIES.

THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) REGULATES THE HOSPITAL'S RATES FOR ALL OF ITS INPATIENT AND OUTPATIENT SERVICES. AS PART OF THE REGULATORY PROCESS, THE HSCRC APPROVES UNIT RATES AND CHARGES PER CASE AMOUNTS, AND THE HOSPITAL IS REQUIRED TO CHARGE WITHIN CERTAIN LIMITS RELATED TO THESE APPROVED AMOUNTS. THE HSCRC CHARGE PER CASE METHODOLOGY RECOGNIZES CASE MIX CHANGES. ANNUAL COMPLIANCE PERIODS BEGIN ON JULY 1 AND END ON JUNE 30. THE HOSPITAL RECEIVED A 1.65% UNIT RATE AND CHARGE PER CASE INCREASE EFFECTIVE JULY 1, 2013.

PART III, LINE 8:

A COST-TO-CHARGE METHODOLOGY WAS USED TO DETERMINE MEDICARE

Part VI Supplemental Information (Continuation)

ALLOWABLE COSTS.

PART III, LINE 9B:

ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. IF THE ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, INCLUDING ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. ONCE CHARITY CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGANIZATION TO COLLECT.

PART VI, LINE 2:

FORT WASHINGTON MEDICAL CENTER (FWMC) INITIATED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN MARCH 2013 TO IDENTIFY THE NEEDS OF THOSE LIVING IN ITS PRIMARY AND SECONDARY SERVICE AREAS IN PRINCE GEORGE'S COUNTY, CHARLES COUNTY, AND WASHINGTON, D.C. THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED TO EVALUATE THE STUDY AREA (BY ZIP CODE) AND UNDERSTAND THE REGION'S HEALTH NEEDS.

IN ADDITION, WE ARE ACTIVELY INVOLVED WITH THE PRINCE GEORGE'S COUNTY HEALTHCARE ACTION COALITION (PGHAC) DEVELOPED BY THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO ASSIST IN MAKING MARYLAND HEALTHIER. PGHAC'S MISSION IS TO IMPROVE THE HEALTH OF THE RESIDENTS OF PRINCE GEORGE'S COUNTY BY INCREASING ACCESS TO CARE, PROMOTING COLLABORATION AMONG HEALTH CARE PROVIDERS AND KEY STAKEHOLDERS, AND INTEGRATING AND COORDINATING PATIENT CARE TO REDUCE DUPLICATION OF AND ENHANCE SEAMLESS HEALTH SERVICE DELIVERY.

Part VI Supplemental Information (Continuation)

FWMC IS INVOLVED WITH THE "ACCESS TO CARE" WORK GROUP WITH A FOCUS ON ENSURING RESIDENTS RECEIVE NEEDED HEALTH CARE, PARTICULARLY LOW INCOME, UNINSURED/UNDERINSURED ADULTS AND CHILDREN. THE ORGANIZATION HAS BEEN INVOLVED FROM THE BEGINNING OF THE INITIATIVE WORKING WITH PUBLIC HEALTH EXPERTS, AGENCIES, HOSPITAL PERSONNEL AND COMMUNITY ORGANIZATIONS TO LAY A FOUNDATION FOR ADDRESSING THIS ISSUE AND ESTABLISHING WAYS TO PROMOTE AND COMMUNICATE THE INITIATIVE AND MONITOR AND MEASURE ITS OVERALL EFFECTIVENESS.

TO GAIN MORE INSIGHT INTO THE HEALTH OF THE COUNTY, IN OCTOBER 2011, THE ORGANIZATION INVITED PRINCE GEORGE'S COUNTY ACTING HEALTH OFFICER PAMELA CREEKMUR TO A PUBLIC ANNUAL MEETING TO DISCUSS THE COUNTY'S HEALTH IMPROVEMENT PLAN - ITS BLUEPRINT FOR A HEALTHIER COUNTY TO LEARN MORE ABOUT THE COUNTY'S 10 HEALTH PRIORITIES, AND HOW WE CAN WORK COLLABORATIVELY. WE HELD A ROUNDTABLE AFTER THE DISCUSSION WITH COMMUNITY FEEDBACK TO GAIN FURTHER INSIGHT ON THE ISSUES PRESENTED AND DETERMINED THAT UNINSURED AND WELLNESS PREVENTION WAS A LEADING AREA OF CONCERN. PARTICIPANTS NOTED THE AVAILABLE HEALTH SERVICES FOR THE UNINSURED AND THE LACK OF SUFFICIENT PRIMARY CARE PROVIDERS (ACCESS TO CARE), WHICH LED TO THE PGHAC INITIATIVE WE ARE INVOLVED IN TODAY.

WE ALSO ENGAGE OUR FWMC COMMUNITY ADVISORY COUNCIL, WHICH CONSISTS OF CLERGY, EDUCATORS, GOVERNMENT REPRESENTATIVES AND OTHER PROFESSIONALS TO GAIN COMMUNITY FEEDBACK ON HOSPITAL GOALS, OBJECTIVES AND THE COMMUNITIES' NEEDS.

PART VI, LINE 3:

FORT WASHINGTON MEDICAL CENTER COMMUNICATES THE AVAILABILITY

Part VI Supplemental Information (Continuation)

OF FINANCIAL ASSISTANCE ON THE HOSPITAL WEBSITE AND IN HOSPITAL PUBLICATIONS. FINANCIAL ASSISTANCE PROGRAM NOTICES ARE POSTED FOR PUBLIC VIEW IN THE ADMITTING AREA, REGISTRATION AREA, PATIENT ACCOUNTS OFFICE, THE EMERGENCY DEPARTMENT AND ADMINISTRATION. FURTHERMORE, A COPY OF THE FINANCIAL ASSISTANCE POLICY IS PROVIDED TO PATIENTS OR THEIR FAMILIES AS PART OF THE ADMISSION PROCESS. ALSO, ONCE THE PATIENT IS DISCHARGED, EACH BILLING STATEMENT CONTAINS A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

STAFF HAS BEEN TRAINED TO ASSIST PATIENTS WHO WISH TO UTILIZE THE FINANCIAL ASSISTANCE PROGRAM BY REFERRING THEM TO FINANCIAL COUNSELORS THAT HELP THE PATIENTS TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATIONS.

PART VI, LINE 4:

FORT WASHINGTON, OXON HILL AND TEMPLE HILLS COMPRISE FORT WASHINGTON MEDICAL CENTER'S COMMUNITY BASED SERVICE AREA (CBSA) AND ARE LOCATED IN PRINCE GEORGE'S COUNTY. THE SUBURBAN CITIES ARE WITHIN A SHORT DISTANCE FROM THE WASHINGTON, D.C./MARYLAND LINE.

FORT WASHINGTON ENCOMPASSES A 14-SQUARE MILE RADIUS. ACCORDING TO CLARITAS.COM, IT HAS A POPULATION OF 50,463 PEOPLE. THE RACIAL DYNAMIC OF FORT WASHINGTON IS PRIMARILY AFRICAN-AMERICAN WITH 75.5% RESIDENTS; 14.6% WHITE RESIDENTS; 6.4% ASIAN, AND THE REMAINDER OF OTHER RACES ARE, NATIVE HAWAIIAN, AMERICAN INDIAN, AND PACIFIC ISLANDER.

THE MEDIAN FORT WASHINGTON HOUSEHOLD INCOME IS \$87,600.

SURROUNDING PORTIONS OF FORT WASHINGTON IS 9-SQUARE MILES OF LAND IN OXON HILL, MARYLAND. IT EXTENDS ALONG THE 210 NORTH CORRIDORS AND ALONG

Part VI Supplemental Information (Continuation)

SOUTHERN AVENUE, WHICH SEPARATES IT FROM WASHINGTON, D.C. ACCORDING TO

THE CLARITAS.COM, ITS POPULATION IS 28,199 RESIDENTS. THE RACIAL MAKE-UP

OF OXON HILL IS 84.6% AFRICAN-AMERICANS; 8.2% WHITE RESIDENTS AND 4.2%

ASIAN RESIDENTS.

THE MEDIAN OXON HILL HOUSEHOLD INCOME IS \$52,300 AND THE AVERAGE AGE OF

THE OXON HILL RESIDENT IS 35.4 YEARS.

ANOTHER COMPONENT OF THE FWMC SERVICE AREA IS TEMPLE HILLS, WHICH IS 1.4

SQUARE MILES, AND IS WEST OF OXON HILL AND SOUTHEAST OF WASHINGTON, D.C.

TEMPLE HILLS HAS A POPULATION OF 36,626 PEOPLE. AFRICAN-AMERICANS COMPRISE

THE MAJORITY OF THE POPULATION WITH 85.4% RESIDENTS, 11.0% WHITE RESIDENTS

AND 1.9% HISPANIC RESIDENTS. THERE IS A SMALL POPULATION OF NATIVE

HAWAIIAN, AMERICAN INDIAN AND PACIFIC ISLANDERS. NEARLY 14% OF THE

POPULATION IS CONSIDERED BELOW THE PROVERTY LINE.

THE MEDIAN TEMPLE HILLS HOUSEHOLD INCOME IS \$61,400 AND THE AVERAGE AGE OF

THE TEMPLE HILLS RESIDENT IS 38.4 YEARS.

PART VI, LINE 5:

THE HOSPITAL HAS A BOARD THAT IS MADE UP OF MEMBERS OF THE

COMMUNITY WHO SERVE AS THE OVERSIGHT BODY FOR THE ACTIVITIES OF THE

HOSPITAL. SURPLUS HOSPITAL FUNDS ARE REINVESTED IN THE OPERATION TO

SECURE REQUIRED REPLACEMENT EQUIPMENT AND BUILDING UPGRADES/REPAIRS. THE

HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR

ALL OF ITS DEPARTMENTS.

FORT WASHINGTON MEDICAL CENTER ROUTINELY PARTICIPATES IN COMMUNITY HEALTH

Part VI Supplemental Information (Continuation)

FAIRS, PROVIDING EDUCATION AND BLOOD PRESSURE SCREENINGS AT VARIOUS

LOCATIONS THROUGH THE PATIENT SERVICE AREA. IN ADDITION, CLASSES ARE HELD

TO EDUCATE THE COMMUNITY ON A NUMBER OF HEALTH ISSUES, INCLUDING:

DIABETES, HEART DISEASE AND SMOKING CESSATION.

FORT WASHINGTON MEDICAL CENTER HAS A BOARD OF DIRECTORS COMPRISED

PREDOMINANTLY FROM MEMBERS OF THE COMMUNITY WHO SERVE AS THE OVERSIGHT

BODY FOR THE ACTIVITIES OF THE HOSPITAL. SURPLUS FUNDS ARE REINVESTED IN

THE HOSPITAL TO PROVIDE REQUIRED REPLACEMENT EQUIPMENT AND BUILDING

UPGRADES/REPAIRS AS WELL AS TO CONTINUE TO PROVIDE COMMUNITY BENEFIT

ACTIVITIES FOR THE COMMUNITY.

IT IS BELIEVED THAT A SUBSTANTIAL NUMBER OF THE EMERGENCY ROOM CASES AT

FWMC ARE LINKED TO DIABETES. IN AN EFFORT TO HELP PATIENTS BETTER MANAGE

DIABETES, AND TO REDUCE THE INCIDENCE OF RECIDIVISM, PATIENTS NOW SEEN AT

FWMC OR THROUGH THE EMERGENCY ROOM, OR IF HOSPITALIZED, ARE RECRUITED TO

PARTICIPATE IN THE CLASSES.

DURING THIS REPORTING YEAR, FWMC PROVIDED THE FOLLOWING PROGRAMMATIC

ACTIVITIES RELATED TO COMMUNITY NEED:

- CONDUCTED (2) 4-WEEK DIABETES MANAGEMENT SERIES HELD IN THE SPRING AND

FALL.

- PROVIDED A HEALTH EDUCATION PRESENTATION SPECIFICALLY ON HEART HEALTH

FOCUSING ON HYPERTENSION, CONGESTIVE HEART FAILURE, AND LIFESTYLE

ELEMENTS.

- PROVIDED A HEALTH EDUCATION PRESENTATION ON RESPIRATORY AILMENTS,

INCLUDING ASTHMA, EMPHYSEMA AND BRONCHITIS.

- PROVIDED NEARLY 30 COMMUNITY-BASED EVENTS TO 450 PARTICIPANTS.

Part VI Supplemental Information (Continuation)

- PARTNERED WITH CHURCHES, COMMUNITY AND SOCIAL GROUPS, SCHOOLS, AND SERVICE ORGANIZATIONS TO PROVIDE HEALTH EDUCATION AND SCREENINGS.

- ESTABLISHED A FRAMEWORK TO HOLD COMMUNITY ENGAGEMENT ACTIVITIES.

- WORKED WITH OTHER HEALTH CARE PROVIDERS, INCLUDING THE PRINCE GEORGE'S HEALTH DEPARTMENT, THE AMERICAN HEART ASSOCIATION, AND THE FPMC MEDICAL STAFF.

- PROVIDED PROFESSIONAL HEALTH EDUCATION TO 108 PARTICIPANTS.

EVALUATIONS ARE DONE ON PARTS OF THE PROGRAM, WHICH HAVE INCLUDED THE DIABETES AWARENESS PROGRAM, MAJOR COMMUNITY OFFERINGS AND SPECIAL MEETINGS. THE DIABETES PROGRAM AT FPMC HAS BEEN HIGHLY SUCCESSFUL. PARTICIPANTS THEMSELVES RATE THE PROGRAM HIGHLY, NOTING THE EXPERTISE OF THE INSTRUCTORS, THE DESIGN OF THE CLASS AND THE EASY ACCESS TO THE CLASS.

HEALTH FAIRS AND SCREENING PROGRAMS ARE EVALUATED ON A CASE-BY-CASE BASIS TO ASCERTAIN COMMUNITY PARTICIPATION, SPONSOR FEEDBACK, CLINICAL FOLLOW-UP, EDUCATIONAL MATERIALS, COMMUNITY AWARENESS AND AFFIRMATION, AND GENERAL FEEDBACK.

EVALUATION OF PRECEPTOR-SHIP PROGRAMS ARE BUILT IN AND ARE DONE ON A CONTINUAL BASIS. FORT WASHINGTON MEDICAL CENTER'S TEACHING - PRECEPTOR PROGRAM CONTINUES TO BE A MAJOR PORTION OF COMMUNITY BENEFIT. NURSING AND ALLIED TRAINING PRECEPTOR OPPORTUNITIES HAVE CONTINUED AT FPMC. UNDER THE DIRECTION OF THE FPMC'S PERFORMANCE IMPROVEMENT DEPARTMENT, WHICH ADHERES TO THE STANDARD ESTABLISHED BY JCAHO, STUDENTS ARE REQUIRED TO MEET CERTAIN HOSPITAL STANDARDS. THE DEPARTMENT WORKS WITH THE NURSING AND ALLIED HEALTH SCHOOLS TO INSURE THAT THE STANDARDS ARE MET AND THAT THERE IS APPROPRIATE REPORTING, AS REQUIRED FROM ALL PARTICIPANTS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

THE NEXUS HEALTH CARE SYSTEM PROVIDES MEDICAL CARE TO COMMUNITIES IN PRINCE GEORGE'S COUNTY, MARYLAND AND WASHINGTON, D.C. THROUGH ITS OWNERSHIP IN FORT WASHINGTON MEDICAL CENTER AND CAROLYN BOONE LEWIS HEALTH CARE CENTER. CAROLYN BOONE LEWIS HEALTH CENTER IS A 183-BED TEACHING NURSING HOME LOCATED ON THE MARYLAND-WASHINGTON, D.C. LINE IN SOUTHEAST WASHINGTON D.C. IT PROVIDES SKILLED NURSING, REHABILITATION SERVICES, AND LONG-TERM CARE. FORT WASHINGTON MEDICAL CENTER IS A 37-BED HOSPITAL, CURRENTLY LICENSED FOR 31 BEDS. THE HOSPITAL UTILIZES 33 ACUTE CARE BEDS, WITH FOUR BEDS DESIGNATED FOR INTENSIVE CARE. THE HOSPITAL PROVIDES MEDICAL AND SURGICAL SERVICES, INCLUDING SPECIALTY SERVICES SUCH AS ENDOCRINOLOGY, PATHOLOGY AND HEMATOLOGY ON BOTH AN INPATIENT AND OUTPATIENT BASIS. ADDITIONALLY, THE HOSPITAL PROVIDES 24/7 EMERGENCY ROOM SERVICES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VIMLA BHOOSHAN, MD DIRECTOR/PHYSICIAN	(i)	516,956.	0.	0.	0.	0.	516,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VERNA S. MEACHAM PRESIDENT/CEO	(i)	177,716.	0.	0.	5,442.	10,883.	194,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH B. TUCKER SR. VP FINANCE/CFO	(i)	177,164.	0.	0.	3,889.	1,942.	182,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARJORIE QUINT-BOUZID DIR. OF PATIENT CARE SERVICES	(i)	152,457.	0.	0.	4,740.	17,554.	174,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FREDERICK L. ASHBY DIRECTOR INFORMATION TECHNOLOGY	(i)	131,765.	0.	0.	4,118.	18,523.	154,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCING THE HEALTH OF OUR COMMUNITY CUSTOMERS.

FORM 990, PART VI, SECTION A, LINE 3:

ON SEPTEMBER 1, 2013, THE HOSPITAL ENTERED INTO MANAGEMENT

SERVICES AGREEMENT WITH UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION

(UMMS) WHEREBY THE HOSPITAL'S CURRENT CHIEF EXECUTIVE OFFICER

(CEO) AND CHIEF FINANCIAL OFFICER (CFO) BECAME DIRECT EMPLOYEES OF UMMS,

AND UMMS WAS TASKED WITH PROVIDING MANAGEMENT SUPERVISION FOR THE OPERATION

AND BUSINESS DEVELOPMENT OF THE HOSPITAL. THE CEO REPORTS DIRECTLY TO THE

BOARD OF DIRECTORS OF THE HOSPITAL AND IS RESPONSIBLE FOR SUPERVISING THE

DAY-TO-DAY OPERATION, MANAGEMENT, ADMINISTRATIVE SUPERVISION, AND

MAINTENANCE OF THE FACILITY ON BEHALF OF THE HOSPITAL. THE CFO, JOSEPH

TUCKER REPORTS DIRECTLY TO THE CEO. CEO, VERNA MEACHAM, RECEIVED

COMPENSATION IN THE AMOUNT OF \$75,209 FROM UMMS. CFO, JOSEPH TUCKER,

RECEIVED COMPENSATION IN THE AMOUNT OF \$52,443 FROM UMMS.

FORM 990, PART VI, SECTION B, LINE 11:

UPON COMPLETION OF THE FORM 990 BY THE EXTERNAL ACCOUNTING

FIRM, A REVIEW OF THE RETURN IS COMPLETED BY THE CORPORATE FINANCE

DEPARTMENT AS WELL AS THE SENIOR VICE PRESIDENT FOR FINANCE AND THE

PRESIDENT & CEO. THE 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE

BOARD OF TRUSTEES. THE FINAL VERSION OF THE DOCUMENTS ARE THEN MADE

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization
FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number
52-1682858

IN CONNECTION WITH ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,
AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF AND NATURE OF HIS OR
HER FINANCIAL INTEREST TO THE PRESIDENT, DIRECTORS AND/OR MEMBERS OF
COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION
OR ARRANGEMENT. INTERESTED PERSONS ALSO SHOULD BE ALERT TO DISCLOSE ANY
SITUATION THAT, BY VIRTUE OF A TRANSACTION OR ARRANGEMENT UNDER
CONSIDERATION, COULD BE PERCEIVED BY ANYONE AS A CONFLICT OF INTEREST.

A. DURING THE YEAR

ALL INTERESTED PERSONS ARE OBLIGATED TO MONITOR THEIR OUTSIDE ACTIVITIES
WITH REGARD TO ENTITIES THAT DO BUSINESS WITH NEXUS HEALTH, INC OR ITS
SUBSIDIARIES. AT ANY TIME DURING THE YEAR, INTERESTED PERSONS MAY HAVE A
CHANGE IN A FINANCIAL ARRANGEMENT OR ADDITION OF A NEW POTENTIAL CONFLICT
OF INTEREST THAT MAY HAVE AN EFFECT ON BUSINESS. IT IS THE
RESPONSIBILITY OF THE INDIVIDUAL TO REPORT THIS INFORMATION TO THE CHAIR
PERSON OF THE BOARD OF TRUSTEES, PRESIDENT OR COMPLIANCE OFFICER. THE
INDIVIDUAL WILL BE PROVIDED WITH THE APPROPRIATE DOCUMENTS TO REPORT THE
POTENTIAL CONFLICT.

B. ANNUAL REPORTING

ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER, SENIOR MANAGER, DIRECTOR, MEMBER
OF THE MEDICAL STAFF EXECUTIVE COMMITTEE, OR MEDICAL DIRECTOR, SHALL
COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND REVIEW THE CONFLICTS OF
INTEREST POLICY. TRUSTEES SHOULD ALSO REVIEW THE CORPORATION BYLAWS. THE
CONFLICT OF INTEREST DISCLOSURE AND POLICY WILL BE ISSUED TO EACH
INTERESTED PERSON DURING THE MONTH OF NOVEMBER BY THE EXECUTIVE ASSISTANT
TO THE CEO. ALL FORMS ARE TO BE RETURNED TO THE EXECUTIVE ASSISTANT TO THE

CEO NO LATER THAN DECEMBER 31ST.

332212
09-04-13

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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MANAGEMENT OF CONFLICTS:

IF AN INTERESTED PERSON HAS A POTENTIAL CONFLICT OF INTEREST, IT MUST BE DISCLOSED. THE INTERESTED PERSON INVOLVED IN THE CONFLICT MAY NOT PARTICIPATE IN ANY PROCESS LEADING TO THE APPROVAL OR DISAPPROVAL OF THE TRANSACTION CREATING THE CONFLICT, INCLUDING ANY VOTE OR OTHER SUBMISSION OF OPINION. IN ADDITION, THE INTERESTED PERSON MUST NOT INDIRECTLY ATTEMPT TO INFLUENCE THE DECISION-MAKING PROCESS. INTERESTED PERSONS WHO FAIL TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND AVOID ANY DIRECT OR INDIRECT INFLUENCE IN ACCORDANCE WITH THIS POLICY SHALL BE APPROPRIATELY DISCIPLINED. VIOLATION OF THIS POLICY WILL SUBJECT THE INDIVIDUAL TO DISCIPLINARY ACTION INCLUDING POSSIBLE DISMISSAL AND MEMBERS OF THE BOARD OF TRUSTEES WILL BE SUBJECT TO REMOVAL. DISCIPLINE WILL BE COMMENSURATE WITH THE SERIOUSNESS OF THE ACTION. ALL REPORTS OF CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST WILL BE REVIEWED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES, PRESIDENT AND THE COMPLIANCE OFFICER. CONFLICT DISCLOSURES WILL ALSO BE REVIEWED BY LEGAL COUNSEL. THE CHAIRMAN, PRESIDENT, COMPLIANCE OFFICER, AND LEGAL COUNSEL WILL DETERMINE IF ANY ACTION MUST BE TAKEN TO PROTECT NEXUS HEALTH, INC. OR ITS AFFECTED AFFILIATES. A REPORT OF ALL CONFLICTS OF INTEREST SHALL BE SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION:

PURPOSE: THE WAGE AND SALARY STRUCTURE GOVERNING EXECUTIVE COMPENSATION IS ESTABLISHED AND APPROVED BY THE BOARD OF DIRECTORS OF NEXUS HEALTH, INC. VIA THE EXECUTIVE COMPENSATION COMMITTEE IN CONSULTATION WITH THE CEO.

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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PHILOSOPHY: THE INTENT OF THIS POLICY IS TO GUIDE THE EXECUTIVE

COMPENSATION PRACTICES OF THE ORGANIZATION TO ASSURE A FAIR AND EQUITABLE,

WELL-DEFINED PROCESS FOR DETERMINING COMPENSATION, AND TO PROVIDE A

STANDARDIZED STRUCTURE FOR MANAGING THIS ISSUE.

1. COMPENSATION OF THE PRESIDENT AND CEO OF THE ORGANIZATION IS GOVERNED BY

CONTRACT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT STUDY AS PART OF

THEIR PROCESS IN DETERMINING THE COMPENSATION OF THE CEO.

2. COMPENSATION FOR THE SENIOR EXECUTIVE STAFF IS ESTABLISHED AS FOLLOWS:

THE HUMAN RESOURCES DEPARTMENT, OR AN EXTERNAL ORGANIZATION WILL DETERMINE

THE CURRENT MARKET SALARY RANGES FOR EXECUTIVE LEVEL POSITIONS BY

CONDUCTING PERIODIC SALARY SURVEYS. A RANGE SHALL BE ESTABLISHED FOR EACH

EXECUTIVE POSITION. THIS SHALL BE PRESENTED TO THE BOARD THROUGH THE

EXECUTIVE COMPENSATION COMMITTEE ON AN ANNUAL BASIS AT THE APRIL BOARD

MEETING.

3. THE CEO HAS THE AUTHORITY TO SET EXECUTIVE COMPENSATION AND SALARY

INCREASES WITHIN THE RANGES DETERMINED BY THE HR DEPARTMENT AND APPROVED BY

THE BOARD. SENIOR EXECUTIVE STAFF IS DEFINED AS AN INDIVIDUAL WITH THE

TITLE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT, OR

CORPORATE DIRECTOR.

4. EXECUTIVES SHALL BE ENTITLED TO ALL BENEFITS BEYOND SALARY AS EXTENDED

TO OTHER EMPLOYEES OF THE CORPORATION. THESE INCLUDE HEALTH AND MEDICAL

BENEFITS, 403B MATCH FOR RETIREMENT SAVINGS, LIFE, SHORT AND LONG-TERM

DISABILITY INSURANCES OR ANY OTHER BENEFITS THAT MAY BE OFFERED AT SOME

FUTURE DATE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

332212
09-04-13

Name of the organization
FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number
52-1682858

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Multiple horizontal lines for text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

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

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
NEXUS HEALTH INC. - 52-0238460 174 WATERFRONT STREET SUITE 225 NATIONAL HARBOR, MD 20745	PARENT ORGANIZATION	MARYLAND	501(C)(3)	509(A)(2)	N/A		X
CAROLYN BOONE LEWIS HEALTH CARE CENTER - 52-1127260, 1380 SOUTHERN AVE, SE, WASHINGTON, DC 20032	NURSING HOME	DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	NEXUS HEALTH		X

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

Schedule R (Form 990) 2013

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

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

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

	Yes	No
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

