

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FORT WASHINGTON MEDICAL CENTER, INC. Doing Business As FORT WASHINGTON HOSPITAL Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11711 LIVINGSTON RD City or town, state or country, and ZIP + 4 FORT WASHINGTON, MD 20744	D Employer identification number 52-1682858 E Telephone number (301) 292-7000
F Name and address of principal officer: JOSEPH TUCKER 6196 OXON HILL RD OXON HILL, MD 20745		G Gross receipts \$ 44,912,445. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.FORTWASHINGTONMC.ORG H(c) Group exemption number ▶	
K Type 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

	1	Briefly describe the organization's mission or most significant activities: TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE WE SERVE BY PROVIDING QUALITY, RESPONSIVE HEALTH CARE SERVICES AND TREATING EACH PATIENT WITH DIGNITY, CARE AND COMPASSION.		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	460
	6	Total number of volunteers (estimate if necessary)	6	NONE
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	34,920.	40,871.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,931,338.	44,781,982.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,219.	10,355.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	439,920.	79,237.
	12		41,422,397.	44,912,445.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,495,946.	20,831,007.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	83,602.	171,586.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 284,708.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,088,760.	22,521,916.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,668,308.	43,524,509.
	19	Revenue less expenses. Subtract line 18 from line 12	754,089.	1,387,936.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	18,773,871.	18,834,294.
	22	Net assets or fund balances. Subtract line 21 from line 20.	21,030,722.	19,703,207.
			-2,256,851.	-868,913.

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 _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COHEN, RUTHERFORD + KNIGHT, PC 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800	11/02/2009		P00482524
			EIN ▶	52-1202280
			Phone no. ▶	301-828-1002

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 32,745,033. including grants of \$ _____) (Revenue \$ _____)

SEE STATEMENT 2

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 ▶ \$ 32,745,033. (Must equal Part IX, Line 25, column (B).)

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, availability of governing documents, and officer contact information.

Part VIII Statement of Revenue

52-1682858

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a _____				
	b Membership dues	1b _____				
	c Fundraising events	1c _____				
	d Related organizations	1d _____				
	e Government grants (contributions) . .	1e 20,611.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f 20,260.				
	g Noncash contributions included in lines 1a-1f: \$ _____					
	h Total. Add lines 1a-1f ▶		40,871.			
Program Service Revenue	2a PATIENT SERVICES		Business Code			
	b DIETARY SERVICES		44,504,695.	44,504,695.		
	c PHONE		268,814.			268,814.
	d _____		8,473.			8,473.
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶			44,781,982.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) <small>STMT. 9</small> ▶		10,355.		
4 Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
5 Royalties ▶		NONE				
		(i) Real	(ii) Personal			
6a Gross Rents		35,178.				
b Less: rental expenses						
c Rental income or (loss)		35,178.				
d Net rental income or (loss) ▶			35,178.		35,178.	
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory						
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ▶			NONE			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶			NONE			
9a Gross income from gaming activities. See Part IV, line 19. a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶			NONE			
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory. ▶			NONE			
Miscellaneous Revenue		Business Code				
11a REPORT AND RECORD FEES			26,538.		26,538.	
b MISCELLANEOUS			17,521.		17,521.	
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			44,059.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			44,912,445.	44,504,695.		366,879.

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	489,752.		489,752.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	17,549,720.	14,287,661.	3,191,275.	70,784.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	370,568.	355,164.	13,336.	2,068.
9 Other employee benefits	1,117,975.	1,108,055.	NONE	9,920.
10 Payroll taxes	1,302,992.	1,061,673.	236,278.	5,041.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	40,331.		40,331.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	171,586.			171,586.
f Investment management fees	NONE			
g Other	388,437.	23,347.	364,945.	145.
12 Advertising and promotion	36,404.		21,804.	14,600.
13 Office expenses	270,376.	70,822.	192,538.	7,016.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	276,767.	17,425.	259,342.	
17 Travel	3,797.	635.	3,162.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	32,516.	8,938.	22,193.	1,385.
20 Interest	731,619.		731,619.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,103,851.		1,103,851.	
23 Insurance	855,090.		855,090.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES -----	5,984,964.	5,975,688.	8,308.	968.
b PURCHASED SERVICES -----	4,608,965.	2,870,841.	1,737,684.	440.
c PROFESSIONAL FEES -----	688,088.	614,283.	73,805.	
d BAD DEBT -----	5,713,435.	5,713,435.		
e OTHER -----	318,909.	231,647.	86,507.	755.
f All other expenses -----	1,468,367.	405,419.	1,062,948.	
25 Total functional expenses. Add lines 1 through 24f	43,524,509.	32,745,033.	10,494,768.	284,708.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	47,047.	1	1,477,628.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,010,390.	4	5,471,943.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	904,475.	8	827,698.
	9 Prepaid expenses and deferred charges <small>SFMT. 12</small>	3,208,736.	9	2,412,906.
	10a Land, buildings, and equipment: cost basis 10a	20,698,794.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b	14,289,394.	6,931,346.	10c 6,409,400.
	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	781,609.
	15 Other assets. See Part IV, line 11	671,877.	15	1,453,110.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,773,871.	16	18,834,294.	
Liabilities	17 Accounts payable and accrued expenses	8,605,533.	17	7,748,735.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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 <small>SFMT. 13</small>	10,796,939.	23	10,348,708.
	24 Unsecured notes and loans payable		24	352,956.
	25 Other liabilities. Complete Part X of Schedule D	1,628,250.	25	1,252,808.
	26 Total liabilities. Add lines 17 through 25.	21,030,722.	26	19,703,207.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,693,049.	27	-929,913.
	28 Temporarily restricted net assets	-7,949,900.	28	61,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	-2,256,851.	33	-868,913.
34 Total liabilities and net assets/fund balances	18,773,871.	34	18,834,294.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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: SEE STATEMENT 14
- 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)**. (see instructions)
- 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 - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

11g(i)	Yes	No
		X
 - (ii) A family member of a person described in (i) above?

11g(ii)	Yes	No
		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	Yes	No
		X

h Provide the following information about the organizations the organization supports.

(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 support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - Line 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - Line 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - Line 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - Line 18 - %

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

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 organizations 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 Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VIMLA BHOOSHAN 11711 LIVINGSTON RD FORT WASHINGTON, MD 20744	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PATRICK DALY 3438 BANNERWOOD DR ANNANDALE, VA 22003	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DEPT OF FINANCE DIVISION OF TREASURY 255 ROCKVILLE PIKE ROCKVILLE, MD 20850	\$ 20,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CASH CONTRIBUTIONS UNDER 5000 11711 LIVINGSTON RD FORT WASHINGTON, MD 20744	\$ 10,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

FORT WASHINGTON MEDICAL CENTER, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? 9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, 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 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 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if 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 XIV 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 XIV.

Part V Endowment Funds. Complete if 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 Investment earnings or 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 year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 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 XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		137,106.		137,106.
b Buildings		8,477,752.	5,476,747.	3,001,005.
c Leasehold improvements		32,504.	21,200.	11,304.
d Equipment		10,148,030.	8,253,663.	1,894,367.
e Other		1,912,402.	537,784.	1,374,618.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,418,400.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,912,445.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,524,509.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,387,936.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,387,936.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	44,901,445.
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	44,901,445.
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 XIV)	4b	11,000.
c	Add lines 4a and 4b	4c	11,000.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	44,912,445.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	43,524,509.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	43,524,509.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	43,524,509.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MGI FUND RAISING	MAIL SOLICITATN		X	NONE	171,115.	NONE
Total				NONE	171,115.	NONE

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

DC, MD, VA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))	
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts					
	2 Less: Charitable contributions					
	3 Gross revenue (line 1 minus line 2)					
Direct Expenses	4 Cash prizes					
	5 Non-cash prizes					
	6 Rent/facility costs					
	7 Other direct expenses					
	8 Direct expense summary. Add lines 4 through 7 in column (d)					()
9 Net income summary. Combine lines 3 and 8 in column (d)						()

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))	
Revenue	1 Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Non-cash 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. Combine lines 1 and 7 in column (d)						

		Yes	No
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?	9a		
b If "No," Explain: _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain: _____			
11 Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

FORT WASHINGTON MEDICAL CENTER, INC.

52-1682858

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is 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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to 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 Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

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

7 Charity Care 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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
5		
6		
7		
9a		
9b		

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Enter line 5 less line 6 - surplus or (shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
FORT WASHINGTON MEDICAL CENTER 11711 LIVINGSTON RD FORT WASHINGTON MD 20744	X								
----- ----- -----									
----- ----- -----									
----- ----- -----									
----- ----- -----									
----- ----- -----									
----- ----- -----									
----- ----- -----									
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Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1** Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6** Provide any other information important to describing how the organization's hospitals 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.).
- 7** 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.
- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL PORTER	(i)	211,709.	NONE	93,397.	5,887.	18,378.	329,371.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SOCORRO OBEDOZA	(i)	165,407.	NONE	NONE	9,931.	1,288.	176,626.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
FREDERICK ASHBY	(i)	125,324.	NONE	NONE	7,869.	20,201.	153,394.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOSEPH TUCKER	(i)	179,343.	NONE	NONE	10,575.	1,517.	191,435.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SEVERANCE PAYMENT

PART I, LINE 4A

PAUL PORTER RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$93,397.00

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SAMIR AZER DIRECTOR	1.	X					NONE	NONE	NONE	
PATRICK DALY DIRECTOR	1.	X					11,650.	NONE	NONE	
MONICA HOLMAN EVANS DIRECTOR	1.	X					NONE	NONE	NONE	
ALTHEA HAYWARD DIRECTOR	1.	X					NONE	NONE	NONE	
YVONNE MAGEE DIRECTOR	1.	X					NONE	NONE	NONE	
JOHN PETTY DIRECTOR	1.	X					NONE	NONE	NONE	
WILLIAM TANNER DIRECTOR	1.	X					NONE	NONE	NONE	
SUE WARD DIRECTOR	1.	X					NONE	NONE	NONE	
JOSEPH TUCKER INTERIM PRESIDENT CEO	40.	X		X			179,343.	NONE	12,092.	
KIMBERLY ROBERTSON TREASURER	1.	X					NONE	NONE	NONE	
MANERVIA RIDDICK SECRETARY	1.	X					NONE	NONE	NONE	
JOHN COURSEY VICE CHAIR	1.	X					NONE	NONE	NONE	
VIRGIL MCDONALD IMMEDIATE PAST CHAIR	20.	X					35,200.	NONE	NONE	
BEVERLY ANDERSON CHAIR	1.	X					NONE	NONE	NONE	
SOCORRO OBEDOZA CLINICAL COORDINATOR	40.					X	165,407.	NONE	11,219.	
BEVERLY ARCIAGA CLINICAL NURSE	40.					X	140,390.	NONE	7,991.	
DONALD CLINTON BROWN DIRECTOR OF OPERATIONS	40.					X	130,936.	NONE	11,490.	
FREDERICK ASHBY DIRECTOR INFORMATION TECHNOLOG	40.					X	125,324.	NONE	28,070.	
JUDITH BURK ADMINISTRATOR	40.					X	118,679.	NONE	19,035.	
PAUL PORTER PRESIDENT CEO	40.					X	305,106.	NONE	24,265.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.**

Name of the organization

Employer identification number

FORT WASHINGTON MEDICAL CENTER, INC.

52-1682858

PROCESS FOR THE REVIEW OF 990

PART VI

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 FINANCE OF THE BOARD OF TRUSTEES AND THE

COMMITTEE REPORTS ON THEIR REVIEW OF THE 990 TO THE FULL BOARD AT A

REGULARLY SCHEDULED MEETING PRIOR TO THE FILING DEADLINE. THE FINAL

VERSION OF THE DOCUMENTS ARE THEN MADE AVAILABLE TO ALL BOARD MEMBERS FOR

INSPECTION/REVIEW PRIOR TO FILING WITH THE IRS.

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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CONFLICT OF INTEREST POLICY

PART VI, SECTION B

CONFLICT OF INTEREST:

DISCLOSURE

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

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

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.

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.

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

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.

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

PART VI, SECTION B

EXECUTIVE COMPENSATION:

THE SALARY OF THE ORGANIZATION'S PRESIDENT AND CEO IS ESTABLISHED BY THE

BOARD OF TRUSTEES AND INCLUDES AN ASSESSMENT OF PERCENTILE RANKING TO

MARKET FOR PERSONS IN SIMILAR POSITIONS BASED ON ORGANIZATION SIZE.

ANNUAL SALARY ADJUSTMENTS FOR THE CEO ARE DONE IN CONJUNCTION WITH THE

ANNUAL PERFORMANCE EVALUATION FOR THE POSITION.

THE SALARIES OF OTHER EXECUTIVES IN THE ORGANIZATION ARE MANAGED BY THE

CEO AND ARE SUBJECT TO COST OF LIVING ADJUSTMENTS. THESE SALARIES ARE

BENCHMARKED AGAINST OTHER ORGANIZATIONS OF SIMILAR SIZE IN THE INDUSTRY

FOR POSITION RELATIVE TO MARKET PERIODICALLY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
NEXUS HEALTH INC ----- 52-0238460 6196 OXON HILL RD STE 210 OXON HILL, MD 20745	PARENT ORG	MD	501(C)(3)	509(A)(2)	N/A
CAROLYN BOONE LEWIS HEALTH CARE CENTER ----- 52-1127260 1380 SOUTHERN AVE SE WASHINGTON, DC 20032	NURSING HOME	DC	501(C)(3)	509(A)(2)	NEXUS HEALTH

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CONSULTING INC _____ 52-1602159 6196 OXON HILL RD STE 210 OXON HILL, MD 207445	CURRENT INACTIVE	DE	N/A	C CORP	NONE	NONE	NONE

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE WE SERVE BY PROVIDING QUALITY, RESPONSIVE HEALTH CARE SERVICES AND TREATING EACH PATIENT WITH DIGNITY, CARE AND COMPASSION. TO BE THE HEALTH CARE SYSTEM OF CHOICE IN OUR COMMUNITY BY EXERCISING OUR CORE VALUES OF SAFETY, COMPASSION, CARING, TEAMWORK, DIGNITY, DIVERSITY, AND EXCELLENCE.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

 FORT WASHINGTON MEDICAL CENTER IS A 37 BED ACUTE CARE FACILITY PROVIDING A VARIETY OF MEDICAL SERVICES.

DURING THE REPORTING YEAR 2008, FORT WASHINGTON MEDICAL CENTER (FWMC) PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED CHARITY CARE, TEACHING-PRECEPTOR OPPORTUNITIES, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, DISASTER PREPAREDNESS AND HOSPITAL STRATEGIC PLANNING ACTIVITIES.

THESE CONTRIBUTIONS AMOUNTED TO \$1,053,262.00 IN COMMUNITY BENEFITS, AN INCREASE OF 62.88% OR \$406,605 FROM 2007. THE BENEFITS WERE IN FOUR AREAS: (A) INCREASED PARTICIPATION IN NURSING AND ALLIED PRECEPTORSHIP PROGRAMS (B) CHARITY CARE REPORTING (C) INCREASED HEALTH SCREENINGS IN PART WITH COMMUNITY ORGANIZATIONS AND (D) INCREASED COMMUNITY AWARENESS.

SINCE 2004, FWMC HAS OPERATED UNDER A STRATEGIC PLAN RATIFIED BY THE FORT WASHINGTON MEDICAL CENTER BOARD OF TRUSTEES IN 2005. THE GOALS OF THE STRATEGIC PLAN ARE AS FOLLOWS:

- EXPAND CAPACITY TO MEET COMMUNITY NEEDS
- MAINTAIN CLINICAL EXCELLENCE AND IMPROVE COMMUNITY HEALTH
- IMPROVE FINANCIAL VIABILITY AND
- INCREASE AWARENESS AND IMPROVE IMAGE

DURING THIS REPORTING PERIOD, FWMC FOCUSED PRIMARILY ON THREE GOALS "EXPAND CAPACITY TO MEET COMMUNITY NEEDS", "MAINTAIN CLINICAL EXCELLENCE" AND "IMPROVE COMMUNITY HEALTH," UNDER WHICH THE COMMUNITY WELLNESS PROGRAM WAS INITIATED FOR 2006. A THIRD GOAL THAT WAS INITIATED FOCUSED ON "BUILDING COMMUNITY CAPACITY THROUGH COALITION BUILDING".

EXPAND CAPACITY TO MEET COMMUNITY NEEDS

IN 2006, FWMC UNDERTOOK A FEASIBILITY STUDY TO DETERMINE THE COMMUNITY'S VIABILITY IN SUPPORTING A HOSPITAL EXPANSION PROJECT. IN THIS REPORTING YEAR, FWMC HAS CONTINUED TO WORK WITH OUTSIDE COUNSEL TO DEVELOP A CASE FOR COMMUNITY SUPPORT FOR A CAPITAL EXPANSION PROGRAM. COMMUNITY LEADERSHIP, INCLUDING LOCAL CHURCHES, COMMUNITY AND CIVIC ASSOCIATIONS, BUSINESSES AND COMMUNITY LEADERS HAVE BEEN APPROACHED ABOUT THIS EFFORT.

DURING THIS REPORTING YEAR, FORT WASHINGTON MEDICAL CENTER

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CONTINUED TO SEE RECORD NUMBER OF PEOPLE. THROUGH EMERGENCY DEPARTMENT ALONE, THERE HAVE BEEN STEADY INCREASES, RESULTING IN MORE THAN 44,000 PATIENTS BEING SEEN, ACCOUNTING FOR MORE THAN 5,000 INPATIENT ADMISSIONS. FWMC'S PERFORMANCE STILL RELIES UPON THE OUTDATED INFRASTRUCTURE PUT IN PLACE IN 1983, WHEN IT WAS AN AMBULATORY CARE CLINIC. IN 1991, THE INFRASTRUCTURE WAS EXPANDED TO ACCOMMODATE THE HOSPITAL. EACH WEEK, THE HOSPITAL SEES NEARLY 1,200 PATIENTS IN A FACILITY BUILT TO HANDLE 800.

UNDER THE EXPANSION INITIATIVE, THE HOSPITAL WILL INCREASE THE SIZE OF ITS EMERGENCY ROOM FROM 14 BAYS TO 30; 51 NEW SINGLE OCCUPANCY ROOMS, A CHANGE FROM 37 DOUBLE OCCUPANCY BEDS; EXPAND SPACES FOR OTHER SERVICES, INCLUDING THE RADIOLOGY DEPARTMENT, THE LABORATORY, AND PHARMACY; AND AN INCREASE IN THE SIZE OF THE SURGERY SUITES.

IN ADDITION, THE CAFETERIA WILL BE EXPANDED TO ALLOW FOR ON-SITE FOOD PREPARATION AND AREAS WILL BE DEVELOPED FOR COMMUNITY EDUCATION. CURRENTLY, THE ONLY SITE AVAILABLE FOR COMMUNITY EDUCATION IS THE CAFETERIA. WHILE PLANNING FOR THE CAPITAL EXPANSION IS ONGOING, THE BUILDING PHASE IS EXPECTED TO BEGIN LATE 2009 - 2010.

BUILDING CAPACITY THROUGH COMMUNITY COALITION BUILDING

IN EARLY 2007, FWMC BEGAN MEETING WITH THE COMMUNITY AND CIVIC ASSOCIATIONS ON THE CAPITAL EXPANSION PROJECT; AND IN JUNE, HOSTED THE FIRST OF WHAT HAS BECOME ON-GOING MEETINGS WITH PRINCE GEORGE'S COUNTY CLERGY AROUND THE ISSUE OF EXPANSION. THE DISCUSSIONS HAVE ALSO CENTERED ON ISSUES SURROUNDING THE TRANSFORMATION OF THE REGION'S HEALTHCARE, SPARKED BY THE OPENING OF THE NATIONAL HARBOR. THE APPROACH UTILIZED WAS A SERIES OF BREAKFASTS TARGETED TO CLERGY IN PRINCE GEORGE'S COUNTY, LOCATED IN THE AREAS OF FORT WASHINGTON, OXON HILL, TEMPLE HILLS AND ACCOKEEK, MARYLAND.

DURING 2008, FIVE BREAKFASTS WERE HELD AT THE TANTALLON COUNTRY CLUB AND THE LEXINGTON HOTEL, BOTH OF WHICH ARE LOCATED IN FORT WASHINGTON AND OXON HILL, MARYLAND RESPECTIVELY. THE BREAKFASTS BECAME A WAY TO CULTIVATE RELATIONSHIPS WITH CHURCHES IN THE COMMUNITY, AND A WAY FOR CHURCHES TO COME TOGETHER AROUND THE FOCUS OF HEALTH CARE. THESE MEETINGS PROVIDED A WAY FOR THE HOSPITAL TO BEGIN DIALOGUE AROUND THE HOSPITAL'S NEEDS AND ITS CHALLENGES.

LIKEWISE, IT ALSO PRESENTED A WAY FOR THE COMMUNITY, AND

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SPECIFICALLY THE CLERGY TO BRING THE HOSPITAL THE HEALTH CONCERS FACING SUBSETS OF THE POPULATION, WHICH INCLUDED THE UNEMPLOYED AND THE UNDEREMPLOYED; CHILDREN, AND IN INCREASING NUMBERS THE ELDERLY. OF THE 200 OR SO CHURCHES INVITED TO ATTEND THE BREAKFAST, 15% ATTENDED THE BREAKFASTS ON A REGULAR BASIS.

IN ADDITION TO UPDATES ON COMMUNITY AND HOSPITAL DEVELOPMENT, TOPICS INCLUDED HEALTH PRESENTATIONS BY FORT WASHINGTON PHYSICIANS. TOPICS INCLUDED HEART HEALTH, EMERGENCY MEDICINE, THE KEY TO MEDICAL TESTS, JOINT REPLACEMENTS AND THE NEW MEDICAL TECHNOLOGY.

AS A RESULT OF THE BREAKFASTS, A SERIES TOWN HALL MEETINGS WERE LATER HELD BY INDIVIDUAL MINISTRIES IN THE SAME CHURCHES IN THE EVENINGS. CHURCHES UTILIZED EXISTING INTERNAL CHURCH GROUPS TO HOST THE MEETINGS. THE PRESENTATION, "WHAT YOU NEED TO KNOW ABOUT KEY MEDICAL TESTS AND WHY THEY ARE IMPORTANT," PRESENTED BY ONE OF THE HOSPITAL'S FAMILY MEDICINE PRACTITIONERS BECAME A MUCH SOUGHT AFTER PRESENTATION. IT PROVIDED A WAY FOR CHURCHES TO UNDERSTAND THE IMPORTANCE OF HEALTH MAINTENANCE, AND THE VARIOUS ROLES OF MEDICINE.

THE PRESENTATIONS ALSO PROVIDED A WAY FOR PARTICIPANTS TO UNDERSTAND THE ROLE OF SELF-CARE AND ADVOCACY. THROUGH THE TOWN HALL SETTING, PARTICIPANTS ALSO GLEANED AN UNDERSTANDING OF HEALTHCARE, INCLUDING HEALTH CARE POLICY, HEALTH CARE FUNDING, SERVICE LINES, AND MORE IMPORTANT THE ROLE OF THE HEALTH CARE PROVIDER IN THE COMMUNITY AND THE ROLE THAT HEALTH CARE PLAYS IN QUALITY OF LIFE.

THESE SESSIONS PROVIDED INVALUABLE INFORMATION TO DECISION-MAKERS IN THE HOSPITAL AND FORMED THE BASIS OF AN INFORMAL ASSESSMENT OF THE COMMUNITY NEED. RECOMMENDATIONS FROM THE COMMUNITY AND GERONTOLOGICAL SERVICES. IT ALSO CONFIRMED THE NEED FOR INCREASED BED AND EMERGENCY ROOM CAPACITY. DURING THIS REPORTING PERIOD, A TOTAL OF FOUR TOWN HALL MEETINGS WERE HELD WITH A TOTAL OF 85 PERSONS ATTENDING.

MAINTAIN CLINICAL EXCELLENCE AND IMPROVE COMMUNITY HEALTH

TO CARRY OUT THE GOAL OF "MAINTAIN CLINICAL EXCELLENCE AND IMPROVE COMMUNITY HEALTH," FPMC HAS STRATEGIC PARTNERS. THE STRATEGIC PARTNERS INCLUDE THE AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, YMCA-POTOMAC OVERLOOK, THE AMERICAN RED CROSS, HARMONY HALL (MARYLAND PARKS AND PLANNING), AND THE PRINCE GEORGE'S HEALTH DEPARTMENT (PGHD).

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THE PRINCE GEORGE'S HEALTH DEPARTMENT CONTINUES TO BE A SIGNIFICANT PARTNER. IT HAS PROVIDED THE EPIDEMIOLOGICAL INDICATORS OF THE HEALTH STATUS OF RESIDENTS IN PRINCE GEORGE'S COUNTY. DATA TAKEN FROM PGHD'S CORE PUBLIC HEALTH FUNDING PLAN (FY 2006) REVEALED THAT MARYLAND RANKS FOURTH HIGHEST IN THE NATION FOR DIABETES PREVALENCE.

FURTHER, THE PLAN THAT STATES THAT OVERWEIGHT AND OBESITY ARE THE DUAL FACTORS THAT "INCREASE THE RISK OF MORBIDITY AND MORALITY FROM HYPERTENSION, TYPE 2 DIABETES, CORONARY ARTERY DISEASE, STROKE, GALLBLADDER DISEASE, OSTEOARTHRITIS, AND CERTAIN CANCERS. "

THE HEALTH DEPARTMENT FOR THE THIRD CONSECUTIVE YEAR HAS JOINED WITH FWMC TO PROVIDE A 4-WEEK COURSE ENTITLED, "TAKE CONTROL OF YOUR DIABETES." THE FREE FOUR-PART SERIES FOCUSED ON DIET AND NUTRITION, EXERCISE, STRESS MANAGEMENT, AND HOW TO ACCESS NEEDED RESOURCES FROM INSURANCE AND HEALTH CARE PROVIDERS. LAUNCHED IN AUGUST 2006, PARTICIPANTS REGISTER WITH THE HEALTH DEPARTMENT. THE CLASSES ARE HELD AT FWMC, BUT ARE TAUGHT BY CERTIFIED INSTRUCTORS THROUGH THE HEALTH DEPARTMENT. THE WORKSHOPS, PROMOTED BY FWMC, ARE HELD IN FEBRUARY AND AUGUST.

SINCE ITS INCEPTION, THE FOUR-WEEK SESSIONS, HELD TWICE A YEAR, HAVE SEEN AN AVERAGE OF 25 PARTICIPANTS PER CLASS. INITIALLY PARTICIPANTS FOR THE PROGRAM WERE RECRUITED FROM CHURCHES, COMMUNITY ORGANIZATIONS AND CIVIC ASSOCIATIONS. THE PARTICIPANTS FROM THE MORE RECENT CLASS ER ALSO RECRUITED FROM FWMC. AS A NEW COST CONTAINMENT MEASURE, INDIVIDUALS SEEN IN THE HOSPITAL EMERGENCY ROOM OR WERE HOSPITALIZED OVER THE LAST TWO YEARS WERE SENT INVITATIONS TO PARTICIPATE IN THE PROGRAM.

IT IS BELIEVED THAT AT LEAST 90% OF THE EMERGENCY ROOM CASES ARE LINKED TO DIABETES. ACCORDING TO THE HEALTH DEPARTMENT, THE PROGRAM FWMC HAS BEEN HIGHLY SUCCESSFUL. PARTICIPANTS THEMSELVES RATE THE PROGRAM HIGHLY, NOTING THE EXPERTISE OF THE PGHD INSTRUCTORS, THE DESIGN OF THE CLASS AND THE EASY ACCESS TO THE CLASS.

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, WILL BE RECRUITED TO PARTICIPATE IN THE CLASSES.

THE HOSPITAL CONTINUES TO WORK WITH ITS STRAGTEGIC PARTNERS,

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INCLUDING THE AMERICAN LUNG ASSOCIATION (ALA). DURING THIS REPORTING YEAR, FORT WASHINGTON CO-SPONSORED A "BREATHE WELL, LIVE WELL" WORKSHOP TARGETED TO ADULT ASHMA SUFFERERS. FOR THE SECOND CONSECUTIVE YEAR, MEMBERS OF FWMC'S RESPIRATORY THERAPY DEPARTMENT COORDINATED PARTICIPATION FROM FWMC FOR ALA'S ANNUAL ASTHMA WALK, HELD IN MAY 2008 AT THE NATIONAL MALL.

THE PURPOSE OF THE WALK IS TO RAISE AWARENESS AND FUNDS TO SUPPORT PROGRAMMING THAT WILL HELP IMPROVE THE HEALTH OF MORE THAN 160,000 CHILDREN IN MARYLAND AND THE METROPOLITAN AREA DIAGNOSED WITH ASTHMA. THE WALK IS ONE OF SEVERAL ACTIVITIES PLANNED WITH ALA, INCLUDING ANNUAL WORKSHOPS ON ASTHMA AND OTHER RESPIRATORY CONDITIONS.

FOR THE THIRD CONSECUTIVE YEAR, FORT WASHINGTON MEDICAL CENTER HAS WORKED WITH THE AMERICAN RED CROSS (ARC), GREATER CHESAPEAKE AND POTOMAC REGION TO RAISE AWARENESS AROUND THE NEED TO DONATE BLOOD. ARC BEGAN WORKING WITH FORT WASHINGTON MEDICAL CENTER ON A REGULAR BASIS. IN 2005, ONE BLOOD DRIVE WAS HELD.

IN 2006 AND 2007, A TOTAL OF SIX BLOOD DRIVES WERE HELD, ROUGHLY EVERY 50 TO 55 DAYS, THEREBY INCREASING BLOOD DONATIONS, A TREMENDOUS BENEFIT TO THE COMMUNITY AT LARGE. FWMC'S PARTNER IN THE EFFORT WAS THE YMCA POTOMAC OVERLOOK, WHICH CONTRIBUTED SPACE AND MANPOWER TO PROVIDE FUTURE VISIBILITY TO THE DRIVES, AND TO INCREASE COMMUNITY ACCESS. THE YMCA ALSO WORKS WITH FWMC TO COORDINATE HEALTH FAIRS AT ITS FACILITY.

COMMUNITY TRAINING/PRECEPTOR OPPORTUNITIES.

FORT WASHINGTON MEDICAL CENTER'S TEACHING - PRECEPTOR PROGRAM CONTINUES TO BE A MAJOR PORTION OF COMMUNITY BENEFIT. IN REPORTING YEAR 2008, NURSING AND ALLIED TRAINING PRECEPTOR OPPORTUNITIES HAVE INCREASED AT FWMC. DURING THIS REPORTING PERIOD, THERE WERE 110 NURSING, ALLIED HEALTH AND EMS STUDENTS FROM PRINCE GEORGE'S COMMUNITY COLLEGE AND OTHER TEACHING INSTITUTIONS IN THE STATE.

UNDER THE DIRECTION OF THE FWMC'S PERFORMANCE IMPROVEMENT DEPARTMENT, WHICH ADHERES TO THE STANDARD ESTABLISHED BY JACHO, 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.

GAPS IN SERVICE

FORM 990, PART III - PROGRAM SERVICES

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DUE TO FORT WASHINGTON'S SIZE, THE HOSPITAL HAS EXPERIENCED CONSTRAINTS BY PHYSICIANS WHO PROVIDE SPECIALTY SERVICES. THE ACTUAL SIZE OF THE HOSPITAL (37 BEDS) LIMITS THE PRACTICE OF SPECIALISTS WHO DESIRE LARGER CASELOADS. IT HAS BECOME INCREASINGLY DIFFICULT TO FIND SPECIALISTS WILLING TO ACCOMODATE SMALLER CASE LOADS. THE IMPACT OF THE LIMITATION IS FELT BY ALL PATIENTS, INCLUDING THE INSURED AND UNINSURED. DURING THIS REPORTING PERIOD, THERE HAS BEEN LIMITED AVAILABILITY TO SPECIALISTS, INCLUDING CARDIOTHORACIC SURGEONS, NEUROSURGEONS AND UROLOGISTS.

COMMUNITY BENEFIT EVALUATION

DURING THE REPORTING PERIOD, THE HOSPITAL WAS CONSTANTLY EVALUATING ITS SERVICE TO THE COMMUNITY THROUGH FEEDBACK GATHERED AT OUTREACH PROGRAMS AND SCREENINGS AS WELL AS THROUGH ITS PARTNERSHIPS WITH THE PRINCE GEORGE'S COUNTY MARYLAND DEPARTMENT OF HEALTH. THE ANNUAL PERFORMANCE OF COMMUNITY BENEFITS IS REPORTED TO THE STATE'S HEALTH SERVICES COST REVIEW COMMISSION AND ALSO PROVIDES AN OPPORTUNITY TO ASSESS THE HOSPITAL ACTUAL COMMITMENT OF RESOURCES TO VARIOUS COMMUNITY EFFORTS INCLUDING EDUCATION, HEALTH NEEDS AND CHARITY CARE.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VIMLA BHOOSHAN 9739 AVENEL FARM DR POTOMAC, MD 20854	PHYSICIAN	665,985.
ALPHA SECURITY 12805 OLD FORT RD STE 302 FORT WASHINGTON, MD 20744	SECURITY	364,537.
LABORATORY CORP OF AMERICA PO BOX 25249 RICHMOND, VA 23260	LABORATORY TESTING	248,007.
AMERICAN RADIOLOGY SERVICES 10373A REISTERSTOWN RD OWINGS MILLS, MD 21117	RADIOLOGY	229,949.
GE MEDICAL SYSTEMS PO BOX 640944 PITTSBURGH, PA 15264	EQUIPMENT SERVICE	210,488.
TOTAL COMPENSATION		----- 1,718,966. =====

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	10,355.			10,355.
TOTALS	10,355.			10,355.
	=====	=====	=====	=====

RENT AND ROYALTY SUMMARY

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PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTAL PROPERTY	35,178.	-----	-----	35,178.
TOTALS	35,178.	=====	=====	35,178.
	=====			=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	710,593.
DEFERRED FINANCING COSTS	1,702,313.
INTANGIBLE ASSET	-----
TOTALS	2,412,906.
	=====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
 =====

LENDER: THE ADAMS NATIONAL BANK
 ORIGINAL AMOUNT: 650,000.
 INTEREST RATE: 12.250000
 DATE OF NOTE: 12/01/2007
 MATURITY DATE: 12/01/2008
 REPAYMENT TERMS: REVOLVING
 SECURITY PROVIDED: STOCK CERTIFICATE
 PURPOSE OF LOAN: WORKING CAPITAL LINE OF CREDIT

BEGINNING BALANCE DUE	650,000.
ENDING BALANCE DUE	180,000.

LENDER: HUD MORTGAGE
 ORIGINAL AMOUNT: 11,055,000.
 INTEREST RATE: 6.125000
 DATE OF NOTE: 12/23/2004
 MATURITY DATE: 12/23/2029
 REPAYMENT TERMS: MONTHLY INSTALLMENTS
 SECURITY PROVIDED: RESTRICTIVE COVENANTS
 PURPOSE OF LOAN: REPAY BONDS AND CONSTRUCTION

BEGINNING BALANCE DUE	10,146,939.
ENDING BALANCE DUE	10,168,708.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	10,796,939.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	10,348,708.
	=====

SCHEDULE A, PART I - HOSPITAL'S NAME, CITY AND STATE
=====

FORT WASHINGTON MEDICAL CENTER
11711 LIVINGSTON RD
FORT WASHINGTON, MD 20744

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning _____, 2008, and ending _____, 2008. See separate instructions.

A Check box if address changed

B Exempt under section
 501(c)()
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year

18,834,294.

Print or Type

Name of organization (Check box if name changed and see instructions.)

FORT WASHINGTON MEDICAL CENTER, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

11711 LIVINGSTON RD

City or town, state, and ZIP code

FORT WASHINGTON, MD 20744

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)

52-1682858

E Unrelated business activity codes
(See instructions for Block E on page 9.)

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of TERESA PITTMAN Telephone number

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13		

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a		22 b NONE
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		NONE
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		NONE
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		NONE

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) (2) (3)
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750),
(2) Additional 3% tax (not more than \$100,000)
c Income tax on the amount on line 34
35c NONE
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041)
36
37 Proxy tax. See page 16 of the instructions
37
38 Alternative minimum tax
38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.
39 NONE

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see page 17 of the instructions) 40b
c General business credit. Attached Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39. 41 NONE
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 42
43 Total tax. Add lines 41 and 42 43 NONE
44 a Payments: A 2007 overpayment credited to 2008 44a
b 2008 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Other credits and payments: Form 2439 Form 4136 Other Total 44f
45 Total payments. Add lines 44a through 44f 45
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 NONE
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 NONE
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded 49 NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature Date 11/02/2009 Check if self-employed Preparer's SSN or PTIN P00482524
Firm's name (or yours if self-employed), address, and ZIP code COHEN, RUTHERFORD + KNIGHT, PC EIN 52-1202280
6903 ROCKLEDGE DRIVE, SUITE 500 Phone no. 301-828-1002
BETHESDA, MD 20817-1800

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns for Rent received or accrued (a, b), Deductions (3a, 3b), and Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table for Schedule E with columns for Description of debt-financed property, Gross income, Deductions (a, b), Amount of average acquisition debt, Average adjusted basis, Gross income reportable, and Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Schedule F - Exempt Controlled Organizations with columns for Name of controlled organization, Employer identification number, Net unrelated income, Total of specified payments made, Part of column 4 included in gross income, and Deductions directly connected with income.

Table for Schedule F - Nonexempt Controlled Organizations with columns for Taxable Income, Net unrelated income, Total of specified payments made, Part of column 9 included in gross income, and Deductions directly connected with income.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income, 5 Gross income, 6 Expenses attributable, 7 Excess exempt expenses. Includes rows (1)-(4) and a Totals row.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes a Total row.