

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20__

2011

Department of the Treasury
Internal Revenue Service

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

▶ See instructions.

Name of exempt organization

Employer identification number

FORT WASHINGTON MEDICAL CENTER, INC.

52-1682858

Name and title of officer

JOSEPH B TUCKER

SR VP/CFO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	43014308
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537, no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MCGLADREY LLP**

ERO firm name

to enter my PIN **20744**

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Joseph B. Tucker* Date ▶ **11/14/2012**

Part III Certification and Authentication

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

27022121202

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Wayne Harder* Date ▶ **11/14/2012**

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

Return of Organization Exempt From Income Tax

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

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

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FORT WASHINGTON MEDICAL CENTER, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11711 LIVINGSTON ROAD City or town, state or country, and ZIP + 4 FORT WASHINGTON, MD 20744 F Name and address of principal officer: VERNA MEACHAM 174 WATERFRONT STREET SUITE 225, NATIONAL HA	D Employer identification number 52-1682858 E Telephone number (301)292-7000 G Gross receipts \$ 43,129,598. 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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FORTWASHINGTONMC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENSURE HIGH QUALITY, COMPASSIONATE AND RESPONSIVE HEALTH CARE SERVICES DEDICATED TO</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 469 6 Total number of volunteers (estimate if necessary) 6 13 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">41,631.</td> <td style="text-align: right;">66,204.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">40,838,196.</td> <td style="text-align: right;">42,582,142.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">5,495.</td> <td style="text-align: right;">-89,587.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">451,226.</td> <td style="text-align: right;">455,549.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">41,336,548.</td> <td style="text-align: right;">43,014,308.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	41,631.	66,204.	9 Program service revenue (Part VIII, line 2g)	40,838,196.	42,582,142.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,495.	-89,587.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	451,226.	455,549.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,336,548.	43,014,308.						
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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 JOSEPH B. TUCKER, SR VP/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name WAYNE L. HARDER	Preparer's signature Date
	Firm's name ▶ MCGLADREY LLP Firm's address ▶ ONE SOUTH WAKER DRIVE, SUITE 800 CHICAGO, IL 60606	Check <input type="checkbox"/> if self-employed PTIN P00294296 Firm's EIN ▶ 42-0714325 Phone no. (312)634-3400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

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

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

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

4a (Code:) (Expenses \$ 32,027,118. including grants of \$) (Revenue \$ 42,661,116.) DURING REPORTING YEAR 2011, 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, AND COMMUNITY ENGAGEMENT ACTIVITIES. SEE SCHEDULE H.

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 32,027,118.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No response. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THERESA PITTMAN - (301)686-1523
174 WATERFRONT STREET, SUITE 225, NATIONAL HARBOR, MD 20745

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BEVERLY ANDERSON, PH. D. IMMEDIATE PAST CHAIR	1.50	X		X				0.	0.	0.
(2) SAMIR AZER, MD DIRECTOR	1.50	X						0.	0.	0.
(3) CHARLES E. DAY, SR. DIRECTOR	1.50	X						0.	0.	0.
(4) ELIAS G. DEBBAS, MD DIRECTOR	1.50	X						0.	0.	0.
(5) LAURIE M. DIPPOLD DIRECTOR	1.50	X						0.	0.	0.
(6) MONICA HOLMAN EVANS, ESQ. TREASURER	1.50	X		X				0.	0.	0.
(7) REV. ALTHEA J. HAYWARD DIRECTOR (THROUGH 12/5/11)	1.50	X						0.	0.	0.
(8) REGINALD A. JONES DIRECTOR	1.50	X						0.	0.	0.
(9) YVONE S. MAGEE DIRECTOR	1.50	X						0.	0.	0.
(10) VIRGIL C. MCDONALD DIRECTOR	1.50	X						0.	0.	0.
(11) JOHN A. PETTY EXECUTIVE SECRETARY	1.50	X		X				0.	0.	0.
(12) MANERVIA W. RIDDICK CHAIR	1.50	X		X				0.	0.	0.
(13) KIMBERLY D. ROBERTSON CHAIR-ELECT	1.50	X		X				0.	0.	0.
(14) VERNA S. MEACHAM PRESIDENT/CEO	40.00	X		X				260,172.	0.	17,680.
(15) HENRY W. MOSLEY DIRECTOR	1.50	X						0.	0.	0.
(16) JOSEPH B. TUCKER SR. VP FINANCE/CFO	40.00			X				176,127.	0.	7,068.
(17) SOCORRO OBEDOZA DIRECTOR OR & PACU	40.00				X			156,833.	0.	5,814.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BEVERLY L. ARCIAGA CLINICAL NURSE II	40.00					X		136,088.	0.	5,778.
(19) FREDERICK L. ASHBY DIRECTOR INFORMATION TECHNOLOGY	40.00					X		128,731.	0.	20,740.
(20) HOWARD L. ROBINSON DIRECTOR OF PHARMACY	40.00					X		122,628.	0.	9,519.
(21) LILLIAN A. PAROAN CLINICAL NURSE II	45.00					X		120,554.	0.	5,960.
1b Sub-total								1,101,133.	0.	72,559.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,101,133.	0.	72,559.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VIMLA BHOOSHAN 9739 AVENSEL FARM DR., POTOMAC, MD 20854	PHYSICIAN	664,559.
QUEST DIAGNOSTICS 14225 NEW BROOK DR., CHANTILLY, VA 20153	LAB	376,443.
ALPHA SECURITY, 12805 OLD FORT RD, SUITE 302, FORT WASHINGTON, MD 20744	SECURITY	362,566.
CPSI 6600 WALL STREET, MOBILE, AL 36695	COMPUTER SERVICES	303,815.
AMERICAN RADIOLOGY, INC., 10373A REISTERSTOWN ROAD, OWINGS MILLS, MD 21117	RADIOLOGY	217,058.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**

Part VIII Statement of Revenue

			(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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 66,204.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		66,204.				
	Program Service Revenue	2 a PATIENT SERVICES		Business Code 621400	42,555,868.	42,555,868.	
b DIETARY SERVICES		900099	26,274.	26,274.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			42,582,142.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,260.		4,260.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a	Gross rents	(i) Real 64,021.				
		Less: rental expenses	21,443.				
		Rental income or (loss)	42,578.				
		Net rental income or (loss)		42,578.	42,578.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other 93,847.				
		Gain or (loss)	-93,847.				
		Net gain or (loss)		-93,847.			-93,847.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	381,545.	4,970.		376,575.	
	REPORT AND RECORD FEES	900099	31,426.	31,426.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			412,971.			
12 Total revenue. See instructions.			43,014,308.	42,661,116.	0.	286,988.	

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	461,520.		461,520.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,966,973.	14,825,370.	3,141,603.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,906,269.	1,237,456.	668,813.	
10 Payroll taxes	1,340,755.	1,091,945.	248,810.	
11 Fees for services (non-employees):				
a Management				
b Legal	70,442.		70,442.	
c Accounting	122,470.		122,470.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,483,882.	3,961,684.	2,522,198.	
12 Advertising and promotion	27,951.		27,951.	
13 Office expenses	1,071,235.	728,501.	342,734.	
14 Information technology				
15 Royalties				
16 Occupancy	958,143.	22,704.	935,439.	
17 Travel	14,761.	804.	13,957.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,470.	12,943.	28,527.	
20 Interest	602,391.		602,391.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	782,775.	774,947.	7,828.	
23 Insurance	916,518.	192,364.	724,154.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	5,221,279.	5,216,989.	4,290.	
b BAD DEBT	3,567,399.	3,567,399.		
c				
d				
e All other expenses	483,072.	394,012.	89,060.	
25 Total functional expenses. Add lines 1 through 24e	42,039,305.	32,027,118.	10,012,187.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,664,694.	1	1,718,087.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	48,093.	3	46,000.	
	4 Accounts receivable, net	5,762,382.	4	6,354,135.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	937,878.	8	1,032,530.	
	9 Prepaid expenses and deferred charges	2,206,417.	9	767,525.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,611,967.			
	b Less: accumulated depreciation	10b 16,928,538.	5,507,360.	10c 6,683,429.	
	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	781,504.	14		
	15 Other assets. See Part IV, line 11	2,146,230.	15	3,979,272.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,054,558.	16	20,580,978.		
Liabilities	17 Accounts payable and accrued expenses	6,923,017.	17	7,298,577.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	9,816,851.	23	9,534,993.	
	24 Unsecured notes and loans payable to unrelated third parties	355,748.	24	407,902.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,015,270.	25	1,420,831.		
26 Total liabilities. Add lines 17 through 25	18,110,886.	26	18,662,303.		
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	836,672.	27	1,811,675.	
	28 Temporarily restricted net assets	107,000.	28	107,000.	
	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	943,672.	33	1,918,675.		
34 Total liabilities and net assets/fund balances	19,054,558.	34	20,580,978.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,014,308.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,039,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	975,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	943,672.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,918,675.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,710.
j Total. Add lines 1c through 1i			1,710.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DUES PAID TO MARYLAND HOSPITAL ASSOCIATION RELATING TO LOBBYING

ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part 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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,528.		122,528.
b Buildings		8,835,188.	6,279,456.	2,555,732.
c Leasehold improvements		736,041.	507,250.	228,791.
d Equipment		12,138,880.	10,141,832.	1,997,048.
e Other		1,779,330.		1,779,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,683,429.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,189,644.
(2) MISCELLANEOUS ACCOUNTS RECEIVABLE	62,824.
(3) ASSETS LIMITED AS TO USE	1,176,311.
(4) DEPOSITS	70,167.
(5) DEFERRED FINANCIING COSTS	1,480,326.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	3,979,272.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY PAYEE	973,128.
(3) CAPITAL LEASE	447,703.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,420,831.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,014,308.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,039,305.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	975,003.
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	975,003.

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	43,035,751.
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	21,443.
e	Add lines 2a through 2d	2e	21,443.
3	Subtract line 2e from line 1	3	43,014,308.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,014,308.

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

1	Total expenses and losses per audited financial statements	1	42,060,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	21,443.
e	Add lines 2a through 2d	2e	21,443.
3	Subtract line 2e from line 1	3	42,039,305.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	42,039,305.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE HOSPITAL HAS ADOPTED THE ACCOUNTING STANDARD ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

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

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

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

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

SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL

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

Part XIV Supplemental Information (continued)

POSITIONS AND HAS CONCLUDED THAT THE HOSPITAL HAS TAKEN NO UNCERTAIN TAX
POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY
WITH PROVISIONS OF THIS GUIDANCE.

THE HOSPITAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE U.S.
FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31,
2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE 21,443.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE 21,443.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		X
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			570,653.		570,653.	1.36%
b Medicaid (from Worksheet 3, column a)			5,491,475.	5,027,756.	463,719.	1.10%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			6,062,128.	5,027,756.	1,034,372.	2.46%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			47,440.		47,440.	.11%
f Health professions education (from Worksheet 5)			324,350.	7,822.	316,528.	.75%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			371,790.	7,822.	363,968.	.86%
k Total. Add lines 7d and 7j			6,433,918.	5,035,578.	1,398,340.	3.32%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 6 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did 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 ... 2,844,867.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance 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, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) ... 13,502,919.

6 Enter Medicare allowable costs of care relating to payments on line 5 ... 11,207,422.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) ... 2,295,497.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used: [] Cost accounting system [X] Cost to charge ratio [] Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? ...

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

Part IV Management Companies and Joint Ventures (see instructions)

Table with 5 columns: (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 %.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: FORT WASHINGTON MEDICAL CENTER, INC.

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

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

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 5:

FORT WASHINGTON MEDICAL CENTER WILL PROVIDE CHARITY CARE TO EVERY
 PATIENT THAT QUALIFIES FOR FINANCIAL ASSISTANCE, REGARDLESS OF THE
 BUDGETED AMOUNT OF CHARITY CARE. FORT WASHINGTON MEDICAL CENTER DOES
 NOT SET A LIMIT AS TO THE AMOUNT OF CHARITY CARE IT WILL PROVIDE.

PART I, LINE 6A:

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

PART I, LINE 7A, COLUMN D:

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

Part VI Supplemental Information

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM. THE HOSPITAL PORTION OF THE MEDICAID ASSESSMENT FOR FORT WASHINGTON MEDICAL CENTER WAS \$131,405 IN 2010.

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

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

Part VI Supplemental Information

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO
UNCOMPENSATED CARE.

PART I, LINE 7F:

BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS
COLUMN.

PART II: THE HOSPITAL ROUTINELY PARTICIPATES IN COMMUNITY

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

PART III, LINE 4: TO PROVIDE INFORMATION TO ASSIST FINANCIAL STATEMENT

USERS IN ASSESSING AN ENTITY'S SOURCES OF NET REVENUE AND CHANGES IN ITS
ALLOWANCE FOR DOUBTFUL ACCOUNTS, THE FASB HAS ISSUED ASU 2011-07, HEALTH
CARE ENTITIES (TOPIC 954): PRESENTATION AND DISCLOSURE OF PATIENT SERVICE
REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS
FOR CERTAIN HEALTH CARE ENTITIES (A CONSENSUS OF THE FASB EMERGING ISSUES
TASK FORCE). THIS ASU REQUIRES HEALTH CARE ENTITIES THAT RECOGNIZE
SIGNIFICANT AMOUNTS OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES
ARE RENDERED, EVEN THOUGH THEY DO NOT ASSESS THE PATIENT'S ABILITY TO PAY,
TO PRESENT THE PROVISION FOR BAD DEBTS RELATED TO PATIENT SERVICE REVENUE
AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES
AND DISCOUNTS) ON THEIR STATEMENTS OF OPERATIONS. THIS REPRESENTS A CHANGE
IN THE PRESENTATION OF CERTAIN HEALTH CARE ENTITIES' STATEMENTS OF
OPERATIONS AS THE PROVISION FOR BAD DEBTS WILL BE RECLASSIFIED FROM AN

Part VI Supplemental Information

OPERATING EXPENSE TO A REDUCTION FROM REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). ALSO, A HEALTH CARE ENTITY IS REQUIRED TO PROVIDE ENHANCED DISCLOSURE ABOUT ITS POLICIES FOR RECOGNIZING REVENUE AND ASSESSING BAD DEBTS. FURTHER, THE ASU REQUIRES DISCLOSURES OF PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) AS WELL AS QUALITATIVE AND QUANTITATIVE INFORMATION ABOUT CHANGES IN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE AMENDMENTS IN THIS ASU ARE EFFECTIVE FOR THE FIRST ANNUAL PERIOD ENDING AFTER DECEMBER 15, 2012, AND ANNUAL PERIODS THEREAFTER, WITH EARLY ADOPTION PERMITTED. THE AMENDMENTS TO THE PRESENTATION OF THE PROVISION FOR BAD DEBTS RELATED TO PATIENT SERVICE REVENUE IN THE STATEMENTS OF ACTIVITIES SHOULD BE APPLIED RETROSPECTIVELY TO ALL PRIOR PERIODS PRESENTED. THE DISCLOSURES REQUIRED BY THE AMENDMENTS IN THE ASU SHOULD BE PROVIDED FOR THE PERIOD OF ADOPTION AND SUBSEQUENT REPORTING PERIODS. MANAGEMENT IS CURRENTLY EVALUATING THE IMPACT OF THIS PRONOUNCEMENT ON THE HOSPITAL'S FINANCIAL STATEMENTS AND RELATED NOTE DISCLOSURES.

PART III, LINE 8: A COST-TO-CHARGE METHODOLOGY WAS USED TO DETERMINE MEDICARE ALLOWABLE COSTS.

PART III, LINE 9B: ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. IF THE ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, INCLUDING ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. ONCE CHARITY CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGANIZATION TO COLLECT.

Part VI Supplemental Information

FORT WASHINGTON MEDICAL CENTER, INC. :

PART V, SECTION B, LINE 19D: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE

PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE

HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH

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

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

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

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

HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED

CARE.

PART VI, LINE 2: FWMC GAUGES COMMUNITY NEED FROM A VARIETY OF SOURCES

THAT INCLUDE STUDIES, REPORTS, FACE TO FACE MEETINGS, COMMUNITY ENGAGEMENT

ACTIVITIES AND DIALOGUE WITH FWMC CLINICIANS.

THE PRINCE GEORGE'S COUNTY COUNCIL, WHICH ALSO SERVES AS THE COUNTY'S

HEALTH BOARD, CONTRACTED WITH THE RAND RESEARCH ORGANIZATION IN 2008 TO

CONDUCT A LANDMARK STUDY. CALLED "ASSESSING HEALTH AND HEALTH CARE IN

PRINCE GEORGE'S COUNTY," THE PURPOSE OF THE STUDY WAS TO ASCERTAIN THE

CHANGING HEALTH CARE NEEDS OF COUNTY RESIDENTS AND TO BETTER UNDERSTAND IF

IN FACT THOSE NEEDS WERE BEING MET THROUGH THE HEALTH CARE SYSTEM.

IN APRIL OF 2010, THE COUNCIL FORMALLY ADOPTED THE STUDY DURING THE 2010

LEGISLATIVE SESSION BY ESTABLISHING RESOLUTION CR-12-2010, FOR THE PURPOSE

OF CREATING A BLUEPRINT FOR THE FUTURE TO HELP ADDRESS THE HEALTH

DISPARITIES IN PRINCE GEORGE'S COUNTY. FOLLOWING ARE THE SALIENT

HIGHLIGHTS OF THE STUDY:

Part VI Supplemental Information

- PRINCE GEORGE'S COUNTY HAS A DISPROPORTIONATE PRESENCE OF CHRONIC DISEASE, I.E. DIABETES, HEART DISEASE, ASTHMA, AND OBESITY, THAN ANY OTHER JURISDICTION IN THE STATE OF MARYLAND; AND THAT THESE CONDITIONS OUTPACE NEIGHBORING JURISDICTIONS (DISTRICT OF COLUMBIA AND VIRGINIA).

- PRIMARY CARE PHYSICIANS ARE IN SHORT SUPPLY IN PRINCE GEORGE'S COUNTY COMPARED WITH NEIGHBORING JURISDICTIONS.

- THERE ARE 80,000 (SOME BELIEVE AS MANY AS 140,000) RESIDENTS IN PRINCE GEORGE COUNTY WHO ARE MEDICALLY UNINSURED.

- DEMOGRAPHICALLY PRINCE GEORGE'S IS COMPRISED OF 7 GEOGRAPHIC AREAS (100,000 PEOPLE) DEFINED BY THE U.S. CENSUS BUREAU AS NON-OVERLAPPING PUBLIC USE MICRODATA AREAS OR PUMAS. FOUR OF THE 7 AREAS, ARE LOCATED INSIDE OF THE CAPITOL BELTWAY, AND REFLECT CITIES THAT ARE LOWER INCOME, LOSING POPULATION, MAJORITY AFRICAN-AMERICAN, AND A GROWING HISPANIC POPULATION. ALL FOUR ARE CONSIDERED LOWER INCOME. *NOTE: 2 OF FWMC'S 3 PRIMARY SERVICE AREAS (OXON HILL AND TEMPLE HILLS), ARE WITHIN THESE 4 PUMAS.

- THERE IS LIMITED ACCESS TO QUALITY HEALTH CARE SERVICES IN PRINCE GEORGE'S COUNTY.

- ALTHOUGH HOSPITAL CAPACITY IS IN COMPLIANCE WITH POPULATION NUMBERS, THERE IS A LOW SUPPLY PER CAPITA OF MEDICAL/SURGICAL, PEDIATRIC, PSYCHIATRIC AND OBSTETRIC BEDS.

- PRINCE GEORGE'S LACKS A PRIMARY CARE SAFETY NET. AGAINST THE BACKDROP OF THE RAND STUDY, DATA TAKEN FROM THE MARYLAND VITAL STATISTICS ANNUAL REPORT 2009, CONFIRMED THAT PRINCE GEORGE'S COUNTY RANKED SIGNIFICANTLY HIGHER THAN THE MARYLAND AVERAGE FOR DEATHS DUE TO HEART DISEASE. THE REPORT INDICATES THAT THE LEADING CAUSES OF DEATH IN RANK ORDER FOR THE STATE OF MARYLAND WERE (1) DISEASES OF THE

Part VI Supplemental Information

HEART (25%); CANCER (24%); CEREBROVASCULAR DISEASES; FOLLOWED BY CHRONIC
 LOWER RESPIRATORY DISEASES; AND ACCIDENTS. WHILE DEATHS FROM DIABETES HAVE
 BEEN FALLING, PARTICULARLY FOR AFRICAN-AMERICANS, IT WAS THE SIXTH LEADING
 CAUSE OF DEATH IN 2009, 20.7 PER 100,000. IN PREVIOUS DATA TAKEN FROM
 PGHD'S CORE PUBLIC HEALTH FUNDING PLAN (FY 2006), IT WAS REVEALED THAT
 MARYLAND RANKED FOURTH HIGHEST IN THE NATION FOR DIABETES PREVALENCE.

A REVIEW OF THE TOP 10 DRGS AT FORT WASHINGTON MEDICAL CENTER REVEALED
 THAT FIVE OF THOSE CONDITIONS CAN BE SIGNIFICANTLY IMPACTED BY LIFESTYLE.
 LIFESTYLE IS CONSIDERED THOSE FACTORS THAT CAN POSITIVELY IMPACT HEALTH
 INCLUDING (A) DIET AND NUTRITION (B) STRESS MANAGEMENT (C) BEHAVIOR
 MODIFICATION (D) EDUCATION AND (E.) EXERCISE. LISTED BELOW ARE 5 OF THE
 TOP 10 CONDITIONS PRESENTED AT FWMC DURING THIS PERIOD.

A. CHEST PAIN

B. MALIGNANT HYPERTENSION

C. HYPERTENSION - UNSPECIFIED

D. ISSUES RELATED TO CONGESTIVE HEART FAILURE

E. ISSUES RELATED TO DIABETES

THE MAJOR NEEDS THAT WERE IDENTIFIED FROM THE STUDIES AND MEETINGS, AND
 ACTUALIZED THROUGH THIS REPORTING PERIOD WERE AS FOLLOWS:

- ONGOING HEALTH EDUCATION, I.E. HEART HEALTH, DIABETES

MANAGEMENT, RESPIRATORY CARE AND LIFESTYLE MANAGEMENT, I.E., NUTRITION,
 STRESS MANAGEMENT, EXERCISE AND OBESITY MANAGEMENT

- ONGOING HEALTH SCREENINGS, I.E. BLOOD PRESSURE, DIABETES,

- ONGOING COMMUNITY ENGAGEMENT AND COLLABORATION OPPORTUNITIES TO DISCUSS

Part VI Supplemental Information

HEALTH MATTERS WITH COMMUNITY MEMBERS AROUND HEALTH ISSUES. AN INTERNAL COMMITTEE WHICH CONSISTS OF REPRESENTATIVES FROM THE FWMC EMERGENCY ROOM, THE EDUCATION/PERFORMANCE IMPROVEMENT DEPARTMENT, PATIENT CARE SERVICES AND CORPORATE DEVELOPMENT DISCUSS THE BEST WAYS OF ADDRESSING HEALTH CONDITIONS IMPACTING THE COMMUNITY AS SEEN BY THE HOSPITAL. THE COMMITTEE PROVIDES GUIDANCE ON OUTREACH EFFORTS THAT THE HOSPITAL UNDERTAKES TO SUPPORT THE COMMUNITY BENEFIT PROGRAM. DURING THIS REPORTING PERIOD, A COMMUNITY ADVISORY GROUP WAS ALSO ESTABLISHED.

THE HOSPITAL CONTINUES TO WORK WITH STRATEGIC PARTNERS TO CARRY OUT ITS PROGRAMMING. THE HOSPITAL CONTINUES TO PARTNER WITH A HOST OF CHURCHES, SCHOOLS AND COMMUNITY AND CIVIC ASSOCIATIONS TO PROVIDE HEALTH EDUCATION AND OR SCREENINGS. THE HOSPITAL SERVES AS AN AMBASSADOR WITH THE AMERICAN HEART ASSOCIATION, AND COORDINATES EVENTS WITH BOTH THE YMCA-POTOMAC OVERLOOK, AND MARYLAND PARK AND PLANNING'S HARMONY HALL. ALL OF THESE ORGANIZATIONS HAVE A HEALTH OUTREACH FOCUS. THEY WORK WITH FWMC TO PROVIDE VENUES TO ACCESS SPECIFIC, AND SOMETIMES HARD TO REACH AUDIENCES.

THE RECOMMENDATIONS OF INTERNAL AND EXTERNAL GROUPS FOR INCORPORATION INTO THE OVERALL COMMUNITY BENEFIT PROGRAM ARE SHARED WITH THE BOARD OF TRUSTEES, THROUGH ITS COMMUNITY RELATIONS COMMITTEE.

PART VI, LINE 3: FORT WASHINGTON MEDICAL CENTER COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE ON THE HOSPITAL WEBSITE AND IN HOSPITAL PUBLICATIONS. FINANCIAL ASSISTANCE PROGRAM NOTICES ARE POSTED FOR PUBLIC VIEW IN THE ADMITTING AREA, REGISTRATION AREA, PATIENT ACCOUNTS OFFICE, THE EMERGENCY DEPARTMENT AND ADMINISTRATION. FURTHERMORE, A COPY

Part VI Supplemental Information

OF THE FINANCIAL ASSISTANCE POLICY IS PROVIDED TO PATIENTS OR THEIR
FAMILIES AS PART OF THE ADMISSION PROCESS. ALSO, ONCE THE PATIENT IS
DISCHARGED, EACH BILLING STATEMENT CONTAINS A SUMMARY OF THE FINANCIAL
ASSISTANCE POLICY.

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

PART VI, LINE 4: FORT WASHINGTON, OXON HILL AND TEMPLE HILLS COMPRISE
FORT WASHINGTON MEDICAL CENTER'S COMMUNITY BASED SERVICE AREA (CBSA) AND
ARE LOCATED IN PRINCE GEORGE'S COUNTY. THE SUBURBAN CITIES ARE WITHIN A
SHORT DISTANCE FROM THE WASHINGTON, D.C./MARYLAND LINE.

ACCORDING TO THE U.S. CENSUS BUREAU (2010), FORT WASHINGTON, WHICH
ENCOMPASSES A 14-SQUARE MILE RADIUS, HAS A POPULATION OF 23,717 PEOPLE.
THE RACIAL DYNAMIC OF FORT WASHINGTON IS PRIMARILY AFRICAN-AMERICAN WITH
70.64% RESIDENTS; 13.4% WHITE RESIDENTS; 9.2% ASIAN, AND THE REMAINDER OF
OTHER RACES, INCLUDING ASIAN, NATIVE-AMERICAN INDIAN, AND PACIFIC
ISLANDER. THE AVERAGE HOUSEHOLD INCOME IS \$102,907. HOWEVER, 4.1% OF
RESIDENTS ARE CONSIDERED BELOW THE POVERTY LINE. ACCORDING TO
ZIP-CODE.COM, THE MEDIAN AGE OF FORT WASHINGTON RESIDENTS IS 41.5 YEARS.

SURROUNDING PORTIONS OF FORT WASHINGTON IS 9-SQUARE MILES OF LAND IN OXON
HILL, MARYLAND. IT EXTENDS ALONG THE 210 NORTH CORRIDORS AND ALONG
SOUTHERN AVENUE, WHICH SEPARATES IT FROM WASHINGTON, D.C. ACCORDING TO THE
U.S. CENSUS BUREAU, ITS POPULATION IS 17,722 RESIDENTS. THE RACIAL MAKE-UP
OF OXON HILL IS 75.5% AFRICAN-AMERICANS; 10.9% HISPANIC RESIDENTS AND 8.4%

Part VI Supplemental Information

WHITE RESIDENTS. THE REMAINDER OF RESIDENTS CONSISTS OF ASIAN, NATIVE

AMERICAN, AND PACIFIC ISLANDER.

ZIP-CODES.COM REFERENCES THE AVERAGE AGE OF OXON HILL RESIDENTS AS 35.4

YEARS AND THE AVERAGE INCOME PER HOUSEHOLD AS \$42,247. HOWEVER, DATA FROM

THE CENSUS BUREAU REGARDING RESIDENTS BELOW THE POVERTY LINE WAS NOTED AS

NOT APPLICABLE.

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

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

TEMPLE HILLS HAS A POPULATION OF 7,852 PEOPLE. AFRICAN-AMERICANS COMPRISE

THE MAJORITY OF THE POPULATION WITH 86.9% RESIDENTS, 6.2% HISPANIC

RESIDENTS AND 5.6% WHITE RESIDENTS. THERE IS A SMALL POPULATION OF NATIVE

AMERICANS, ASIANS, PACIFIC ISLANDERS.

THE AVERAGE AGE OF THE RESIDENTS IN TEMPLE HILLS IS 38.4 YEARS AND THE

MEDIAN INCOME IS \$53,331. NEARLY 14% OF THE POPULATION IS CONSIDERED BELOW

THE POVERTY LINE.

ACCORDING TO THE U.S. CENSUS BUREAU, 14.8% OF THE 825,284 RESIDENTS OF

PRINCE GEORGE'S COUNTY ARE UNINSURED. INFORMATION FROM

WORLDFIFEEXPECTANCY.COM PROVIDES A LIFE EXPECTANCY RATE FOR MALE RESIDENTS

OF 73.5 AND 79.2 FOR THE FEMALE POPULATION. ADDITIONALLY,

COUNTYHEALTHRANKINGS.ORG CITES PRINCE GEORGE'S COUNTY'S MORTALITY RATE AS

8,374.

PART VI, LINE 5: THE HOSPITAL HAS A BOARD THAT IS MADE UP OF MEMBERS

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

HOSPITAL. SURPLUS HOSPITAL FUNDS ARE REINVESTED IN THE OPERATION TO

SECURE REQUIRED REPLACEMENT EQUIPMENT AND BUILDING UPGRADES/REPAIRS. THE

Part VI Supplemental Information

HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS DEPARTMENTS.

FORT WASHINGTON MEDICAL CENTER ROUTINELY PARTICIPATES IN COMMUNITY HEALTH FAIRS, PROVIDING EDUCATION AND BLOOD PRESSURE SCREENINGS AT VARIOUS LOCATIONS THROUGH THE PATIENT SERVICE AREA. IN ADDITION, CLASSES ARE HELD TO EDUCATE THE COMMUNITY ON A NUMBER OF HEALTH ISSUES, INCLUDING: DIABETES, HEART DISEASE AND SMOKING CESSATION.

FORT WASHINGTON MEDICAL CENTER HAS A BOARD OF DIRECTORS COMPRISED PREDOMINANTLY FROM MEMBERS OF THE COMMUNITY WHO SERVE AS THE OVERSIGHT BODY FOR THE ACTIVITIES OF THE HOSPITAL. SURPLUS FUNDS ARE REINVESTED IN THE HOSPITAL TO PROVIDE REQUIRED REPLACEMENT EQUIPMENT AND BUILDING UPGRADES/REPAIRS AS WELL AS TO CONTINUE TO PROVIDE COMMUNITY BENEFIT ACTIVITIES FOR THE COMMUNITY.

IT IS BELIEVED THAT A SUBSTANTIAL NUMBER OF THE EMERGENCY ROOM CASES AT FWMC ARE LINKED TO DIABETES. IN AN EFFORT TO HELP PATIENTS BETTER MANAGE DIABETES, AND TO REDUCE THE INCIDENCE OF RECIDIVISM, PATIENTS NOW SEEN AT FWMC OR THROUGH THE EMERGENCY ROOM, OR IF HOSPITALIZED, ARE RECRUITED TO PARTICIPATE IN THE CLASSES.

DURING THIS REPORTING YEAR, FWMC PROVIDED THE FOLLOWING PROGRAMMATIC ACTIVITIES RELATED TO COMMUNITY NEED:

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

- PROVIDED A HEALTH EDUCATION PRESENTATION SPECIFICALLY ON HEART HEALTH FOCUSING ON HYPERTENSION, CONGESTIVE HEART FAILURE, AND LIFESTYLE

Part VI Supplemental Information

ELEMENTS.

- PROVIDED A HEALTH EDUCATION PRESENTATION ON RESPIRATORY AILMENTS,

INCLUDING ASTHMA, EMPHYSEMA AND BRONCHITIS.

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

- PARTNERED WITH CHURCHES, COMMUNITY AND SOCIAL GROUPS, SCHOOLS, AND

SERVICE ORGANIZATIONS TO PROVIDE HEALTH EDUCATION AND SCREENINGS.

- ESTABLISHED A FRAMEWORK TO HOLD COMMUNITY ENGAGEMENT ACTIVITIES.

- WORKED WITH OTHER HEALTH CARE PROVIDERS, INCLUDING THE PRINCE GEORGE'S

HEALTH DEPARTMENT, THE AMERICAN HEART ASSOCIATION, AND THE FWMC MEDICAL

STAFF.

- PROVIDED PROFESSIONAL HEALTH EDUCATION TO 108 PARTICIPANTS.

EVALUATIONS ARE DONE ON PARTS OF THE PROGRAM, WHICH HAVE INCLUDED THE

DIABETES AWARENESS PROGRAM, MAJOR COMMUNITY OFFERINGS AND SPECIAL

MEETINGS. THE DIABETES PROGRAM AT FWMC HAS BEEN HIGHLY SUCCESSFUL.

PARTICIPANTS THEMSELVES RATE THE PROGRAM HIGHLY, NOTING THE EXPERTISE OF

THE INSTRUCTORS, THE DESIGN OF THE CLASS AND THE EASY ACCESS TO THE CLASS.

HEALTH FAIRS AND SCREENING PROGRAMS ARE EVALUATED ON A CASE-BY-CASE BASIS

TO ASCERTAIN COMMUNITY PARTICIPATION, SPONSOR FEEDBACK, CLINICAL

FOLLOW-UP, EDUCATIONAL MATERIALS, COMMUNITY AWARENESS AND AFFIRMATION, AND

GENERAL FEEDBACK.

EVALUATION OF PRECEPTOR-SHIP PROGRAMS ARE BUILT IN AND ARE DONE ON A

CONTINUAL BASIS. FORT WASHINGTON MEDICAL CENTER'S TEACHING - PRECEPTOR

PROGRAM CONTINUES TO BE A MAJOR PORTION OF COMMUNITY BENEFIT. IN REPORTING

YEAR 2010-2011, NURSING AND ALLIED TRAINING PRECEPTOR

OPPORTUNITIES HAVE INCREASED AT FWMC. UNDER THE DIRECTION OF THE FWMC'S

Part VI Supplemental Information

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.

PART VI, LINE 6: THE NEXUS HEALTH CARE SYSTEM PROVIDES MEDICAL CARE

TO COMMUNITIES IN PRINCE GEORGE'S COUNTY, MARYLAND AND WASHINGTON, D.C.

THROUGH ITS OWNERSHIP IN FORT WASHINGTON MEDICAL CENTER AND CAROLYN BOONE

LEWIS HEALTH CARE CENTER. CAROLYN BOONE LEWIS HEALTH CENTER IS A 183-BED

TEACHING NURSING HOME LOCATED ON THE MARYLAND-WASHINGTON, D.C. LINE IN

SOUTHEAST WASHINGTON D.C. IT PROVIDES SKILLED NURSING, REHABILITATION

SERVICES, AND LONG-TERM CARE. FORT WASHINGTON MEDICAL CENTER IS A 37-BED

HOSPITAL, CURRENTLY LICENSED FOR 41 BEDS. THE HOSPITAL UTILIZES 33 ACUTE

CARE BEDS, WITH FOUR BEDS DESIGNATED FOR INTENSIVE CARE. THE HOSPITAL

PROVIDES MEDICAL AND SURGICAL SERVICES, INCLUDING SPECIALTY SERVICES SUCH

AS ENDOCRINOLOGY, PATHOLOGY AND HEMATOLOGY ON BOTH AN INPATIENT AND

OUTPATIENT BASIS. ADDITIONALLY, THE HOSPITAL PROVIDES 24/7 EMERGENCY ROOM

SERVICES.

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

MD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number

52-1682858

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 VERNA S. MEACHAM	(i)	260,172.	0.	0.	7,937.	9,743.	277,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOSEPH B. TUCKER	(i)	176,127.	0.	0.	5,293.	1,775.	183,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SOCORRO OBEDOZA	(i)	156,833.	0.	0.	4,710.	1,104.	162,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCING THE HEALTH OF OUR COMMUNITY CUSTOMERS.

PART 1, LINE 6

NUMBER OF VOLUNTEERS

VOLUNTEER ASSISTED PATIENT'S FAMILY AND FRIENDS WITH GENERAL FACILITY

INFORMATION AND DIRECTIONS.

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE FORM 990 BY

THE EXTERNAL ACCOUNTING FIRM, A REVIEW OF THE RETURN IS COMPLETED BY THE

CORPORATE FINANCE DEPARTMENT AS WELL AS THE SENIOR VICE PRESIDENT FOR

FINANCE AND THE PRESIDENT & CEO. THE 990 IS THEN REVIEWED BY THE AUDIT

COMMITTEE OF THE BOARD OF TRUSTEES. THE FINAL VERSION OF THE DOCUMENTS ARE

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

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

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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ALL INTERESTED PERSONS ARE OBLIGATED TO MONITOR THEIR OUTSIDE ACTIVITIES WITH REGARD TO ENTITIES THAT DO BUSINESS WITH NEXUS HEALTH, INC OR ITS SUBSIDIARIES. AT ANY TIME DURING THE YEAR, INTERESTED PERSONS MAY HAVE A CHANGE IN A FINANCIAL ARRANGEMENT OR ADDITION OF A NEW POTENTIAL CONFLICT OF INTEREST THAT MAY HAVE AN EFFECT ON BUSINESS. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO REPORT THIS INFORMATION TO THE CHAIR PERSON OF THE BOARD OF TRUSTEES, PRESIDENT OR COMPLIANCE OFFICER. THE INDIVIDUAL WILL BE PROVIDED WITH THE APPROPRIATE DOCUMENTS TO REPORT THE POTENTIAL CONFLICT.

B. ANNUAL REPORTING

ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER, SENIOR MANAGER, DIRECTOR, MEMBER OF THE MEDICAL STAFF EXECUTIVE COMMITTEE, OR MEDICAL DIRECTOR, SHALL COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND REVIEW THE CONFLICTS OF INTEREST POLICY. TRUSTEES SHOULD ALSO REVIEW THE CORPORATION BYLAWS. THE CONFLICT OF INTEREST DISCLOSURE AND POLICY WILL BE ISSUED TO EACH INTERESTED PERSON DURING THE MONTH OF NOVEMBER BY THE EXECUTIVE ASSISTANT TO THE CEO. ALL FORMS ARE TO BE RETURNED TO THE EXECUTIVE ASSISTANT TO THE CEO NO LATER THAN DECEMBER 31ST.

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

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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INDIRECT INFLUENCE IN ACCORDANCE WITH THIS POLICY SHALL BE APPROPRIATELY DISCIPLINED. VIOLATION OF THIS POLICY WILL SUBJECT THE INDIVIDUAL TO DISCIPLINARY ACTION INCLUDING POSSIBLE DISMISSAL AND MEMBERS OF THE BOARD OF TRUSTEES WILL BE SUBJECT TO REMOVAL. DISCIPLINE WILL BE COMMENSURATE WITH THE SERIOUSNESS OF THE ACTION. ALL REPORTS OF CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST WILL BE REVIEWED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES, PRESIDENT AND THE COMPLIANCE OFFICER. CONFLICT DISCLOSURES WILL ALSO BE REVIEWED BY LEGAL COUNSEL. THE CHAIRMAN, PRESIDENT, COMPLIANCE OFFICER, AND LEGAL COUNSEL WILL DETERMINE IF ANY ACTION MUST BE TAKEN TO PROTECT NEXUS HEALTH, INC. OR ITS AFFECTED AFFILIATES. A REPORT OF ALL CONFLICTS OF INTEREST SHALL BE SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY.

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

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

PHILOSOPHY: THE INTENT OF THIS POLICY IS TO GUIDE THE EXECUTIVE COMPENSATION PRACTICES OF THE ORGANIZATION TO ASSURE A FAIR AND EQUITABLE, WELL-DEFINED PROCESS FOR DETERMINING COMPENSATION, AND TO PROVIDE A STANDARDIZED STRUCTURE FOR MANAGING THIS ISSUE.

1. COMPENSATION OF THE PRESIDENT AND CEO OF THE ORGANIZATION IS GOVERNED BY CONTRACT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT STUDY AS PART OF THEIR PROCESS IN DETERMINING THE COMPENSATION OF THE CEO.

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

THE HUMAN RESOURCES DEPARTMENT, OR AN EXTERNAL ORGANIZATION WILL DETERMINE

Name of the organization FORT WASHINGTON MEDICAL CENTER, INC.	Employer identification number 52-1682858
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THE CURRENT MARKET SALARY RANGES FOR EXECUTIVE LEVEL POSITIONS BY CONDUCTING PERIODIC SALARY SURVEYS. A RANGE SHALL BE ESTABLISHED FOR EACH EXECUTIVE POSITION. THIS SHALL BE PRESENTED TO THE BOARD THROUGH THE EXECUTIVE COMPENSATION COMMITTEE ON AN ANNUAL BASIS AT THE APRIL BOARD MEETING.

3. THE CEO HAS THE AUTHORITY TO SET EXECUTIVE COMPENSATION AND SALARY INCREASES WITHIN THE RANGES DETERMINED BY THE HR DEPARTMENT AND APPROVED BY THE BOARD. SENIOR EXECUTIVE STAFF IS DEFINED AS AN INDIVIDUAL WITH THE TITLE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT, OR CORPORATE DIRECTOR.

4. EXECUTIVES SHALL BE ENTITLED TO ALL BENEFITS BEYOND SALARY AS EXTENDED TO OTHER EMPLOYEES OF THE CORPORATION. THESE INCLUDE HEALTH AND MEDICAL BENEFITS, 403B MATCH FOR RETIREMENT SAVINGS, LIFE, SHORT AND LONG-TERM DISABILITY INSURANCES OR ANY OTHER BENEFITS THAT MAY BE OFFERED AT SOME FUTURE DATE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A
BOARD OF DIRECTORS
ALL DIRECTORS OF FWMC ARE ALSO DIRECTORS OF CAROLYN BOONE LEWIS HEALTH CARE CENTER, A RELATED ORGANIZATION. EXCEPT FOR VERNA MEACHAM, THE DIRECTORS SPEND ONE HOUR PER WEEK WORKING WITH THE RELATED ORGANIZATION. VERNA MEACHAM SPENDS APPROXIMATELY 16 HOURS PER WEEK AT THE RELATED ORGANIZATION. JOSEPH TUCKER, CFO, ALSO SPENDS APPROXIMATELY 16 HOURS PER WEEK AT THE RELATED ORGANIZATION.

Name of the organization
FORT WASHINGTON MEDICAL CENTER, INC.

Employer identification number
52-1682858

Multiple horizontal lines for additional information.

Related Organizations and Unrelated Partnerships

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

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

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

(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 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NEXUS HEALTH INC. - 52-0238460 174 WATERFRONT STREET SUITE 225 NATIONAL HARBOR, MD 20745	PARENT ORGANIZATION	MARYLAND	501(C)(3)	509(A)(2)	N/A		X
CAROLYN BOONE LEWIS HEALTH CARE CENTER - 52-1127260, 1380 SOUTHERN AVE, SE, WASHINGTON, DC 20032	NURSING HOME	DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	NEXUS HEALTH		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

2011

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning , and ending

Form sections A through F: A Check box if address changed; B Exempt under section 501(c)(03); C Book value of all assets at end of year; F Group exemption number; G Check organization type; D Employer identification number; E Unrelated business activity codes.

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?; J The books are in care of THERESA PITTMAN Telephone number (301) 686-1523

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, capital gain, and other income.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 detailing compensation, salaries, repairs, interest, taxes, and other deductions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 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** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach 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** 0.

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** 0.

44a Payments: A 2010 overpayment credited to 2011 **44a**

b 2011 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 Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see 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** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: **Credited to 2012 estimated tax** **49** **Refunded**

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

1 At any time during the 2011 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? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____ **Yes** **No**

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

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

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 _____ SR VP/CFO Title _____

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

Paid Preparer Use Only

Print/Type preparer's name: JULIA FLANNERY
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00928918
 Firm's name: MCGLADREY LLP Firm's EIN: 42-0714325
 100 INTERNATIONAL DRIVE, SUITE 1400
 Firm's address: BALTIMORE, MD 21202 Phone no.: 410-246-9300

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.