

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FORT WASHINGTON MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>52-1682858</b>
	Doing business as		<b>E</b> Telephone number <b>301-292-7000</b>
	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 province, country, and ZIP or foreign postal code <b>FORT WASHINGTON, MD 20744</b>		<b>G</b> Gross receipts \$ <b>50,072,804.</b>
<b>F</b> Name and address of principal officer: <b>JOSEPH B. TUCKER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.FORTWASHINGTONMC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1989</b>
<b>M</b> State of legal domicile: <b>MD</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENSURE HIGHEST QUALITY, RESPONSIVE HEALTH CARE SERVICES DEDICATED TO ADVANCING THE HEALTH OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>496</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 312,966.	<b>Current Year</b> 281,003.
	<b>9</b> Program service revenue (Part VIII, line 2g)	43,056,719.	46,962,835.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-54,722.	34,017.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,558,274.	2,794,949.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,873,237.	50,072,804.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,547,350.	25,066,899.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>62,697.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,107,216.	23,615,967.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,654,566.	48,682,866.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-781,329.	1,389,938.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 19,708,881.	<b>End of Year</b> 21,762,494.
	<b>21</b> Total liabilities (Part X, line 26)	15,316,664.	15,980,339.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,392,217.	5,782,155.

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>JOSEPH B. TUCKER, SR. VP/CFO/ACTING PRESIDENT &amp; CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER N. FRENCH</b>	Preparer's signature <b>JENNIFER N. FRENCH</b>	Date <b>11/15/19</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00659678</b>
	Firm's name ▶ <b>PBMARES LLP</b>	Firm's EIN ▶ <b>54-0737372</b>	Phone no. <b>757-627-4644</b>	
Firm's address ▶ <b>150 BOUSH STREET, SUITE 400</b> <b>NORFOLK, VA 23510</b>				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 42,889,168. including grants of \$ ) (Revenue \$ 49,700,827. ) IN 2018, FORT WASHINGTON MEDICAL CENTER, INC., AN ACUTE CARE HOSPITAL PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED, CHARITY CARE, TEACHING PERCEPTOR OPPORTUNITIES, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES.

4b (Code: ) (Expenses \$ 279,353. including grants of \$ ) (Revenue \$ ) FORT WASHINGTON MEDICAL CENTER, INC., APPLIED FOR AND WAS AWARDED A GRANT FROM GILEAD. THIS FOCUS GRANT OBJECTIVE IS TO ADDRESS THE GROWING CONCERN OF INCREASING CASES OF HIV AND HEPITITIS (HEP.C) IN THE COMMUNITY. AS A RESULT, FORT WASHINGTON MEDICAL CENTER, FURTHER SERVES THE COMMUNITY THROUGH OFFERING HIV AND HEP.C TESTING TO THE COMMUNITY THROUGH IT'S EMERGENCY ROOM DEPARTMENT. THIS BENEFITS PATIENTS, WHO MAY OTHERWISE NOT HAVE ACCESS TO THIS FREE SCREENING. THIS PROGRAM NOT ONLY PROVIDES DIAGNOSTIC AWARENESS, BUT IT ALSO PROVIDES NAVIGATIONAL SERVICES FOR FOLLOW UP AND CONTINUED CARE BASED ON THE TEST RESULTS.

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 43,168,521.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b> X	
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 496		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**THERESA PITTMAN - 301-686-1523**  
**174 WATERFRONT STREET, SUITE 225, NATIONAL HARBOR, MD 20745**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YVONNE S. MAGEE, PHD IMMEDIATE PAST CHAIR	1.50 0.70	X		X				0.	0.	0.
(2) KIMBERLY D. ROBERTSON DIRECTOR	1.50 0.70	X						0.	0.	0.
(3) HENRY W. MOSLEY BOARD CHAIR	1.50 0.70	X		X				0.	0.	0.
(4) MANERVIA W. RIDDICK TREASURER	1.50 0.70	X		X				0.	0.	0.
(5) PAMELA B. CREEKMUR DIRECTOR	1.50 0.70	X						0.	0.	0.
(6) CHARLES E. DAY, SR. EXECUTIVE SECRETARY	1.50 0.70	X						0.	0.	0.
(7) REGINALD A. JONES ACTING PRESIDENT UNTIL 1/2018	40.00 0.70	X		X			40,000.	0.	0.	0.
(8) MICHELLE D. HEREFORD CHAIR ELECT	1.50 0.70	X						0.	0.	0.
(9) MICHAEL A. JACKSON DIRECTOR/UNTIL 4/2018	1.50 0.70	X						0.	0.	0.
(10) ERIC ODDERSTOL DIRECTOR	1.50 0.70	X						0.	0.	0.
(11) JOHN A. PETTY DIRECTOR	1.50 0.70	X						0.	0.	0.
(12) IKE PUZON DIRECTOR	1.50 0.70	X						0.	0.	0.
(13) VIMLA BHOOSHAN, MD DIRECTOR	1.50 0.70	X					498,082.	0.	0.	0.
(14) SAMEER B. SHAMMAS, MD PRESIDENT, MEDICAL STAFF	1.50 0.70	X					0.	0.	0.	0.
(15) KENNETH K. FISHER, MD ELECT-PRESIDENT MEDICAL STAFF	0.70 1.50	X					0.	0.	0.	0.
(16) JOSEPH B. TUCKER SR.VP/CFO/ACTING PRESIDENT/CEO	40.00 16.00			X			193,850.	0.	7,299.	
(17) HOWARD AINSLEY CHIEF OPERATING OFFICER	40.00			X			179,832.	0.	24,874.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GRIFFIN L. DAVIS CHIEF MEDICAL OFFICER	40.00			X				310,493.	0.	38,773.
(19) WANDA WATLINGTON CHIEF NURSING OFFICER	40.00				X			173,246.	0.	24,416.
(20) SHARNELL S. SMITH SURGEON	40.00					X		293,070.	0.	42,233.
(21) TAMMY WOODFORK HR DIRECTOR	40.00					X		143,547.	0.	11,460.
(22) FREDERICK L. ASHBY IT DIRECTOR	40.00					X		145,553.	0.	10,630.
(23) CORAZON DELACRUZ RN	40.00					X		147,297.	0.	16,522.
(24) MARY O BATES CLINICAL NURSE	40.00					X		162,227.	0.	987.
<b>1b Sub-total</b>								2,287,197.	0.	177,194.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,287,197.	0.	177,194.

**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 **10**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
LABORATORY CORPORATION OF AMERICA P.O. BOX 12140, BURLINGTON, NC 27216	LAB MANAGEMENT	1,381,119.
VESPER PHYSICIANS 8480 ADLER COURT, MILLERSVILLE, MD 21108	HOSPITALIST COVERAGE	540,000.
ALLIED UNIVERSAL P.O. BOX 828854, PHILADELPHIA, PA 19812	SECURITY SERVICES	375,557.
SAFE SEDATION, 4330 EAST WEST HWY, SUITE 1100, BETHESDA, MD 20814	ANESTHESIA GROUP	338,090.
MDICS AT FORT WASHINGTON, 6934 AVIATION BLVD, SUITE B, GLEN BURNIE, MD 21601	HOSPITALIST AND INTERNALIST COVERAGE	286,500.

**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 **16**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	281,003.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			281,003.			
<b>Program Service Revenue</b>	<b>2 a</b> PATIENT SERVICES	<b>Business Code</b> 621400	46,897,595.	46,897,595.			
	<b>b</b> DIETARY SERVICES	900099	65,240.	65,240.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			46,962,835.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		27,310.			27,310.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	56,957.				
		(ii) Personal					
		Less: rental expenses	0.				
	<b>c</b> Rental income or (loss)		56,957.				
	<b>d</b> Net rental income or (loss)			56,957.		56,957.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		6,707.			
		Less: cost or other basis and sales expenses		0.			
		<b>c</b> Gain or (loss)		6,707.			
	<b>d</b> Net gain or (loss)			6,707.		6,707.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MD UNCOMPENSATED CARE		621400	2,551,189.	2,551,189.			
	<b>b</b> MANAGEMENT FEES	900099	42,409.	42,409.			
	<b>c</b> REBATES, DISCOUNTS & O	900099	40,671.	40,671.			
	<b>d</b> All other revenue	900099	103,723.	103,723.			
<b>e Total.</b> Add lines 11a-11d			2,737,992.				
<b>12 Total revenue.</b> See instructions			50,072,804.	49,700,827.	0.	90,974.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	992,783.	459,261.	533,522.	
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	20,239,631.	17,759,759.	2,479,872.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	264,626.	240,604.	24,022.	
9 Other employee benefits	2,062,732.	1,579,807.	482,925.	
10 Payroll taxes	1,507,127.	1,306,227.	200,900.	
11 Fees for services (non-employees):				
a Management				
b Legal	434,626.	10,020.	424,606.	
c Accounting	233,613.		233,613.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,150,965.	10,743,075.	349,208.	58,682.
12 Advertising and promotion	1,704.		1,704.	
13 Office expenses	353,654.	298,168.	54,925.	561.
14 Information technology				
15 Royalties				
16 Occupancy	900,855.	659,587.	241,268.	
17 Travel	44,129.	12,556.	31,573.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,745.	4,331.	79,422.	992.
20 Interest	347,377.	347,377.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,045,199.	952,700.	92,499.	
23 Insurance	644,842.	583,775.	61,067.	
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 <b>BAD DEBT, NET OF RECOVERIES</b>	4,242,105.	4,242,105.		
b <b>MEDICAL SUPPLIES</b>	3,858,637.	3,852,077.	6,560.	
c <b>OTHER SUPPLIES</b>	273,516.	117,092.	153,962.	2,462.
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	48,682,866.	43,168,521.	5,451,648.	62,697.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,796,413.	<b>1</b>	2,670,132.	
	<b>2</b> Savings and temporary cash investments .....	580,546.	<b>2</b>	111,864.	
	<b>3</b> Pledges and grants receivable, net .....	63,000.	<b>3</b>	46,000.	
	<b>4</b> Accounts receivable, net .....	5,529,952.	<b>4</b>	7,459,858.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	1,169,790.	<b>8</b>	1,200,986.	
	<b>9</b> Prepaid expenses and deferred charges .....	766,799.	<b>9</b>	686,865.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,490,513.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 20,972,135.	7,775,652.	<b>10c</b>	7,518,378.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,026,729.	<b>15</b>	2,068,411.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,708,881.	<b>16</b>	21,762,494.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,416,882.	<b>17</b>	8,660,985.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	6,434,812.	<b>23</b>	6,087,663.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	342,612.	<b>24</b>	340,847.	
	<b>25</b> 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 .....	1,122,358.	<b>25</b>	890,844.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,316,664.	<b>26</b>	15,980,339.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	4,285,217.	<b>27</b>	5,675,155.	
	<b>28</b> Temporarily restricted net assets .....	107,000.	<b>28</b>	107,000.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	4,392,217.	<b>33</b>	5,782,155.		
<b>34</b> Total liabilities and net assets/fund balances .....	19,708,881.	<b>34</b>	21,762,494.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,072,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,682,866.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,389,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,392,217.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,782,155.

**Part XII Financial Statements and Reporting**

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

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



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2018



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**FORT WASHINGTON MEDICAL CENTER**

Employer identification number

**52-1682858**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>FORT WASHINGTON MEDICAL CENTER</b>	Employer identification number  <b>52-1682858</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 279,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FORT WASHINGTON MEDICAL CENTER</b>	Employer identification number  <b>52-1682858</b>
---	---

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

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

Name of organization  <b>FORT WASHINGTON MEDICAL CENTER</b>	Employer identification number  <b>52-1682858</b>
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

Name of organization <b>FORT WASHINGTON MEDICAL CENTER</b>	Employer identification number <b>52-1682858</b>
---	---

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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) 2018

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		2,473.
<b>j</b> Total. Add lines 1c through 1i .....			2,473.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,528.		122,528.
b Buildings		9,959,384.	7,390,070.	2,569,314.
c Leasehold improvements		848,700.	667,217.	181,483.
d Equipment		15,449,116.	12,914,848.	2,534,268.
e Other		2,110,785.		2,110,785.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,518,378.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	209,695.
(2) MISCELLANEOUS ACCOUNTS RECEIVABLE	199,451.
(3) MORTGAGE RESERVE FUND	1,659,265.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,068,411.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY PAYEE	708,020.
(3) CAPITAL LEASE	182,824.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	890,844.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	45,830,699.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,830,699.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,242,105.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,242,105.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	50,072,804.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	44,440,761.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	44,440,761.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,242,105.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,242,105.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	48,682,866.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

: THE HOSPITAL IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE HOSPITAL HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

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

**Part XIII** Supplemental Information (continued)

RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE HOSPITAL'S TAX POSITIONS AND HAS CONCLUDED THAT THE HOSPITAL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

GENERALLY, THE HOSPITAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2015.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS	1,690,916.
MD UNCOMPENSATED CARE	2,551,189.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	4,242,105.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS	1,690,916.
MD UNCOMPENSATED CARE	2,551,189.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	4,242,105.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<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 _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			914,495.	0.	914,495.	1.88%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			2,077,851.	2,025,755.	52,096.	.11%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			10,181,348.	9,926,081.	255,267.	.52%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			13,173,694.	11,951,836.	1,221,858.	2.51%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			1,122,279.	0.	1,122,279.	2.31%
<b>f</b> Health professions education (from Worksheet 5) .....			141,801.	0.	141,801.	.29%
<b>g</b> Subsidized health services (from Worksheet 6) .....			0.	0.		.00%
<b>h</b> Research (from Worksheet 7) .....			0.	0.		.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			8,100.	0.	8,100.	.02%
<b>j Total.</b> Other Benefits .....			1,272,180.		1,272,180.	2.62%
<b>k Total.</b> Add lines 7d and 7j .....			14,445,874.	11,951,836.	2,494,038.	5.13%



Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 FORT WASHINGTON MEDICAL CENTER, INC.
11711 LIVINGSTON ROAD
FORT WASHINGTON, MD 20744
HTTPS://WWW.FORTWASHINGTONMC.ORG/16003

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first three and seventh columns.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group FORT WASHINGTON MEDICAL CENTER, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.FORTWASHINGTONMC.ORG/SERVICES</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>HTTPS://WWW.FORTWASHINGTONMC.ORG/SERVICES/COMMUNITY-</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group FORT WASHINGTON MEDICAL CENTER, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group FORT WASHINGTON MEDICAL CENTER, INC.

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group FORT WASHINGTON MEDICAL CENTER, INC.

	Yes	No
<b>22</b> 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.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2018

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: IN 2015, THE PRINCE GEORGE'S COUNTY

GOVERNMENT AND MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION

CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN

IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY

RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE

GEORGE'S COUNTY HOSPITALS" WHICH INCLUDED CONDUCTING A JOINT COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) WITH THE PRINCE GEORGE'S COUNTY HEALTH

DEPARTMENT.

FORT WASHINGTON MEDICAL CENTER INC. ALONG WITH THE OTHER FOUR HOSPITALS

LOCATED IN PRINCE GEORGE'S COUNTY TEAMED UP WITH THE PRINCE GEORGE'S

COUNTY HEALTH DEPARTMENT TO CREATE A "CORE TEAM" TO FACILITATE THE 2016

CHNA PROCESS. THE PROCESS WAS DEVELOPED TO 1) MAXIMIZE COMMUNITY INPUT,

2) LEARN FROM THE COMMUNITY EXPERTS, 3) UTILIZE EXISTING DATA, AND 4) TO

ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZATION.

THE PROCESS INCLUDED: 1) A COMMUNITY RESIDENT SURVEY IN BOTH ENGLISH AND

SPANISH, 2) AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS

THROUGH SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR

PROFILE, 3) HOSPITAL SERVICE PROFILES OF RESIDENTS SERVICED BY THE CORE

TEAM, 4) A COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT

INTERVIEWS, AND 5) A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED FORTY

REPRESENTATIVES FROM ACROSS THE COUNTY WHICH ARE IDENTIFIED BELOW.

KLEINMAN, DDS, MSCD, DUSHANKA, UMD-PUBLIC HEALTH, DEPT. OF EPIDEMIOLOGY &

BIOSTATISTICS

TERRY, MILLY, AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION

GRANT, TERESA, PGC DEPARTMENT OF FAMILY SERVICES

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARVANA, ANTHONY, COMMUNITY COUNSELING AND MENTORING SERVICES, INC.

MCDONOUGH, MARY LOU, PGC DEPARTMENT OF CORRECTIONS

HOWELL, MICHELLE, THE ARC

SHIVER, SANDERS, PGC PUBLIC SCHOOLS

HOBAN, EVELYN, PGC HEALTH DEPARTMENT

HALL, PHD, MPH, CLARENCE, PACANET USA

BELON-BUTLER, ELANA, PGC DEPARTMENT OF FAMILY SERVICES

GOMEZ, MARIA, MARY'S CENTER

LOBRANO, MD, MARCIA, COMMUNITY CLINIC, INC.

MALLOY, COLENTHIA, GREATER BADEN MEDICAL CENTER

MATTHEWS, SAUNDRA, COMMUNITY CLINIC, INC.

DEMUS, LESLIE, HEART TO HAND

SPANN, MONICA, PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE

ALDOORY, PHD, LINDA, UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION,

WILSON, ALICIA, LA CLINICA DEL PUEBLO

MOORE, MAJOR ELAINE, PGC POLICE DEPARTMENT

COOPER, MD, CARNELL, DIMENSIONS HEALTHCARE SYSTEM/PRINCE GEORGE'S HOSPITAL CENTER

HALL, MD, TRUDY, LAUREL REGIONAL HOSPITAL CENTER

JOHNSON-THREAT, MD, YVETTE, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

MOORE, SHERRI, DOCTORS COMMUNITY HOSPITAL

SMITH, MD, SHARNELL, FORT WASHINGTON MEDICAL CENTER/NEXUS

SULLIVAN, TIFFANY, DIMENSIONS HEALTHCARE SYSTEM

WATERS, MD, JD, FCLM, VICTOR, FORT WASHINGTON MEDICAL CENTER/NEXUS

PROCTOR, NATALIE STANDINGONTHEROCK, WILD TURKEY CLAN, CEDARVILLE BAND OF PISCATAWAY CONOY

DODO, KODJO, PGC HEALTH DEPARTMENT, WIC PROGRAM

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEWLETT, ELIZABETH, MARYLAND NATIONAL PARK AND PLANNING COMMISSION

BRYANT, TRACY, UNITED HEALTHCARE COMMUNITY PLAN

MOOREHEAD, CREIGHTON, NORVARTIS (FORMERLY WITH KAISER)

AMIN, MENA, THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY

BARRON, EREK, HOUSE OF DELEGATES

OWUSU-ASCHEAW, POKUAA, FOR SENATOR JOANNE BENSON

CREEKMUR, PAMELA B., PGC HEALTH DEPARTMENT

HARRINGTON, DAVID, PGC CHAMBER OF COMMERCE

CARTER, MD, PHD, ERNEST, PGC HEALTH DEPARTMENT

BROWN, ERIC, PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

WOOD, DENNIS, PGC FIRE/EMS DEPARTMENT

BATES, RN, MS, KAREN, OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY

PUBLIC SCHOOLS

BROWN, GLORIA, PGC DEPARTMENT OF SOCIAL SERVICES

BRUCE, GERALYN, PGC DEPT. PUBLIC WORKS & TRANSPORTATION

SNOWDEN, CAROL LYNN, PGC DEPARTMENT OF FAMILY SERVICES

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL, LAUREL REGIONAL HOSPITAL, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER, PRINCE GEORGE'S HOSPITAL CENTER

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS, PRINCE GEORGE'S

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL, FRIENDLY HIGH SCHOOL, BEHAVIORAL HEALTH, RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH, COMMUNITY COALITION, PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN DIABETES ASSOCIATION

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LEAD THE DATA GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE SHARED OWNERSHIP OF THE COUNTY'S COMMUNITIES HEALTH.

FWMC IS DIRECTLY ADDRESSING NEEDS RELATED TO DIABETES AND HEART DISEASE THROUGH DIABETIC EDUCATION AND TRAINING CLASSES, AN EXERCISE AND FITNESS PROGRAM, AND COMMUNITY OUTREACH SCREENING PROGRAMS. IN ADDITION, THE HOSPITAL ADDED INPATIENT DIALYSIS AND LITHOTRIPSY SERVICES. FWMC PARTNERS WITH PG COUNTY HEALTH DEPARTMENT AND GILEAD SCIENCES TO ADDRESS THE GROWING CONCERN OF HIV AND HEPATITIS C IN THE COMMUNITY THROUGH FREE HIV AND HEPATITIS C TESTING THE EMERGENCY ROOM DEPARTMENT. IN ORDER TO ASSURE THAT THE COMMUNITY HAS ACCESS TO ALL IDENTIFIED NEEDS, THOSE SERVICES THAT CANNOT BE DIRECTLY DONE BY FWMC ARE SERVICES THAT THE HOSPITAL HAS DEVELOPED A LINK TO CARE TO ASSURE THAT THEY CAN REFER ANY PATIENT TO THE SERVICES THAT ARE IDENTIFIED OR NEEDED.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FORT WASHINGTON MEDICAL CENTER, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.FORTWASHINGTONMC.ORG/PATIENTS/BILLING-INSURANCE/](https://www.fortwashingtonmc.org/patients/billing-insurance/)

FORT WASHINGTON MEDICAL CENTER, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.FORTWASHINGTONMC.ORG/PATIENTS/BILLING-INSURANCE/](https://www.fortwashingtonmc.org/patients/billing-insurance/)

FORT WASHINGTON MEDICAL CENTER, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.FORTWASHINGTONMC.ORG/PATIENTS/BILLING-INSURANCE/](https://www.fortwashingtonmc.org/patients/billing-insurance/)



**Part VI Supplemental Information**

Provide the following information.

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

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**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, IT IS ALSO AVAILABLE FOR REVIEW ON THE HOSPITAL WEBSITE:

[WWW.FORTWASHINGTONMC.ORG/OURSERVICES/COMMUNITYHEALTH/COMMUNITYOUTREACH.ASPX](http://WWW.FORTWASHINGTONMC.ORG/OURSERVICES/COMMUNITYHEALTH/COMMUNITYOUTREACH.ASPX).

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**PART I, LN 7 COL(F):**

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

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**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.

**Part VI** Supplemental Information (Continuation)

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR INCLUDING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

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 INCLUDING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT TO 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 \$167,174 IN 2017.

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.

**Part VI** Supplemental Information (Continuation)

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR INCORPORATING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART III, LINE 2:

BAD DEBT	\$5,239,989
LESS RECOVERIES	(\$997,884)
NET BAD DEBT	\$4,242,105

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARISE FROM HEALTH CARE SERVICES PROVIDED PRIMARILY TO RESIDENTS OF MARYLAND. THE PRINCIPAL PAYORS FOR THESE SERVICES ARE THE PATIENTS, INSURANCE COMPANIES (INCLUDING CAREFIRST) AND MEDICARE AND CERTAIN MEDICAID PROGRAMS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF

**Part VI** Supplemental Information (Continuation)

REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

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

**Part VI** Supplemental Information (Continuation)

HAS BEGUN, THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE.  
ONCE CHARITY CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY  
THE ORGANIZATION TO COLLECT.

PART VI, LINE 2:

FORT WASHINGTON MEDICAL CENTER (FWMC) PARTICIPATED AS A MEMBER OF A  
"CORE TEAM" COMPRISED OF 5 HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE  
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, TO CONDUCT A COMMUNITY HEALTH  
NEEDS ASSESSMENT (CHNA) IN 2016. AS REQUIRED TO IDENTIFY THE NEEDS OF  
THOSE LIVING IN ITS PRIMARY AND SECONDARY SERVICE AREAS IN PRINCE  
GEORGE'S COUNTY, CHARLES COUNTY, AND WASHINGTON, D.C. THIS COMMUNITY  
HEALTH NEEDS ASSESSMENT WAS CONDUCTED TO IDENTIFY HEALTH NEEDS AND  
DEVELOP STRATEGIES TO IMPROVE HEALTH CONDITIONS IN THE SURROUNDING  
COMMUNITIES SERVICED BY THE HOSPITAL.

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

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

**Part VI** Supplemental Information (Continuation)

ESTABLISHING WAYS TO PROMOTE AND COMMUNICATE THE INITIATIVE AND MONITOR AND MEASURE ITS OVERALL EFFECTIVENESS.

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

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

PART VI, LINE 4:

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

FORT WASHINGTON ENCOMPASSES A 14-SQUARE MILE RADIUS. ACCORDING TO CLARITAS.COM, IT HAS A POPULATION OF 54,890 PEOPLE. THE RACIAL DYNAMIC OF FORT WASHINGTON IS PRIMARILY AFRICAN-AMERICAN WITH 73.6% RESIDENTS; 10.49% WHITE RESIDENTS; 6.4% ASIAN, AND THE REMAINDER OF OTHER RACES ARE, NATIVE HAWAIIAN, AMERICAN INDIAN, AND PACIFIC ISLANDER.

**Part VI** Supplemental Information (Continuation)

THE MEDIAN FORT WASHINGTON HOUSEHOLD INCOME IS \$59,291 AND THE MEDIAN AGE OF THE FORT WASHINGTON RESIDENT IS 44 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 CLARITAS.COM, ITS POPULATION IS 30,187 RESIDENTS. THE RACIAL MAKE-UP OF OXON HILL IS 74.95% AFRICAN-AMERICANS; 9.56% WHITE RESIDENTS AND 5.10% ASIAN RESIDENTS.

THE MEDIAN OXON HILL HOUSEHOLD INCOME IS \$86,714 AND THE AVERAGE AGE OF THE OXON HILL RESIDENT IS 38 YEARS.

ANOTHER COMPONENT OF THE FWMC SERVICE AREA IS TEMPLE HILLS, WHICH IS 1.4 SQUARE MILES, AND IS WEST OF OXON HILL AND SOUTHEAST OF WASHINGTON, D.C. TEMPLE HILLS HAS A POPULATION OF 37,588 PEOPLE, AFRICAN-AMERICAN COMPRISE THE MAJORITY OF THE POPULATION WITH 85.36% RESIDENTS, 6.48% WHITE RESIDENTS AND 6.80% HISPANIC RESIDENTS. THERE IS A SMALL POPULATION OF NATIVE HAWAIIAN, ASIANS, AMERICAN INDIAN AND PACIFIC ISLANDERS. NEARLY 16.8% OF THE POPULATION IS CONSIDERED BELOW THE POVERTY LINE.

THE MEDIAN TEMPLE HILLS HOUSEHOLD INCOME IS \$60,920 AND THE AVERAGE AGE OF THE TEMPLE HILLS RESIDENT IS 31 YEARS.

PART VI, LINE 7:

LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MARYLAND

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FORT WASHINGTON MEDICAL CENTER**

Employer identification number

**52-1682858**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VIMLA BHOOSHAN, MD DIRECTOR	(i)	498,082.	0.	0.	0.	0.	498,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH B. TUCKER SR.VP/CFO/ACTING PRESIDENT/CEO	(i)	193,850.	0.	0.	5,816.	1,483.	201,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HOWARD AINSLEY CHIEF OPERATING OFFICER	(i)	179,832.	0.	0.	436.	24,438.	204,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GRIFFIN L. DAVIS CHIEF MEDICAL OFFICER	(i)	310,493.	0.	0.	1,321.	37,452.	349,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WANDA WATLINGTON CHIEF NURSING OFFICER	(i)	173,246.	0.	0.	0.	24,416.	197,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHARNELL S. SMITH SURGEON	(i)	293,070.	0.	0.	7,945.	34,288.	335,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAMMY WOODFORK HR DIRECTOR	(i)	143,547.	0.	0.	0.	11,460.	155,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FREDERICK L. ASHBY IT DIRECTOR	(i)	145,553.	0.	0.	4,410.	6,220.	156,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CORAZON DELACRUZ RN	(i)	147,297.	0.	0.	4,518.	12,004.	163,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARY O BATES CLINICAL NURSE	(i)	162,227.	0.	0.	0.	987.	163,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

DURING 2018, THE ORGANIZATION DID NOT HAVE A PERMANENT PRESIDENT AND CEO.

WHEN THE ORGANIZATION CONCLUDES ITS SEARCH FOR A PERMANENT PRESIDENT AND

CEO. A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT,

COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE WILL BE USED.





**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER

Employer identification number

52-1682858

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

OUR COMMUNITY CUSTOMERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS NEXUS HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

NEXUS HEALTH, INC. HAS THE RIGHT TO RATIFY THE PRESIDENT OR OTHER MEMBERS OF THE CORPORATION, TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE CORPORATION, TO ELECT MEMBERS OF THE BOARD OF DIRECTORS, AND TO REMOVE ANY OR ALL MEMBERS FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

NEXUS HEALTH, INC. HAS THE RIGHT TO AMEND THE ORGANIZATION'S CHARTER OR BYLAWS, DISSOLVE OR MERGE THE CORPORATION, AND TO ISSUE ANY ADDITIONAL STOCK IN THE ORGANIZATION.

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

UPON COMPLETION OF THE FORM 990 BY THE EXTERNAL ACCOUNTING FIRM, A REVIEW OF THE RETURN IS COMPLETED BY THE CORPORATE CONTROLLER AS WELL AS THE SENIOR VICE PRESIDENT FOR FINANCE AND THE PRESIDENT & CEO. IT IS THEN SUBMITTED TO THE FINANCE & AUDIT COMMITTEE FOR REVIEW AND APPROVAL. ONCE APPROVED FOR FILING THE FINAL 990 RETURN IS SUBMITTED TO THE REMAINING GOVERNING BODY.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

FORT WASHINGTON MEDICAL CENTER

Employer identification number

52-1682858

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

A. DURING THE YEAR

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

B. ANNUAL REPORTING

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

Name of the organization

FORT WASHINGTON MEDICAL CENTER

Employer identification number

52-1682858

**MANAGEMENT OF CONFLICTS:**

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

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

**EXECUTIVE COMPENSATION:**

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

**PHILOSOPHY: THE INTENT OF THIS POLICY IS TO GUIDE THE EXECUTIVE**

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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COMPENSATION PRACTICES OF THE ORGANIZATION TO ASSURE A FAIR AND EQUITABLE, WELL-DEFINED PROCESS FOR DETERMINING COMPENSATION, AND TO PROVIDE A STANDARDIZED STRUCTURE FOR MANAGING THIS ISSUE.

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

2. COMPENSATION FOR THE SENIOR EXECUTIVE STAFF IS ESTABLISHED AS FOLLOWS: THE HUMAN RESOURCES DEPARTMENT, OR AN EXTERNAL ORGANIZATION WILL DETERMINE THE CURRENT MARKET SALARY RANGES FOR EXECUTIVE LEVEL POSITIONS BY CONDUCTING PERIODIC SALARY SURVEYS. A RANGE SHALL BE ESTABLISHED FOR EACH EXECUTIVE POSITION. THIS SHALL BE PRESENTED TO THE BOARD THROUGH THE EXECUTIVE COMPENSATION COMMITTEE ON AN ANNUAL BASIS AT THE APRIL BOARD MEETING

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

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

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104 (D).

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,185,926.
MANAGEMENT AND GENERAL EXPENSES	219.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,186,145.

OTHER FEES:

PROGRAM SERVICE EXPENSES	441,925.
MANAGEMENT AND GENERAL EXPENSES	104,884.
FUNDRAISING EXPENSES	602.
TOTAL EXPENSES	547,411.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	8,115,224.
MANAGEMENT AND GENERAL EXPENSES	244,105.
FUNDRAISING EXPENSES	58,080.
TOTAL EXPENSES	8,417,409.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 11,150,965.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL  
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CAROLYN BOONE LEWIS HEALTH CARE CENTER - 52-1127260, 174 WATERFRONT STREET SUITE 225, NATIONAL HARBOR, MD 20745	NURSING HOME	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	NEXUS HEALTH		X

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

Schedule R (Form 990) 2018



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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



**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FORT WASHINGTON MEDICAL CENTER</b>	Employer identification number (EIN) or <b>52-1682858</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11711 LIVINGSTON ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FORT WASHINGTON, MD 20744</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**Theresa Pittman - 174 Waterfront Street, Suite 225 -  
National Harbor, MD 20745**

- The books are in the care of ▶ **NATIONAL HARBOR, MD 20745**  
Telephone No. ▶ **301-686-1523** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Electronic Filing PDF Attachment

**FORT WASHINGTON MEDICAL CENTER, INC.**

**FINANCIAL AND COMPLIANCE REPORT**

**DECEMBER 31, 2018**



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ASSURANCE, TAX & ADVISORY SERVICES

# FORT WASHINGTON MEDICAL CENTER, INC.

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Fort Washington Medical Center, Inc.

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Fort Washington Medical Center, Inc. (the Hospital), which comprise the balance sheet as of December 31, 2018, the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fort Washington Medical Center, Inc. as of December 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *2017 Financial Statements*

The financial statements of the Hospital, as of and for the year ended December 31, 2017, were audited by other auditors, whose report, dated April 30, 2018, expressed an unmodified opinion on those statements.

### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The accompanying supplemental information on page 23 marked unaudited is also presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information on page 23 marked "unaudited" has not been subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated May 6, 2019, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. This report is an integral part of the audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

**PBMares, LLP**

Norfolk, Virginia  
May 6, 2019

## **FINANCIAL STATEMENTS**

**FORT WASHINGTON MEDICAL CENTER, INC.**

**BALANCE SHEETS**  
**December 31, 2018 and 2017**

	2018	2017
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 2,162,482	\$ 2,271,799
Patient accounts receivable, net of uncollectible accounts (2018 – \$2,354,662; 2017 – \$2,307,214)	7,459,858	6,643,070
Inventory, prepaid expenses, and other current assets	2,087,302	2,089,581
Due from affiliates, net	209,695	240,778
<b>Total current assets</b>	<b>11,919,337</b>	<b>11,245,228</b>
Property and Equipment, net	7,518,378	7,775,652
Assets Limited As to Use	2,324,779	1,801,119
	<b>\$ 21,762,494</b>	<b>\$ 20,821,999</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable, accrued expenses and other	\$ 8,660,985	\$ 8,530,000
Advances from third-party payors	708,020	612,227
Short-term financing	340,847	342,612
Current portion of capital lease obligations	128,964	327,307
Current portion of long-term debt	480,349	461,775
<b>Total current liabilities</b>	<b>10,319,165</b>	<b>10,273,921</b>
Obligations Under Capital Leases, less current portion	53,860	182,824
Long-Term Debt, less current portion, net	5,607,314	5,973,037
<b>Total liabilities</b>	<b>15,980,339</b>	<b>16,429,782</b>
Commitments and Contingencies		
Net Assets:		
Without donor restrictions	5,675,155	4,285,217
With donor restrictions	107,000	107,000
<b>Total net assets</b>	<b>5,782,155</b>	<b>4,392,217</b>
	<b>\$ 21,762,494</b>	<b>\$ 20,821,999</b>

**FORT WASHINGTON MEDICAL CENTER, INC.**

**STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**Year Ended December 31, 2018**

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Revenue:</b>			
Patient service revenue, net of contractual allowances and discounts	\$ 46,897,595	\$ -	\$ 46,897,595
Provision for bad debt	(1,690,916)	-	(1,690,916)
<b>Net patient service revenue less provision for bad debt</b>	<b>45,206,679</b>	<b>-</b>	<b>45,206,679</b>
Other Operating Revenue, Gains and Support	590,003	-	590,003
<b>Total revenue, gains and other support</b>	<b>45,796,682</b>	<b>-</b>	<b>45,796,682</b>
<b>Expenses:</b>			
Salaries and benefits	25,066,899	-	25,066,899
Supplies and services	18,443,287	-	18,443,287
Depreciation	930,575	-	930,575
<b>Total expenses</b>	<b>44,440,761</b>	<b>-</b>	<b>44,440,761</b>
<b>Income from operations</b>	<b>1,355,921</b>	<b>-</b>	<b>1,355,921</b>
<b>Non-Operating Income and Losses:</b>			
Interest income	27,310	-	27,310
Gain on disposal of assets	6,707	-	6,707
<b>Total nonoperating income and losses</b>	<b>34,017</b>	<b>-</b>	<b>34,017</b>
<b>Excess of revenue over expenses</b>	<b>1,389,938</b>	<b>-</b>	<b>1,389,938</b>
<b>Net Assets:</b>			
Beginning of year	4,285,217	107,000	4,392,217
End of year	\$ 5,675,155	\$ 107,000	\$ 5,782,155

**FORT WASHINGTON MEDICAL CENTER, INC.**

**STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**Year Ended December 31, 2017**

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Revenue:</b>			
Patient service revenue, net of contractual allowances and discounts	\$ 42,996,639	\$ -	\$ 42,996,639
Provision for bad debt	(952,760)	-	(952,760)
<b>Net patient service revenue less provision for bad debt</b>	<b>42,043,879</b>	<b>-</b>	<b>42,043,879</b>
Other Operating Revenue, Gains and Support	677,819	-	677,819
<b>Total revenue, gains and other support</b>	<b>42,721,698</b>	<b>-</b>	<b>42,721,698</b>
<b>Expenses:</b>			
Salaries and benefits	24,547,355	-	24,547,355
Supplies and services	16,728,928	-	16,728,928
Depreciation	961,119	-	961,119
<b>Total expenses</b>	<b>42,237,402</b>	<b>-</b>	<b>42,237,402</b>
<b>Income from operations</b>	<b>484,296</b>	<b>-</b>	<b>484,296</b>
<b>Non-Operating Income and Losses:</b>			
Interest income	11,268	-	11,268
Loss on disposal of assets	(65,990)	-	(65,990)
<b>Total nonoperating income and losses</b>	<b>(54,722)</b>	<b>-</b>	<b>(54,722)</b>
<b>Excess of revenue over expenses</b>	<b>429,574</b>	<b>-</b>	<b>429,574</b>
<b>Net Assets:</b>			
Beginning of year	3,855,643	107,000	3,962,643
End of year	\$ 4,285,217	\$ 107,000	\$ 4,392,217

**FORT WASHINGTON MEDICAL CENTER, INC.**

**STATEMENTS OF CASH FLOWS**  
**Years Ended December 31, 2018 and 2017**

	2018	2017
<b>Cash Flows From Operating Activities:</b>		
Change in net assets	\$ 1,389,938	\$ 429,574
Adjustments to change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation, depletion and amortization	930,575	961,119
(Gain) loss on disposal of assets	(6,707)	65,990
Decrease (increase) in allowance for uncollectible accounts	47,448	(878,681)
Amortization of deferred financing costs	114,625	114,625
Changes in assets and liabilities:		
Decrease (increase) in:		
Patient accounts receivable	(864,236)	791,284
Inventory, prepaid expenses and other current assets	2,279	(268,889)
Net due from affiliates	31,083	(111,412)
Increase (decrease) in:		
Accounts payable, accrued expenses, and other	130,985	944,482
Advances from third-party payors	95,793	(178,057)
<b>Net cash and cash equivalents provided by operating activities</b>	<b>1,871,783</b>	<b>1,870,035</b>
<b>Cash Flows From Investing Activities:</b>		
Acquisition of property and equipment	(666,594)	(438,451)
Increase in assets limited as to use	(523,660)	(71,843)
<b>Net cash and cash equivalents used in investing activities</b>	<b>(1,190,254)</b>	<b>(510,294)</b>
<b>Cash Flows From Financing Activities:</b>		
Principal payments on long-term debt	(461,774)	(443,919)
Proceeds from short-term financing	437,143	342,612
Principal payments on short-term financing	(438,908)	(360,923)
Principal payments on capital lease obligations	(327,307)	(299,113)
<b>Net cash and cash equivalents used in financing activities</b>	<b>(790,846)</b>	<b>(761,343)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(109,317)</b>	<b>598,398</b>
<b>Cash and Cash Equivalents:</b>		
Beginning	2,271,799	1,673,401
Ending	\$ 2,162,482	\$ 2,271,799

**FORT WASHINGTON MEDICAL CENTER, INC.**

**STATEMENTS OF CASH FLOWS (Continued)**  
**Years Ended December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
Supplemental Disclosure of Cash Flow Information:		
Cash paid for interest	<u>\$ 463,936</u>	<u>\$ 515,230</u>
Supplemental Schedule of Noncash Investing and Financing Activities:		
Equipment purchased through capital lease	<u>\$ -</u>	<u>\$ 92,755</u>

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Nature of Activities and Significant Accounting Policies**

**Nature of activities:** Fort Washington Medical Center, Inc. (the Hospital), located in Fort Washington, Maryland, is a licensed 32-bed acute care general hospital. The Hospital provides inpatient and outpatient services primarily for residents of Prince George's County, Maryland and the surrounding areas. Admitting physicians are practitioners who practice primarily in the local area. The Hospital was incorporated in Maryland in 1989 and is organized as a not-for-profit corporation. The Hospital is controlled by Nexus Health, Inc. (Nexus), formerly known as The Greater Southeast Community Hospital Foundation, Inc.

A summary of the Hospital's significant accounting policies follows:

**Basis of accounting:** The accompanying financial statements are presented in accordance with the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

**Basis of presentation:** The financial statement presentation follows the recommendations of the Not-for-Profit Entities Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (the Codification) and the *AICPA Audit and Accounting Guide for Health Care Entities*. Under this guidance, the Hospital is required to report information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions:

- **Net assets without donor restrictions:** Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve.
- **Net assets with donor restrictions:** Net assets subject to donor – (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that the resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. The Hospital has no permanently restricted net assets at December 31, 2018 and 2017.

The component of net assets without donor restrictions is comprised of amounts designated by the Board for various functions which amounted to \$670,378 and \$624,706 as of December 31, 2018 and 2017, respectively.

**Management estimates and assumptions:** The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

***Net patient service revenue and patient accounts receivable:*** The Hospital reports net patient service revenue at the estimated net realizable amounts from patients, third-party payors and others as services are rendered. Allowances for the excess of charges over anticipated patient or third-party payer payments and net uncollectible self-pay amounts are included in the determination of net patient service revenue as reported in the statements of operations.

Patient accounts receivable arise from health care services provided primarily to residents of Maryland. The principal payors for these services are the patients, insurance companies (including CareFirst) and Medicare and certain Medicaid programs. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital grants credit to patients, substantially all of whom are local residents. The Hospital generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans, or policies.

Effective July 1, 2014, the Hospital entered an agreement with the Health Services Cost Review Commission (HSCRC) to implement the Global Budget Revenue (GBR) methodology. The GBR agreement establishes a prospective, fixed revenue base for the upcoming year. This includes both inpatient and outpatient regulated services. Under GBR, the Hospital's revenue for all HSCRC regulated services is predetermined for the upcoming year, regardless of changes in volume, service mix intensity, or mix of inpatient or outpatient services that occurred during the year. The GBR agreement allows the Hospital to adjust unit rates, within certain limits, to achieve the overall revenue base at rate year end. Any overcharge or undercharge relative to the approved GBR target is prospectively added to or subtracted from the subsequent year's GBR amount. Although the GBR methodology does not adjust for changes in volume or service mix, the GBR approved revenue is adjusted annually for inflation and for changes in payor mix and uncompensated care, infrastructure requirements, population driven volume increases and performance in quality-based or efficiency-based programs. The Hospital may receive an annual adjustment to its approved revenue for the change in population and market shifts in the Hospital's service area. The GBR methodology is designed to encourage hospitals to operate efficiently by reducing utilization and managing patients in the appropriate care delivery setting.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Income from operations:** The statements of operations include income from operations. Changes in net assets without donor restrictions which are excluded from income from operations, consistent with industry practice, include interest income, gains and losses on disposals of property and equipment, unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, debt repayments and contributions of (and assets released from donor restrictions related to) long-lived assets.

**Charity care:** The Hospital follows the disclosure guidance contained in FASB Accounting Standards Update (ASU) No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure – a consensus of the FASB Emerging Issues Task Force*. This ASU requires that the measurement of charity care by a health care entity for disclosure purposes be based on the direct and indirect costs of providing the charity care and that the Hospital provide disclosure regarding the method used to identify or determine such costs. The measurement and disclosure requirements in this standard were required to be applied to all periods presented in the financial statements (see Note 13 for further information).

**Cash and cash equivalents:** Cash and cash equivalents consist principally of bank deposits, money market accounts and repurchase agreements, except for assets limited as to use, that are readily convertible into cash with an original maturity of three months or less. Periodically during the year, the Hospital's cash balances may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. Management does not believe the Hospital is exposed to any significant financial risk on cash and cash equivalents.

**Inventory:** Inventories are stated at the lower of cost or net realizable value. The weighted average cost method is used to determine the cost value of inventories.

**Property and equipment:** Property and equipment are recorded on the basis of cost, except for donated items, which are recorded at fair market value at the date of the donation. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated economic life of the equipment. Expenditures, which materially increase values, change capacities, or extend economic lives, are capitalized. The cost of property and equipment and the related accumulated depreciation are removed from the accounts in the year assets are sold or retired and any profit or loss on disposition is credited or charged to other gains or losses, as appropriate. Depreciation expense is computed utilizing the straight-line method over the following estimated economic lives of the assets.

	<u>Years</u>
Building and Land Improvements	10 - 40
Fixed Equipment	10 - 15
Movable Equipment	3 - 5

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from income (loss) from operations, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

***Mortgage discounts and issuance costs:*** Deferred financing costs relate to the 2004 mortgage note, which was refinanced during 2013, and are being amortized on a method approximating the interest method over the life of the related debt. Mortgage discounts and issuance costs are reflected as a reduction of the obligation on the balance sheets as of December 31, 2018 and 2017. The amortization for deferred financing costs was \$90,348 for each of the years ended December 31, 2018 and 2017. Amortization expense related to the mortgage discount was \$24,276 for each of the years ended December 31, 2018 and 2017. These amounts are recorded as interest expense included in supplies and services expense in the statements of operations.

***Assets limited as to use:*** Assets limited as to use are comprised of cash and cash equivalents held by a trustee in accordance with the Hospital's mortgage loan and amounts limited by donor restrictions.

***Advances from third-party payors:*** The Hospital will occasionally receive cash advances from various third-party payors. These amounts have been reported in the accompanying balance sheets as a current liability.

***Functional allocation of expenses:*** The cost of program and supporting services activities have been summarized on a functional basis. The schedule of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among program and supporting services benefited. (See Note 14)

***Income taxes:*** The Hospital is generally exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code (IRC). Income that is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. The Hospital had no net unrelated business income for the years ended December 31, 2018 and 2017.

The Hospital has adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, the Hospital may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated the Hospital's tax positions and has concluded that the Hospital has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, the Hospital is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before December 31, 2015.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Reclassifications:** Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

**Recently issued accounting pronouncements:** In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The amendments in this ASU create Topic 606, *Revenue from Contracts with Customers* and supersede the revenue recognition requirements in Topic 605, *Revenue Recognition*, including most industry-specific revenue recognition guidance throughout the Industry Topics of the Codification. In addition, the amendments supersede the cost guidance in Subtopic 605-35, *Revenue Recognition – Construction-Type and Production-Type Contracts* and create new Subtopic 340-40, *Other Assets and Deferred Costs – Contracts with Customers*. In summary, the core principle of Topic 606 is that an entity recognizes revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The amendments in this ASU are effective for annual reporting periods beginning after December 15, 2018. Management is evaluating the impact of this standard on the Hospital's financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which requires lessees to recognize right-of-use assets and lease liabilities for all leases not considered short-term leases. The ASU is effective for the Hospital for the year ending December 31, 2020. The adoption of this standard is expected to result in the Hospital recognizing right-of-use assets and lease liabilities for some leases currently accounted for as operating leases under the legacy lease accounting guidance. Management is evaluating the impact of this standard on the Hospital's financial statements.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash (a consensus of the FASB Emerging Issues Task Force)*, which provides guidance on the presentation of restricted cash or restricted cash equivalents in the statement of cash flows. ASU 2016-18 will be effective for the fiscal year ending December 31, 2019. ASU 2016-18 must be applied using a retrospective transition method with early adoption permitted. The adoption of ASU 2016-18 is not expected to have a material impact on the financial statements.

During 2018, the Hospital adopted ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for Profit Entities*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance and cash flows.

**Subsequent events:** The Hospital evaluated subsequent events through May 6, 2019, which is the date the financial statements were available to be issued.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 2. Patient Revenue and Accounts Receivable

At December 31, 2018 and 2017, the Hospital had gross patient accounts receivable from third-party payors and others as follows:

	Percentage	
	2018	2017
CareFirst	9.4	11.6
Worker's Compensation	0.9	0.7
Medicaid	6.3	5.0
Managed Care and Commercial	35.7	34.6
Medicare	26.1	25.2
Self-pay	21.6	22.9
	<b>100.0</b>	<b>100.0</b>

Gross patient service revenue, by payor class, consisted of the following for the years ended December 31, 2018 and 2017:

	Percentage	
	2018	2017
CareFirst	13.8	15.1
Worker's Compensation	0.6	0.4
Medicaid	7.9	7.9
Managed Care and Commercial	32.7	32.2
Medicare	40.2	39.3
Self-pay	4.8	5.1
	<b>100.0</b>	<b>100.0</b>

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 2. Patient Revenue and Accounts Receivable (Continued)

Gross patient revenue consisted of the following split between inpatient, outpatient and physician services for the years ended December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Gross Patient Revenue:		
Inpatient services	\$ 19,174,065	\$ 19,534,243
Outpatient services	34,261,653	29,513,289
Physician services	606,147	573,604
	<u>54,041,865</u>	<u>49,621,136</u>
Deductions:		
Discounts and allowances	(6,101,867)	(5,632,285)
Charity care	(1,042,403)	(992,212)
	<u>(7,144,270)</u>	<u>(6,624,497)</u>
	46,897,595	42,996,639
Less:		
Provision for bad debt	(1,690,916)	(952,760)
	<u>(1,690,916)</u>	<u>(952,760)</u>
Net patient service revenue	<u>\$ 45,206,679</u>	<u>\$ 42,043,879</u>

#### Note 3. Financial Assets and Liquidity Resources

As of December 31, 2018 and 2017, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, schedules principal payments on debt and capital construction costs not financed with debt were as follows:

	<u>2018</u>	<u>2017</u>
Financial Assets:		
Cash and cash equivalents	\$ 2,045,403	\$ 1,686,198
Accounts receivable, net	7,459,858	6,643,070
Board designations:		
Funds temporarily restricted available for operations	117,079	585,601
Total financial assets available within one year	<u>9,622,340</u>	<u>8,914,869</u>
Liquidity Resources	<u>-</u>	<u>-</u>
Total financial assets and liquidity resources available within one year	<u>\$ 9,622,340</u>	<u>\$ 8,914,869</u>

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 4. Related Party Transactions

As a controlled subsidiary of Nexus, the Hospital is affiliated with Nexus' other subsidiaries, which include Carolyn Boone Lewis Health Care Center (the Center), Nexus Consulting, Inc., and Fort Washington Ambulatory Services, LLC (Ambulatory Services). The composition of net due from affiliates as of December 31, 2018 and 2017, is as follows:

	<u>2018</u>	<u>2017</u>
Carolyn Boone Lewis Health Care Center	\$ 15,993	\$ 11,166
Nexus Consulting, Inc.	(58,969)	(43,016)
Fort Washington Ambulatory Services, LLC	<u>252,671</u>	<u>272,628</u>
	<u>\$ 209,695</u>	<u>\$ 240,778</u>

The Hospital allocated \$272,628 to Ambulatory Services for legal fees and management service fees for the year ended December 31, 2017. Amounts repaid by Ambulatory Services in 2018 were \$213,490 and an additional \$193,533 was advanced in 2018.

#### Note 5. Property and Equipment

Property and equipment consists of the following at December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Land and land improvements	\$ 971,228	\$ 994,282
Building and building improvements	9,959,384	9,951,270
Equipment	12,837,931	12,387,175
Leased equipment	<u>2,611,185</u>	<u>2,611,185</u>
	<u>26,379,728</u>	<u>25,943,912</u>
Less accumulated depreciation:		
Building, land improvements and equipment	(18,960,375)	(18,277,899)
Leased equipment	<u>(2,011,760)</u>	<u>(1,841,762)</u>
	<u>(20,972,135)</u>	<u>(20,119,661)</u>
	<u>5,407,593</u>	<u>5,824,251</u>
Construction in progress	<u>2,110,785</u>	<u>1,951,401</u>
	<u>\$ 7,518,378</u>	<u>\$ 7,775,652</u>

Depreciation expense reported in the accompanying statements of operations includes \$169,999 and \$183,687 related to leased equipment for years ended December 31, 2018 and 2017, respectively.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 5. Property and Equipment (Continued)

On April 4, 2018, the Hospital entered into a contract with a construction company to commence work on designing and making improvements to the emergency department. The estimated cost of the design and construction services is approximately \$1.1 million, which will be partially funded through a grant from the State of Maryland equal to the lesser of \$560,000 or the amount of matching funds set aside by the Organization's Board. At December 31, 2018, the Board had set aside \$558,514 for this project. The estimated completion date is September 2019.

#### Note 6. Assets Limited as to Use

Assets limited as to use consisted of the following as of December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Mortgage reserve fund	\$ 1,659,265	\$ 1,632,959
Restricted grant funds	558,514	-
Donor restricted cash	61,000	105,160
Pledges receivable	46,000	63,000
	<u>\$ 2,324,779</u>	<u>\$ 1,801,119</u>

#### Note 7. Short-Term Financing

The Hospital borrows funds to finance its annual insurance premium payments. Interest payable on these amounts is included in current liabilities as accrued expenses. Payments are made monthly and the total balance is due within one year. Interest expense was \$5,190 and \$1,890 in 2018 and 2017, respectively, and accrued at a rate of approximately 3.00% and 2.73% per annum in 2018 and 2017, respectively. The outstanding balance of this financing was \$340,847 and \$342,612 as of December 31, 2018 and 2017, respectively.

#### Note 8. Mortgage Loan

On December 23, 2004, the Hospital entered into an \$11,055,000 taxable mortgage loan insured by the United States Department of Housing and Urban Development (HUD) through its Federal Housing Administration (FHA). The loan provided for the satisfaction of the Hospital's previous bond obligation and for construction, new equipment and financing costs.

During the year ended December 31, 2013, the loan was refinanced through the same lender to lower the interest from 6.125% to 3.95% per annum, payable in monthly installments. The term of the loan was not changed and the last payment is due in 2030. Fees in the amount of \$473,248 paid to the lender were recorded as additional discount on the loan in accordance with accounting standards applicable to debt modifications.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 8. Mortgage Loan (Continued)

As of December 31, 2018 and 2017, the outstanding balance on the loan was \$7,226,868 and \$7,688,642, respectively, payable in \$63,098 monthly installments including interest at 3.95%. The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. As of December 31, 2018 and 2017, the Hospital was not in compliance with certain financial covenants. As such, certain types of additional borrowings and disbursements, as defined in the underlying loan agreement, are currently not permitted. Under the terms of the HUD-insured mortgage loan, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included in assets limited as to use. The loan is secured by the Hospital premises and all the assets and cash flows contained therein.

Scheduled principal repayments of the mortgage are due in future years as follows:

Years Ending December 31:	Amounts
2019	\$ 480,349
2020	499,670
2021	519,768
2022	540,675
2023	562,422
Thereafter	4,623,984
	<hr/>
	7,226,868
Less unamortized financing costs and discounts	(1,139,205)
	<hr/>
	\$ 6,087,663

Interest expense on all financing arrangements, including amortization of deferred financing costs, was \$462,001 and \$513,688 for the years ended December 31, 2018 and 2017, respectively.

#### Note 9. Leases

The Hospital leases medical and office equipment under leases requiring monthly payments ranging from approximately \$266 to \$7,948, and terms that expire through 2023.

The Hospital also guarantees the rental payments for its corporate headquarters office lease. The corporate headquarters office lease has been extended through January 2020 and is subject to annual escalations. Monthly rental payments charged to the Hospital during fiscal year 2018 ranged from \$13,063 to \$13,485. Such payments have been included in the aggregate future minimum rentals table below. In addition, the Hospital leases other facility space and equipment under cancelable and non-cancelable operating leases with terms of one year or less.

Rental expense associated with the Hospital's operating leases for the years ended December 31, 2018 and 2017, was \$522,903 and \$557,641, respectively.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 9. Leases (Continued)

The Hospital has capital lease arrangements for medical equipment for use in operations. The remaining lease terms range from one to three years, expiring through 2022. Monthly payments range from approximately \$842 to \$17,004. Interest expense related to these leases for the years ended December 31, 2018 and 2017 was \$23,916 and \$41,386, respectively, and is reported as a component of supplies and services expense in the accompanying statements of operations.

The aggregate future minimum rentals, as of December 31, 2018, under the operating and capital leases are as follows:

	Operating	Capital
Years ending December 31:		
2019	\$ 231,914	\$ 134,848
2020	38,632	25,555
2021	24,881	21,449
2022	-	10,724
Total	<u>\$ 295,427</u>	192,576
Less amount representing interest		(9,752)
Present value of future minimum lease payments		182,824
Less current portion of obligation under capital leases		<u>(128,964)</u>
Obligations under capital leases – excluding current portion		<u>\$ 53,860</u>

#### Note 10. Employee Benefit Plan

**Pension:** Employees of the Hospital and an affiliate participated in a noncontributory Defined Contribution Plan and currently participate in an Employee Thrift Plan that covers substantially all Hospital employees. Participant benefits became fully vested upon completion of five years of credited service or attainment of their normal retirement age. The Plan Administrator amended the Defined Contribution Plan to vest participants in 100% of their account balances as of December 8, 2000, with notice to participants as required by Section 204(h) of the Employee Retirement Income Security Act of 1974, as amended.

The Board of Directors of the Hospital voted to terminate the Defined Contribution Plan effective June 30, 2004, after which time no further contributions were made. Administrative expenses related to completion of plan termination incurred totaled \$15,200 and \$89,565 in 2018 and 2017, respectively.

Contributions to the Employee Thrift Plan are based on a match of up to 3% of compensation and participants are immediately vested in those amounts. The Employee Thrift Plan allows for a discretionary contribution at the option of management. Pension expense for the Employee Thrift Plan was \$279,772 and \$255,460 for the Hospital for the years ended December 31, 2018 and 2017, respectively. There were no discretionary contributions for the years ended December 31, 2018 and 2017.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 11. Commitments and Contingencies**

**Insurance:** The Hospital currently maintains professional liability insurance coverage on a claims-made basis and general liability insurance coverage on an occurrence basis. The limits for professional liability insurance are \$1,000,000 for each covered person and a \$3,000,000 total limit. The limits for general liability are \$1,000,000 per each occurrence, \$3,000,000 general aggregate, \$3,000,000 products/completed operations, \$50,000 fire damage and \$1,000,000 personal/advertising injury. The Hospital's coverage is subject to a deductible of \$50,000 for each incident and \$150,000 in the aggregate. In addition, the Hospital maintains an excess liability insurance policy with a limit of \$10,000,000 for each incident and \$10,000,000 in the aggregate. The charge to operating expenses for insurance coverage for the years ended December 31, 2018 and 2017, was \$644,842 and \$627,908, respectively.

The Hospital is involved in litigation arising in the ordinary course of the Hospital's business. Based on the advice of counsel, management does not believe that, individually or in the aggregate, any such claims, investigations and lawsuits will have a material adverse effect on the Hospital's results of operations, cash flows or financial position.

Claims alleging malpractice have been asserted against the Hospital and are currently in various stages of litigation. Management and the Hospital's legal counsel intend to vigorously defend against these claims. It is the opinion of management that the commercial insurance in force is adequate to provide for potential losses resulting from any pending or threatened litigation as of December 31, 2018.

**Other:** In April 2015, the Hospital entered into an agreement with a third party vendor to be provided with hospitalist and intensivist services. The agreement expired March 2018 and included an annual commitment of \$750,000. In March 2018, the Hospital entered into an agreement with a different entity to provide hospitalist and intensivist services. The agreement runs from April 2018 to March 2021 and includes an annual commitment of \$720,000, subject to termination.

#### **Note 12. Certain Risks and Uncertainties**

The Hospital's ability to maintain and/or increase future revenue could be adversely affected by (1) the HSCRC's changes to rate setting methodology or predicted results and related rate setting modifications that it considers necessary to effectively regulate Maryland hospitals' rates; (2) the growth of managed care organizations promoting alternative methods for health care delivery and payment of services such as discounted fee-for-service networks and capitated fee arrangements (the rate setting process in the State of Maryland prohibits hospitals from entering into discounted fee arrangements; however, managed care contracts may provide for exclusive service arrangements); (3) proposed and/or future changes in the laws, rules, regulations and policies relating to the definition, activities and/or taxation of not-for-profit tax-exempt entities; (4) the enactment into law of all or any part of the current budget resolutions under consideration by Congress related to Medicare and Medicaid reimbursement methodology and/or further reductions in payments to hospitals and other health care providers; (5) the future of Maryland's certificate of need program, where future deregulation could result in the entrance of new competitors, or future additional regulation may eliminate the Hospital's ability to expand new services and (6) the ultimate impact of the federal Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act of 2010.

## FORT WASHINGTON MEDICAL CENTER, INC.

### NOTES TO FINANCIAL STATEMENTS

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#### Note 12. Certain Risks and Uncertainties (Continued)

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations, particularly those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Violation of these laws and regulations could result in the imposition of fines and penalties, as well as repayments of previously billed and collected revenue from patient services.

#### Note 13. Charity Care

In the ordinary course of business, the Hospital renders services to patients who are financially unable to pay for medical care. The Hospital provides care to these patients who meet certain criteria under its charity care policy without charge or at amounts less than the established rates. The Hospital provides care to all patients regardless of ability to pay. It is the policy of the Hospital to provide financial assistance (charity care) based on inability to pay or high medical expenses for patients who meet specified financial criteria and request such assistance. The Hospital communicates the availability of financial assistance on its website and in Hospital publications, as well as on posted notices in admitting, registration, patient accounts, and emergency and administration departments. Financial assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. A determination of financial assistance is re-evaluated every six months, as necessary. The Hospital's financial assistance policy is re-evaluated every calendar year, at a minimum and the related poverty table is updated annually. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as a component of net patient service revenue or patient accounts receivable.

The Hospital maintains records to identify and monitor the level of charity care it provides. Charity care is measured based on the Hospital's estimated direct and indirect costs of providing charity care services. That estimate is made by calculating a ratio of cost to gross charges, applied to the uncompensated charges associated with providing charity care to patients. The ratio of cost to gross charges was 81.24% and 84.16% for the years ended December 31, 2018 and 2017, respectively.

The following information measures the level of charity care provided during the years ended December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Cost of charity care provided	<u>\$ 846,848</u>	<u>\$ 835,046</u>

**FORT WASHINGTON MEDICAL CENTER, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Note 14. Functional Expenses**

The Hospital provides health care services to the community, including general inpatient and outpatient medical, surgical and rehabilitation services. Expenses related to providing these services, including provision for bad debt, were as follows for the year ended December 31, 2018:

	Program	Management and General	Fundraising	Total Expenses
Compensation of Officers, Directors	\$ 349,825	\$ 406,390	\$ -	\$ 756,215
Other Salaries and Wages	17,825,081	2,555,757	-	20,380,838
Pension Plan Contributions	244,107	28,091	-	272,198
Other Employee Benefits	1,620,418	530,103	-	2,150,521
Payroll Taxes	1,306,227	200,900	-	1,507,127
Legal	10,020	424,606	-	434,626
Accounting	-	233,613	-	233,613
Other Fees	441,925	104,884	602	547,411
Advertising	-	1,704	-	1,704
Office Expenses	156,398	41,499	-	197,897
Occupancy	169,144	198,002	-	367,146
Travel	12,556	31,573	-	44,129
Conferences Conventions, and Meetings	4,331	79,422	992	84,745
Interest	462,001	-	-	462,001
Depreciation, Depletion and Amortization	838,076	92,499	-	930,575
Insurance	583,775	61,067	-	644,842
Medical Supplies	3,852,077	6,560	-	3,858,637
Purchased Services	8,115,224	244,105	58,080	8,417,409
Professional Fees	2,185,926	219	-	2,186,145
Bad Debts	1,690,916	-	-	1,690,916
Other	117,092	153,962	2,462	273,516
Utilities	490,443	43,266	-	533,709
Equipment Rental	141,770	13,426	561	155,757
<b>Total per functional schedule</b>	<b>\$ 40,617,332</b>	<b>\$ 5,451,648</b>	<b>\$ 62,697</b>	<b>\$ 46,131,677</b>

**FORT WASHINGTON MEDICAL CENTER, INC.**

**NOTES TO FINANCIAL STATEMENTS**

**Note 14. Functional Expenses (Continued)**

Expenses related to providing these services, including provision for bad debt, were as follows for the year ended December 31, 2017:

	Program	Management and General	Fundraising	Total Expenses
Compensation of Officers, Directors	\$ 293,088	\$ 395,893	\$ -	\$ 688,981
Other Salaries and Wages	16,767,348	3,033,374	-	19,800,722
Pension Plan Contributions	222,634	27,123	-	249,757
Other Employee Benefits	1,643,489	692,216	-	2,335,705
Payroll Taxes	1,252,119	220,071	-	1,472,190
Legal	37,317	150,018	-	187,335
Accounting	-	268,066	-	268,066
Other Fees	467,121	44,074	99	511,294
Advertising	1,030	3,450	-	4,480
Office Expenses	103,213	86,726	-	189,939
Occupancy	185,211	189,591	-	374,802
Travel	23,702	33,784	3,540	61,026
Conferences, Conventions and Meetings	61,838	32,933	996	95,767
Interest	513,688	-	-	513,688
Depreciation, Depletion and Amortization	867,218	93,901	-	961,119
Insurance	567,038	60,870	-	627,908
Medical Supplies	3,800,105	4,350	-	3,804,455
Purchased Services	7,118,412	186,245	-	7,304,657
Professional Fees	1,877,123	1,458	-	1,878,581
Bad Debts	952,760	-	-	952,760
Other	73,935	88,097	3,814	165,846
Utilities	515,586	42,659	-	558,245
Equipment Rental	151,465	30,406	968	182,839
<b>Total per functional schedule</b>	<b>\$ 37,495,440</b>	<b>\$ 5,685,305</b>	<b>\$ 9,417</b>	<b>\$ 43,190,162</b>

## **SUPPLEMENTARY INFORMATION**

**FORT WASHINGTON MEDICAL CENTER, INC.**

**OTHER STATISTICAL INFORMATION (Unaudited)  
Years Ended December 31, 2018 and 2017**

	<b>2018</b>	2017
<b>Inpatient:</b>		
Patient days	<b>7,180</b>	7,544
Admissions	<b>2,064</b>	2,107
Average length of stay	<b>3.48</b>	3.58
Surgical procedures	<b>400</b>	451
<b>Outpatient:</b>		
Emergency service visits	<b>37,912</b>	39,754
Observation service visits	<b>1,417</b>	1,456
Surgical procedure visits	<b>1,290</b>	1,508
Inpatient radiology service visits	<b>5,152</b>	5,836
Outpatient radiology service visits	<b>24,614</b>	24,290
Laboratory service visits	<b>477</b>	691

## **COMPLIANCE SECTION**

**FORT WASHINGTON MEDICAL CENTER, INC.**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
Year Ended December 31, 2018**

<u>Federal Grantor/Pass-Through Grantor Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Provided to Subrecipients</u>	<u>Federal Expenditures</u>
Major Program:				
U.S. Department of Housing and Urban Development:				
Section 242 - Program Mortgage Insurance Hospitals	14.128	N/A	N/A	<u>\$ 7,226,868</u>
<b>Total Expenditures of Federal Awards</b>				<u><u>\$ 7,226,868</u></u>

## **FORT WASHINGTON MEDICAL CENTER, INC.**

### **NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**

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#### **Note 1. Basis of Presentation**

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Fort Washington Medical Center, Inc. (the Hospital) and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Hospital, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Hospital.

#### **Note 2. Summary of Significant Accounting Policy**

Expenditures reported on the Schedule for the Section 242 - Program Mortgage Insurance Hospitals represent the balance of the loan outstanding as of December 31, 2018.

#### **Note 3. Indirect Cost Rate**

The Hospital elected to utilize the 10% de minimus indirect cost rate.



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL  
CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT  
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors  
Fort Washington Medical Center, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Fort Washington Medical Center, Inc. (the Hospital), a nonprofit organization, which comprise the balance sheet as of December 31, 2018, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 6, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questions costs as item 2018-001 that we consider to be a significant deficiency.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed an instance of noncompliance or other matter that is required to be reported under *Government Auditing Standards* and is described in the accompanying schedule of findings and questioned costs as item 2018-001.

### **The Hospital's Response to Findings**

The Hospital's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Hospital's response was not subjected to the auditing procedures applied in the audit of the financial statements and accordingly, we express no opinion on it.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*PBMares, LLP*

Norfolk, Virginia  
May 6, 2019



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE  
FOR THE MAJOR FEDERAL PROGRAM  
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE  
REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors  
Fort Washington Medical Center, Inc.

**Report on Compliance for the Major Federal Program**

We have audited Fort Washington Medical Center, Inc.'s (the Hospital) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Hospital's major federal program for the year ended December 31, 2018. The Hospital's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal award applicable to its federal program.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for the Hospital's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Hospital's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Hospital's compliance.

**Opinion on the Major Federal Program**

In our opinion, the Hospital complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program for the year ended December 31, 2018.

## **Other Matters**

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2018-002. Our opinion on the major federal program is not modified with respect to these matters.

## **The Hospital's Response to Findings**

The Hospital's response to the noncompliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Hospital's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

## **Report on Internal Control Over Compliance**

Management of the Hospital is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Hospital's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we did identify a deficiency in internal control over compliance, described in the accompanying schedule of findings and questioned costs as item 2018-002, that we consider to be a significant deficiency.

**Purpose of this Report**

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*PBMares, LLP*

Norfolk, Virginia  
May 6, 2019



**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
Year Ended December 31, 2018**

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**Section II. FINANCIAL STATEMENT FINDINGS**

**2018-001 Management of Overpaid Accounts Receivable**

**Criteria or Specific Requirement:** Federal Healthcare Regulations and contracts and agreements with third party insurance carriers require that overpayments be reported and returned within a specific number of days from identification. For example, the Patient Protection and Affordable Care Act requires overpayments from Medicare and Medicaid be returned within 60 days from identification.

**Condition:** During our testing of accounts receivable, we noted overpayments not properly returned within the required time periods.

**Cause:** Significant deficiency in internal controls over monitoring credit balances in accounts receivable and adhering to Federal Healthcare Regulations as well as agreements with third party insurance carriers with respect to timely returns of overpayments.

**Effect of Potential Effect:** Noncompliance with Federal Healthcare regulations and overpayments not being returned within the specified timeframe as required. The Hospital can be subject to fines and treble damages as a result of this noncompliance.

**Identification as a Repeat Finding:** No

**Recommendation:** We recommend that this process and the Hospital's policies regarding the timely disposition of credit balances be carefully monitored each month.

**View of responsible officials of the auditee:** Management agrees with the recommendation and will take steps to resolve the issue and avoid reoccurrence.

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
Year Ended December 31, 2018**

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**Section III. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

**2018-002 Finding – Equipment and Real Property Noncompliance**

Identification of the Federal Program: U.S. Department of Housing and Urban Development Section 242 – Program Mortgage Insurance Hospitals CFDA 14.128.

Criteria or Specific Requirement: Uniform Guidance requires recipients of federal funds to maintain property records that include a description of the property, a serial number or other identification number, the acquisition date, cost of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

Condition: During our testing of equipment and real property, we noted items not properly recorded as disposed, and items not properly tagged with an identification number.

Cause: Significant deficiency in internal controls over maintaining the property records to ensure that all assets were tagged with an identifying number or that the disposal was properly recorded.

Effect of Potential Effect: We could not account for all of the assets on the inventory listing.

Questioned Costs: Not applicable, as all of the assets noted as exceptions in our testing are fully depreciated and have no fair market value.

Identification as a Repeat Finding: No

Recommendation: We recommend that management strengthen their policies and procedures to ensure all assets are properly recorded as disposed and properly identified with a waterproof tag.

View of responsible officials of the auditee: Management agrees with the recommendation and will take steps to ensure all fixed assets are properly identified and tracked.



**CORRECTIVE ACTION PLAN  
YEAR ENDED December 31, 2018**

**2018-001:**

**Finding: Management of Overpaid Accounts Receivable**

**Corrective Actions Taken or Planned:**

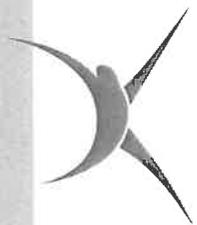
Management has been constantly working to improve the process of identifying, processing and returning over payments that have resulted in credit balances with third party insurers and patients. The hospital has previously incorporated the weekly identification of new credit balances into its routine monitoring of account balances and this has resulted in fewer new balances of this nature. Management is aware of the guidelines for the various payers with regard to over payments and strives to return payments as they are identified. A special project will be undertaken to reduce credit balances significantly over the course of the next six months including detailed research of each account to provide payment to the appropriate payer or proper application of the paid balance.

**2018-002:**

**Finding: -Equipment and Real Property Noncompliance**

**Corrective Actions Taken or Planned:**

During the audit testing, two equipment inventory items were not located due to disposal of equipment without proper notice to accounting, and some of the sample asset's tags were faded or had fallen off as a result of repetitive cleanings. As a corrective measure, to address the asset tags, Theresa Pittman, Corporate Controller will remove all the labels placed on the equipment when it was acquired in 2005 and replace them with waterproof tags that will withstand repeated cleanings without fading or falling off. To address proper tracking of equipment, the accounting department will re-issue to all departments a notice of proper asset disposal procedures for all HUD "funded" fixed assets. In addition this informational notice will be included in the new hire orientation packages. Notice of proper asset disposal will be re-issued to all departments no later than May 31, 2019. Re-labeling of HUD equipment has already begun and will be completed no later than May 31, 2019



**FORT WASHINGTON MEDICAL CENTER, INC.**

**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**  
**Year Ended December 31, 2018**

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The prior year single audit disclosed no findings in the Schedule of Findings and Questioned Costs.