

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREDERICK MEMORIAL HOSPITAL, INC.			D Employer identification number 52-0591612
	Doing Business As			E Telephone number (240) 566-3300
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 366,759,785.
	400 WEST 7TH STREET			
City or town, state or country, and ZIP + 4 FREDERICK, MD 21701			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: THOMAS A. KLEINHANZL 400 WEST 7TH STREET FREDERICK, MD 21701			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	H(c) Group exemption number ▶ N/A
J Website: ▶ WWW.FMH.ORG				L Year of formation: 1897
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF AREA RESIDENTS BY PROVIDING QUALITY HEALTHCARE IN A CARING, COST EFFICIENT, SAFE AND CONVENIENT MANNER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,105.
	6 Total number of volunteers (estimate if necessary)	6	790.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,184.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,600,853.	1,975,386.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,546,203.	340,072,234.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,304,105.	7,459,520.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,438,862.	-876,778.
		307,281,813.	348,630,362.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,000.	100,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	153,752,164.	167,577,086.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 752,576.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	149,886,646.	164,986,730.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	303,738,810.	332,663,816.	
19 Revenue less expenses. Subtract line 18 from line 12	3,543,003.	15,966,546.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	371,155,162.	406,175,936.
	22 Net assets or fund balances. Subtract line 21 from line 20	226,506,128.	228,526,672.
		144,649,034.	177,649,264.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kathy Pitts	Preparer's signature <i>Kathy Pitts</i>	Date 05/15/2012	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶		Phone no. ▶ 205-251-2000	
	Firm's address ▶ 1901 6TH AVENUE NORTH, SUITE 1200 BIRMINGHAM, AL 35203				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:
SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 297,121,151. including grants of \$ 100,000.) (Revenue \$ 340,072,234.)
SEE SCHEDULE O.

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

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

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

4e Total program service expenses ▶ 297,121,151.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 307		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,105		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHELLE MAHAN 400 WEST 7TH STREET FREDERICK, MD 21701 240-566-3300

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS A KLEINHANZL PRESIDENT AND CEO	40.00	X		X			726,891.	0.	130,262.	
(2) MARVIN AUSERMAN DIRECTOR	2.00	X					0.	0.	0.	
(3) JAMES R. DIXON DIRECTOR	2.00	X					0.	0.	0.	
(4) CAROL W EATON, PH.D DIRECTOR	2.00	X					0.	0.	0.	
(5) BERNARD GOUIN DIRECTOR	2.00	X					0.	0.	0.	
(6) PHIL HAMMOND DIRECTOR (THROUGH 10/1/10)	2.00	X					0.	0.	0.	
(7) THEODORE LUCK DIRECTOR	2.00	X					0.	0.	0.	
(8) J. FREDERICK MANNING DIRECTOR	2.00	X					0.	0.	0.	
(9) JOHN MOLESWORTH, DO CHIEF OF STAFF	10.00	X		X			52,996.	0.	0.	
(10) GREG POWELL, PH.D CHAIRMAN OF THE BOARD	8.00	X					0.	0.	0.	
(11) JOANN RAMSBURG DIRECTOR	2.00	X					0.	0.	0.	
(12) E. JAMES REINSCH DIRECTOR	2.00	X					0.	0.	0.	
(13) ADRIANA ROA, BSN DIRECTOR	2.00	X					0.	0.	0.	
(14) ANNE HERBERT ROLLINS SECRETARY AND TREASURER	6.00	X					0.	0.	0.	
(15) NEIL WARAVDEKAR, MD VICE CHIEF OF STAFF	10.00	X		X			34,411.	0.	0.	
(16) REVEREND ROGER W. WILMER, JR. DIRECTOR	2.00	X					1,200.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) GERALD WINNAN, MD DIRECTOR	2.00	X					0.	0.	0.	
(18) ADRIANE WODEY VICE CHAIRMAN	6.00	X					0.	0.	0.	
(19) SAEED ZAIDI MD FORMER CHIEF OF STAFF	2.00	X					1,000.	0.	0.	
(20) MANUEL A CASIANO VP MEDICAL STAFF	40.00			X			319,416.	0.	29,804.	
(21) KENNETH R COFFEY II VP CHIEF DEVELOPMENT OFFICER	40.00			X			180,481.	0.	28,975.	
(22) ROSE A LABRIOLA SR VP PATIENT CARE	40.00			X			272,788.	0.	43,004.	
(23) MICHELLE K MAHAN SR VP AND CFO	40.00			X			357,699.	0.	41,585.	
(24) TERRY P O'MALLEY VP HUMAN RESOURCES	40.00			X			203,041.	0.	30,796.	
(25) DAVID QUIRKE VP CHIEF INFORMATION OFFICER	40.00			X			243,991.	0.	18,672.	
(26) CRAIG F ROSENDALE VP ANCILLARY SERVICES	40.00			X			187,002.	0.	27,334.	
(27) DONALD R SCHILLING VP AMBULATORY SERVICES	40.00			X			190,335.	0.	12,352.	
(28) LUCY A SHAMASH VP SRVC LINE DEV & OPS	40.00			X			107,286.	0.	5,622.	
1b Sub-total							2,878,537.	0.	368,406.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1							2,425,947.	0.	246,810.	
d Total (add lines 1b and 1c)							5,304,484.	0.	615,216.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 124**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 24**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,975,386.					
	g Noncash contributions included in lines 1a-1f: \$		53,354.					
	h Total. Add lines 1a-1f ▶			1,975,386.				
Program Service Revenue				Business Code				
	2a <u>INPATIENT REVENUE</u>		900099	178,267,833.	178,267,833.			
	b <u>OUTPATIENT REVENUE</u>		621400	159,270,399.	159,270,399.			
	c <u>TRANSCRIPTION SERVICES</u>		561000	546,395.	546,395.			
	d <u>GROUP PURCHASING (PREMIER)</u>		900099	722,676.	721,492.	1,184.		
	e <u>ALL OTHER PROGRAM SERVICE REVENUE</u>		900099	1,264,931.	1,264,931.			
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			340,072,234.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,865,401.			2,865,401.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶				201,446.		201,446.
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss) ▶				4,594,119.		4,594,119.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
		b Less: direct expenses b						
		c Net income or (loss) from fundraising events ▶				0.		
	9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶					0.			
10a Gross sales of inventory, less returns and allowances a								
	b Less: cost of goods sold b							
	c Net income or (loss) from sales of inventory ▶				0.			
Miscellaneous Revenue			Business Code					
11a <u>CAFETERIA AND COFFEE SHOP</u>		722210	1,237,159.			1,237,159.		
b <u>MT. AIRY JOINT VENTURE MANAGEMENT FEE</u>		541610	304,203.			304,203.		
c <u>REALIZED LOSSES ON INTEREST RATE SWAP</u>		900099	-2,619,586.			-2,619,586.		
d All other revenue								
e Total. Add lines 11a-11d ▶			-1,078,224.					
12 Total revenue. See instructions ▶			348,630,362.	340,071,050.	1,184.	6,582,742.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,945,503.		4,945,503.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	129,192,747.	119,341,335.	9,562,344.	289,068.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,662,246.	2,462,633.	197,321.	2,292.
9 Other employee benefits	21,218,312.	19,585,079.	1,564,955.	68,278.
10 Payroll taxes	9,558,278.	8,841,606.	708,443.	8,229.
11 Fees for services (non-employees):				
a Management	1,968,955.	650,390.	1,270,565.	48,000.
b Legal	809,792.		809,792.	
c Accounting	278,190.		278,190.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	244,762.		244,762.	
g Other	37,156,094.	34,409,364.	2,697,754.	48,976.
12 Advertising and promotion	980,356.	13,124.	834,784.	132,448.
13 Office expenses	7,409,538.	6,623,220.	676,948.	109,370.
14 Information technology	2,573,687.	2,573,687.		
15 Royalties	0.			
16 Occupancy	4,437,238.	4,003,642.	433,596.	
17 Travel	132,114.	84,834.	42,845.	4,435.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	308,230.	197,930.	99,960.	10,340.
20 Interest	4,666,552.	4,372,559.	284,660.	9,333.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	18,840,219.	14,953,943.	3,875,245.	11,031.
23 Insurance	4,623,911.	249,723.	4,374,188.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>SUPPLIES AND COGS</u>	59,276,301.	58,946,394.	320,971.	8,936.
b <u>BAD DEBT EXPENSE</u>	13,784,680.	13,784,680.		
c <u>ALL OTHER EXPENSES</u>	7,496,111.	5,927,008.	1,567,263.	1,840.
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	332,663,816.	297,121,151.	34,790,089.	752,576.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,713,322.	1	0.
	2 Savings and temporary cash investments	32,461,636.	2	25,713,868.
	3 Pledges and grants receivable, net	3,112,781.	3	3,277,527.
	4 Accounts receivable, net	43,739,800.	4	45,891,896.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	189,443.	5	135,316.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,155,677.	8	4,355,878.
	9 Prepaid expenses and deferred charges	2,181,733.	9	2,357,935.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 359,545,624.		
	b Less: accumulated depreciation	10b 184,811,378.	175,285,453.	10c 174,734,246.
	11 Investments - publicly traded securities	69,011,624.	11	107,206,670.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	33,813,787.	13	36,930,641.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,489,906.	15	5,571,959.
16 Total assets. Add lines 1 through 15 (must equal line 34)	371,155,162.	16	406,175,936.	
Liabilities	17 Accounts payable and accrued expenses	33,272,469.	17	35,316,086.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	139,767,920.	20	138,926,650.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	461,278.	23	372,575.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	53,004,461.	25	53,911,361.
	26 Total liabilities. Add lines 17 through 25	226,506,128.	26	228,526,672.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	138,989,704.	27	171,475,327.
	28 Temporarily restricted net assets	4,683,153.	28	5,197,760.
	29 Permanently restricted net assets	976,177.	29	976,177.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	144,649,034.	33	177,649,264.	
34 Total liabilities and net assets/fund balances	371,155,162.	34	406,175,936.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	348,630,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,663,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,966,546.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,649,034.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,033,684.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	177,649,264.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2009 Schedule A, Part III, line 17.

19a 33 1/3 % support tests - 2010. 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 - 2009. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 14,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ ----- 9,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ ----- 13,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	----- ----- -----	\$ 23,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 9,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 50,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	----- ----- -----	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 160,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 100,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 5,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	----- ----- -----	\$ 215,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **FREDERICK MEMORIAL HOSPITAL, INC.**

Employer identification number

52-0591612

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	STOCK _____ _____ _____	\$ 14,940.	06/01/2011
19	STOCK _____ _____ _____	\$ 23,014.	06/01/2011
23	STOCK _____ _____ _____	\$ 5,000.	06/01/2011
33	STOCK _____ _____ _____	\$ 10,400.	06/01/2011
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
--	---

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 on behalf of or in opposition to candidates for public office in Part IV.
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours _____

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

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

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover lobbying.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and carryover amounts.

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 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; 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

Schedule D (Form 990) 2010

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LIFE INSURANCE POLICY	687,699.	FMV
(2) INVESTMENT IN SUBSIDIARIES	18,537,645.	FMV
(3) ASSETS LIMITED AS TO USE	17,705,297.	FMV
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	36,930,641.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	8,178,429.
(3) INTEREST RATE SWAP CONTRACT	9,714,769.
(4) PENSION LIABILITY	16,475,649.
(5) MALPRACTICE INSURANCE LIABILITY	6,733,000.
(6) CAPITAL LEASE OBLIGATIONS	6,999,735.
(7) OTHER LIABILITIES	5,809,779.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	53,911,361.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

INTENDED USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE USED FOR HEALTH CARE SERVICES.

ASC 740 FOOTNOTE DISCLOSURE

FORM 990, SCHEDULE D, PART X, LINE 2

THERE WAS NO ASC 740 FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS BECAUSE

THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2011.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **FREDERICK MEMORIAL HOSPITAL, INC.**
Employer identification number: **52-0591612**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	X	X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			5,847,015.	0.	5,847,015.	1.83
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,847,015.	0.	5,847,015.	1.83
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,219,962.	951,274.	1,268,688.	.40
f Health professions education (from Worksheet 5)			212,500.	0.	212,500.	.07
g Subsidized health services (from Worksheet 6)			11,577,094.	516,738.	11,060,356.	3.47
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			70,410.	0.	70,410.	.02
j Total. Other Benefits			14,079,966.	1,468,012.	12,611,954.	3.96
k Total. Add lines 7d and 7j			19,926,981.	1,468,012.	18,458,969.	5.79

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

Schedule H (Form 990) 2010

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

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

Section B. Medicare

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

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: FREDERICK MEMORIAL HOSPITAL

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> %	9	

Part V Facility Information (continued) FREDERICK MEMORIAL HOSPITAL

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

Billing and Collections

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

Part V Facility Information (continued) **FREDERICK MEMORIAL HOSPITAL**

Policy Relating to Emergency Medical Care

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

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.		

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 17

Name and address	Type of Facility (describe)
1 FMH KLINE HOSPICE HOUSE 7000 KIMMEL ROAD MT AIRY MD 21771	INPATIENT HOSPICE PATIENT FACILITY
2 MT AIRY HEALTH SERVICES 1502 SOUTH MAIN STREET MT AIRY MD 21771	OUTPATIENT HLTH SRVC FACILITY
3 PARKVIEW MEDICAL GROUP 1502 SOUTH MAIN STREET MT AIRY MD 21771	PHYSICIAN PRACTICE
4 PARKVIEW MEDICAL GROUP 3000-D VENTRIE COURT MYERSVILLE MD 21773	PHYSICIAN PRACTICE
5 PARKVIEW MEDICAL GROUP 1564 OPOSSUMTOWN PIKE FREDERICK MD 21702	PHYSICIAN PRACTICE
6 FMH REGIONAL CANCER CARE THERAPY CENTER 501 WEST SEVENTH STREET FREDERICK MD 21701	OUTPATIENT CANCER TREATMENT CENTER
7 FMH ROSE HILL 1562 OPOSSUMTOWN PIKE FREDERICK MD 21701	OUTPATIENT HLTH SRVC FACILITY
8 UNION BRIDGE FAMILY PRACTICE 104 NORTH MAIN STREET UNION BRIDGE MD 21791	PHYSICIAN PRACTICE
9 FMH HOME MEDICAL EQUIPMENT AND SUPPLIES 605 EAST CHURCH STREET FREDERICK MD 21701	DURABLE MEDICAL GOODS ORGANIZATION
10 FMH HOME HEALTH SERVICES 605 EAST CHURCH STREET, SUITE 2 FREDERICK MD 21701	HOME HEALTH NURSING ORG

Schedule H (Form 990) 2010

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 HOSPICE OF FREDERICK COUNTY PO BOX 1799, 516 TRAIL AVE. FREDERICK MD 21702	HOSPICE CARE ORGANIZATION
2 FMH ROSE HILL REHAB SERVICES 1562 OPOSSUMTOWN PIKE FREDERICK MD 21702	REHABILITATION CLINIC
3 FMH CRESTWOOD 7211 BANK COURT FREDERICK MD 21703	OUTPATIENT HLTH SRVC FACILITY
4 FMH WELLNESS CENTER 5500 BUCKEYSTOWN PIKE FREDERICK MD 21702	HEALTH SERVICE CENTER
5 FMH ECHO AND VASCULAR LAB 1560 OPOSSUMTOWN PIKE FREDERICK MD 21702	HEALTH SERVICE CENTER
6 FMH URBANA 3430 WORHTINGTON BLVD FREDERICK MD 21704	OUTPATIENT HLTH SRVC FACILITY
7 FMH IMMEDIATE CARE 850 OAK STREET FREDERICK MD 21702	WALK-IN CLINIC
8 	
9 	
10 	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

SUPPLEMENTAL INFORMATION

PART I, LINE 7B

FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY

BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF

UNCOMPENSATED CARE-CHARITY CARE AND PATIENT BAD DEBT-AND GRADUATE MEDICAL

EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE

SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND

RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR

HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS-GOVERNMENTALLY-INSURED,

COMMERCIALY-INSURED, OR SELF-PAY-ARE CHARGED THE SAME PRICE FOR SERVICES

AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY

-THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)-THAT IS REQUIRED TO:

-PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

HOSPITALS;

-REVIEW AND APPROVE HOSPITAL RATES;

-COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS

WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,

-MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR

REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY

REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE

ON [HTTP://WWW.HSCRC.STATE.MD.US/](http://www.hscrc.state.md.us/)

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS

NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS.

HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD

ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN

BE FOUND WITHIN THIS SCHEDULE H REPORT.

PART I, LINE 7G

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

N/A

PART I, LINE 7, COLUMN (F)

OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) IS

\$332,663,816. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS

\$13,784,680. THIS LEFT A TOTAL EXPENSE OF \$318,879,136 FOR PURPOSES OF

CALCULATING LINE 7, COLUMN (F).

PART I, LINE 7

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO.

PART III, LINE 3

FREDERICK MEMORIAL HOSPITAL ATTEMPTS TO IDENTIFY AND NOTIFY ALL PATIENTS

ELIGIBLE FOR FINANCIAL ASSISTANCE. ALL PATIENTS ARE NOTIFIED AT THE TIME

OF REGISTRATION OF OUR FINANCIAL ASSISTANCE POLICY. DESPITE OUR EFFORTS,

WE ESTIMATE AS MUCH AS 15% OF OUR BAD DEBT EXPENSE COULD BE THE RESULT OF

A LACK OF INFORMATION ON PATIENTS THAT WOULD OTHERWISE QUALIFY FOR

ASSISTANCE IF THIS INFORMATION WAS AVAILABLE TO US. FREDERICK MEMORIAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

HOSPITAL CONTINUES TO LOOK FOR WAYS TO IMPROVE OUR CHARITY CARE PROCESS

TO ENSURE THAT ALL PATIENTS ELIGIBLE FOR CHARITY DO RECEIVE CHARITY.

PART III, LINE 4

THE HOSPITAL'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN

IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS

RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME

UNCOLLECTIBLE IN FUTURE PERIODS. INSURANCE COVERAGE AND CREDIT

INFORMATION ARE OBTAINED FROM PATIENTS WHEN AVAILABLE. NO COLLATERAL IS

OBTAINED FOR ACCOUNTS RECEIVABLE. ACCOUNTS RECEIVABLE FROM THIRD-PARTY

PAYORS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND

THE ESTIMATED REIMBURSABLE AMOUNTS. RECOVERIES OF PREVIOUSLY WRITTEN OFF

PATIENT RECEIVABLES ARE RECORDED WHEN RECEIVED.

PART III, LINE 8

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO.

PART III, LINE 9B

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE

SPECIFICALLY EXCLUDED FROM THE COLLECTION PROCESS.

NEEDS ASSESSMENT

IN 2011, THE COMMUNITY FOUNDATION OF FREDERICK COUNTY COMMISSIONED A

FREDERICK COUNTY HUMAN NEEDS ASSESSMENT. ONE OF THE PRIORITY AREAS

COVERED IN THE ASSESSMENT WAS THE COUNTY'S HEALTH NEEDS. THREE AREAS

WERE IDENTIFIED IN THE ASSESSMENT AS REQUIRING SPECIAL ATTENTION:

1. AFFORDABLE HEALTH CARE
2. A "MEDICAL HOME" FOR LOW-INCOME FAMILIES AND INDIVIDUALS
3. THE NEED FOR AFFORDABLE MENTAL HEALTH SERVICES

LOCAL HEALTH IMPROVEMENT PRIORITY SETTING SUMMIT

FREDERICK MEMORIAL HOSPITAL PARTNERED WITH THE FREDERICK COUNTY HEALTH

DEPARTMENT AND THE FREDERICK COUNTY HEALTH CARE COALITION TO SPONSOR AND

PARTICIPATE IN THE LOCAL HEALTH IMPROVEMENT PRIORITY (LHIP) SETTING

SUMMIT. THE PURPOSE OF THE DAY-LONG SUMMIT WAS TO ESTABLISH THE

PRIORITIES FOR HEALTH IMPROVEMENT IN FREDERICK COUNTY AND TO DEVELOP

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

GOALS AND ACTION PLANS TO ACHIEVE IMPROVEMENT IN THOSE PRIORITY AREAS THROUGH COMMUNITY ENGAGEMENT.

FREDERICK COUNTY LOCAL HEALTH IMPROVEMENT PLAN (LHIP)

THE FREDERICK HEALTH IMPROVEMENT PLAN SETS FREDERICK-SPECIFIC OBJECTIVES FOR IMPROVING THE HEALTH OF FREDERICK COUNTY RESIDENTS. IN ADDITION, THE LHIP PRESENTS ACTION STEPS FOR HOW TO ACHIEVE THESE OBJECTIVES. THE PRIORITY AREAS INCLUDED IN THE DOCUMENT WERE CHOSEN BY THE OCTOBER 2011 SUMMIT ATTENDEES. ATTENDEES THEN MET IN WORKGROUPS TO CLARIFY AND DEFINE THE TOP 5 PRIORITIES FOR LOCAL HEALTH IMPROVEMENT. THOSE AREAS ARE:

- 1. MENTAL HEALTH
- 2. AFFORDABLE DENTAL CARE
- 3. WELLNESS & PREVENTION
- 4. HEALTH INEQUITIES AWARENESS
- 5. ACCESS TO CARE

WHAT IS THE RELATIONSHIP OF THE LHIP TO HEALTHY PEOPLE 2020?

HEALTHY PEOPLE 2020 PROVIDES SCIENCE-BASED, 10-YEAR NATIONAL OBJECTIVES

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

FOR IMPROVING THE HEALTH OF ALL AMERICANS. FOR THREE DECADES, HEALTHY
 PEOPLE HAS ESTABLISHED BENCHMARKS AND MONITORED PROGRESS OVER TIME IN
 ORDER TO ENCOURAGE COLLABORATIONS ACROSS SECTORS; GUIDE INDIVIDUALS
 TOWARD MAKING INFORMED HEALTH DECISIONS; AND MEASURE THE IMPACT OF
 PREVENTION ACTIVITIES. THE FREDERICK COUNTY LOCAL HEALTH IMPROVEMENT PLAN
 FOCUSES ON A SMALL SUBSET OF THE CDC'S HEALTHY PEOPLE 2020 OBJECTIVES SO
 THAT (1) WE CAN FOCUS ON FACTORS THAT ARE MOST CRITICAL TO HEALTH EQUITY
 AND IMPROVING THE HEALTH OF ALL FREDERICK COUNTY RESIDENTS, (2) AND WE
 CAN MEASURE OUR SUCCESS AND IMPROVE OUR LEADERSHIP IF OUR PLANS AREN'T
 MEETING OUR GOALS.

FREDERICK REGIONAL HEALTH SYSTEM'S COMMUNITY BENEFITS PROGRAM
 THE FINDINGS OF THE SURVEY TOOLS DESCRIBED ABOVE COINCIDE REMARKABLY WELL
 WITH THE HEALTH SYSTEM'S INTERNAL DATA THAT CLEARLY INDICATES THAT
 RESOURCES NEED TO FOCUS UPON THE SAME 5 AREAS OF NEED IDENTIFIED BY THE
 LOCAL HEALTH IMPROVEMENT PLAN AND THE HUMAN NEEDS ASSESSMENT. THESE
 DOCUMENTS AND OUR CLOSE WORKING RELATIONSHIP WITH THE FREDERICK COUNTY
 HEALTH DEPARTMENT AND THE FREDERICK COUNTY HEALTH CARE COALITION WILL
 HELP TO FOCUS THE HEALTH SYSTEM'S COMMUNITY BENEFITS PROGRAM MOVING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

FORWARD. FMH WILL ALLOCATE RESOURCES TO ADDRESS MORE SPECIFICALLY THOSE IDENTIFIED COMMUNITY NEEDS, WHILE CONTINUING TO PROVIDE EDUCATIONAL AND SUPPORT PROGRAMS, EARLY DETECTION SCREENINGS AND WELLNESS CLASSES, COUNSELING AND DEMONSTRATIONS TO A BROADER AUDIENCE IN OUR COMMUNITY.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

FREDERICK MEMORIAL HOSPITAL POSTS ITS CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSION AREAS, THE FMH EMERGENCY DEPARTMENT, AND IN ALL OF OUR SATELLITE FACILITIES IN AREAS WHERE ELIGIBLE PATIENTS ARE LIKELY TO PRESENT. FMH PROVIDES A SUMMARY OF THE CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO ALL PATIENTS AT THE TIME OF ADMISSION TO THE HOSPITAL. FMH ADMISSIONS PERSONNEL DISCUSS THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS WITH PATIENTS AND/OR THEIR FAMILY MEMBERS, AND THEY ASSIST PATIENTS WITH QUALIFICATION FOR THE PROGRAMS.

COMMUNITY INFORMATION

FREDERICK MEMORIAL HOSPITAL'S PATIENTS ARE PRIMARILY FROM FREDERICK

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

COUNTY, MARYLAND. REFERRALS FOR PRIMARY CARE COMING FROM OUTSIDE THE
 COUNTY INCLUDE WASHINGTON COUNTY AND CARROLL COUNTIES. REGIONAL AREAS
 FROM WHICH PATIENTS COME FOR SPECIALTY SERVICES SUCH AS CANCER CARE,
 CYBERKNIFE RADIOSURGERY, INTERVENTIONAL CARDIOLOGY PROCEDURES AND
 NEONATAL INTENSIVE CARE, INCLUDE SOUTHERN PENNSYLVANIA, EASTERN WEST
 VIRGINIA AND NORTHERN VIRGINIA. FREDERICK MEMORIAL HOSPITAL IS LOCATED IN
 THE SOUTH CENTRAL PORTION OF FREDERICK COUNTY, MARYLAND WITH A 2010
 POPULATION OF 233,600 AND A PROJECTED 2020 POPULATION OF 287,900.

PROMOTION OF COMMUNITY HEALTH

PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS SECTION (SCHEDULE O
 FOR PART III, LINE 4)

AFFILIATED HEALTH CARE SYSTEM

ON JUNE 28, 2011 FREDERICK MEMORIAL HOSPITAL, INC. (FMH) BOARD OF
 DIRECTORS APPROVED A CORPORATE RESTRUCTURING WHICH INCLUDED THE CREATION
 OF A NON-PROFIT PARENT CORPORATION TO BE KNOWN AS FREDERICK REGIONAL
 HEALTH SYSTEM (FRHS). ADDITIONALLY TWO NEW ENTITIES WERE ORGANIZED,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

MONOCACY INSURANCE, LTD AND MONOCACY HEALTH PARTNERS, LLC, BOTH OF WHICH
 ARE 100% CONTROLLED BY FRHS. MONOCACY INSURANCE, LTD IS A CAYMAN ISLANDS
 DOMICILED SINGLE PARENT CAPTIVE ORGANIZED TO PROVIDE A FLEXIBLE RISK
 FINANCING STRUCTURE TO MEET THE NEEDS OF FRHS. MONOCACY HEALTH PARTNERS,
 LLC WILL SERVE AS A NON-PROFIT PHYSICIAN ENTERPRISE, PROVIDING
 GOVERNANCE, MANAGEMENT AND SUPPORT FUNCTIONS FOR EMPLOYED PHYSICIANS.
 COMPLETION OF THIS RESTRUCTURING WILL OCCUR DURING FISCAL YEAR 2012. FRHS
 IS THE SOLE MEMBER OF FMH. AS SOLE MEMBER, FRHS SHALL EXERCISE ALL POWERS
 CONFERRED ON FMH BY THE FMH ARTICLES OF INCORPORATION, BYLAWS, AND THE
 LAWS OF THE STATE OF MARYLAND. FRHS SHALL ACT AS MEMBER THROUGH ITS
 BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, OR SUCH OFFICER(S) DESIGNATED BY
 ITS BOARD OF DIRECTORS FROM TIME TO TIME.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT
 MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FREDERICK COMMUNITY COLLEGE 7932 OPOSSUMTOWN PIKE FREDERICK, MD 21702	52-0743590	501(C)(3)	100,000.	0.	CASH	N/A	SUPPORT OF ALLIED HEALTH EDUC. PROGRAM
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 THE HOSPITAL PROVIDES FUNDING TO A LOCAL COMMUNITY COLLEGE (501(C)(3)) IN
 AN EFFORT TO ENHANCE ITS ALLIED HEALTH PROGRAM. THROUGH THIS PROGRAM, A
 FORMAL EDUCATION FORUM IS ESTABLISHED RESULTING IN FULLY ACCREDITED
 PROGRAMS THAT MEET THE HOSPITAL'S NEEDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

52-0591612

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 SUSAN BAHL	(i)	278,750.	0.	216.	0.	7,235.	286,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAUL N CHOMIAK	(i)	330,698.	0.	360.	12,378.	15,343.	358,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MANUEL A CASIANO	(i)	287,238.	30,936.	1,242.	17,108.	12,696.	349,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KENNETH R COFFEY II	(i)	157,916.	20,243.	2,322.	13,421.	15,554.	209,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ELHAMY D ESKANDER	(i)	264,223.	0.	1,032.	20,078.	15,343.	300,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL W GASKINS	(i)	190,036.	20,752.	540.	7,712.	15,673.	234,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 THOMAS A KLEINHANZL	(i)	586,446.	136,535.	3,910.	113,875.	16,387.	857,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ROSE A LABRIOLA	(i)	247,955.	22,511.	2,322.	30,142.	12,862.	315,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHELLE K MAHAN	(i)	296,302.	59,075.	2,322.	28,665.	12,920.	399,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DUNG-THU NGUYEN	(i)	264,483.	0.	240.	14,546.	15,343.	294,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BRIAN M O'CONNOR	(i)	356,380.	0.	1,032.	20,858.	15,343.	393,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 TERRY P O'MALLEY	(i)	180,102.	19,375.	3,564.	18,138.	12,658.	233,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DAVID QUIRKE	(i)	217,430.	26,021.	540.	11,053.	7,619.	262,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 CRAIG F ROSENDALE	(i)	165,639.	19,041.	2,322.	14,962.	12,372.	214,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DONALD R SCHILLING	(i)	171,573.	17,520.	1,242.	4,585.	7,767.	202,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JENNIFER G TEETER	(i)	134,570.	16,832.	810.	12,386.	12,367.	176,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 JOHN R VERBUS	(i)	315,829.	57,737.	2,322.	32,987.	2,661.	411,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JIM R WILLIAMS	(i)	167,104.	19,679.	2,322.	13,965.	12,592.	215,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1

FREDERICK MEMORIAL HOSPITAL HOLDS TWO CORPORATE MEMBERSHIPS TO A LOCAL GOLF/COUNTRY CLUB THAT ARE USED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FUND DEVELOPMENT OFFICER OF THE HOSPITAL. WHILE THE MAJORITY OF THE FEES ASSOCIATED WITH THE CLUB DUES, ETC. ARE BUSINESS RELATED, GENERAL PERSONAL USE EXPENSES ARE REIMBURSED BACK TO THE HOSPITAL BY THESE INDIVIDUALS AS NEEDED.

SCHEDULE J, PART I, LINE 4B

FREDERICK MEMORIAL HOSPITAL HAS ONE 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN MEMBERS OF SENIOR MANAGEMENT. UNDER THE PLAN, THEY MAY CONTRIBUTE AMOUNTS FROM THEIR COMPENSATION TO THE PLAN AND MAY RECEIVE A DISCRETIONARY EMPLOYER CONTRIBUTION. EMPLOYEES ARE FULLY VESTED IN ALL EMPLOYEE CONTRIBUTIONS TO THE PLAN. VESTING IN EMPLOYER CONTRIBUTIONS OCCURS IN ACCORDANCE WITH THE UNDERLYING PLAN DOCUMENTS. ALL ASSETS OF THE PLAN ARE HELD IN A SEPARATE TRUST. TOTAL HOSPITAL CONTRIBUTIONS TO THIS PLAN WERE \$174,025 AND THERE WERE NO PAYMENTS FROM THE PLAN DURING THE YEAR.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 6A

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO CARRY OUT THE HEALTH SYSTEM MISSION, TO ACHIEVE THE CHARITABLE PURPOSE, TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE MANAGEMENT, AND TO MAINTAIN A COMPETITIVE POSITION WITH PEER ORGANIZATIONS IN THE REGION. OVERSIGHT OF THE EXECUTIVE COMPENSATION PROGRAM IS PROVIDED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD, COMPOSED OF THE BOARD CHAIR, VICE CHAIR, IMMEDIATE PRECEDING CHAIR, CHAIR OF THE FINANCE COMMITTEE AND CHAIR OF THE GOVERNANCE COMMITTEE. ANNUALLY, THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD VARIABLE PAY GOALS FOR THE COMING YEAR, AND PAYMENT LEVELS BASED ON PERFORMANCE FOR THE CURRENT YEAR. THE EXECUTIVE COMPENSATION PHILOSOPHY OF THE BOARD PROVIDES FOR BASE COMPENSATION AT THE 50TH TO 60TH PERCENTILE WITH VARIABLE PAY DESIGNED TO PROVIDE A TARGET OPPORTUNITY FOR TOTAL COMPENSATION TO REACH THE 75TH PERCENTILE. VARIABLE PAY CRITERIA ARE; CLINICAL QUALITY (33%), CUSTOMER SERVICE (11%), PEOPLE (11%), FINANCIAL VIABILITY (28%), AND GROWTH (17%). GOALS USING THE VARIABLE PAY CRITERIA ARE ESTABLISHED AT BOTH THE CORPORATE AND

Part III Supplemental Information

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

INDIVIDUAL LEVEL. INDIVIDUAL PAYMENTS ARE BASED ON PERFORMANCE AGAINST

CORPORATE GOALS, INDIVIDUALS GOALS, AND DISCRETION OF THE BOARD.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER EDUC FACILITIES AUTHORITY	52-0936091	574217Y25	07/09/2008	72,160,000.	SEE PART V		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	72,160,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	975,844.							
8 Credit enhancement from proceeds	166,621.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property	X							

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.7600 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %							
6 Total of lines 4 and 57600 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	UBS AG STAMFORD							
c Term of hedge	3.804							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?	X							

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

DESCRIPTION OF TAX-EXEMPT BONDS
 SCHEDULE K, PART I, COLUMN F
 THE MHHEFA SERIES 2008 REVENUE BONDS, ISSUED ON JULY 9, 2008 WERE A
 REFUNDING OF THE SERIES 2006 BONDS, WHICH WERE ISSUED ON MAY 23, 2006.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b Are there any research agreements that may result in private business use of bond-financed property?								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

MANAGEMENT PRACTICES AND PROCEDURES
 SCHEDULE K, PART III, LINE 7
 THE ORGANIZATION HAS POLICIES AND PROCEDURES IN PLACE TO ENSURE

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b Are there any research agreements that may result in private business use of bond-financed property?								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

TAX-EXEMPT BOND POST-ISSUANCE COMPLIANCE, BUT WRITTEN POLICIES ARE BEING CREATED AND EVALUATED AND WILL BE ADOPTED BY THE FMH BOARD PRIOR TO JUNE 30, 2012.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

Part I Excess Benefit Transactions(section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(1)	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)	PAUL CHOMIAK SEE SCH L, PART V				X	649,518.	135,316.		X
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$					135,316.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(1)	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

LOANS TO AND FROM INTERESTED PERSONS

SCHEDULE L, PART II

PURPOSE OF LOAN: PHYSICIAN RECRUITMENT AND INCOME GUARANTEE AGREEMENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization: **FREDERICK MEMORIAL HOSPITAL, INC.**
Employer identification number: **52-0591612**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3.	48,354.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION STATEMENT

FORM 990, PART III, LINE 1

THE MISSION OF FREDERICK MEMORIAL HOSPITAL, INC. IS TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF AREA RESIDENTS BY PROVIDING QUALITY HEALTHCARE IN A CARING, COST EFFICIENT, SAFE AND CONVENIENT MANNER THROUGH A COORDINATED PROGRAM OF PREVENTION, DIAGNOSIS AND TREATMENT, REHABILITATION, AND SUPPORT.

PROGRAM SERVICE ACTIVITIES

FORM 990, PART III, LINE 4A

THE YEAR IN REVIEW

FISCAL YEAR 2011 WAS ANOTHER YEAR OF UNPRECEDENTED GROWTH FOR THE FREDERICK REGIONAL HEALTH SYSTEM. THE NAME CHANGE OF OUR PARENT ORGANIZATION FROM FREDERICK MEMORIAL HEALTHCARE SYSTEM TO FREDERICK REGIONAL HEALTH SYSTEM WAS ADOPTED IN RESPONSE TO THE REGIONAL DEMAND FOR CARE IN FMH FACILITIES. AS OUR REPUTATION FOR PROVIDING SAFE, COMPASSIONATE, QUALITY INPATIENT CARE AND SUPERB CUSTOMER SERVICE IN OUR OUTPATIENT SETTINGS HAS GROWN THROUGHOUT THE REGION, OUR PATIENT VOLUMES HAVE GROWN TO REFLECT MARKET REACH WELL BEYOND OUR PRIMARY SERVICE AREA. PATIENTS FROM AS FAR AWAY AS THE EASTERN SHORE HAVE TRAVELED TO FREDERICK COUNTY TO TAKE ADVANTAGE OF THE STATE-OF-THE-ART CANCER CARE AVAILABLE IN THE FMH CYBERKNIFE CENTER. OTHERS HAVE TRAVELED FROM WEST VIRGINIA AND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SOUTHERN PENNSYLVANIA TO AVAIL THEMSELVES OF THE SURGICAL SKILLS OF A FELLOWSHIP TRAINED BREAST SURGEON AT THE FMH WOMEN'S CENTER. FREDERICK MEMORIAL HOSPITAL AND ITS AFFILIATED OFF CAMPUS SITES HAVE BECOME REGIONAL DESTINATIONS FOR ADVANCED HEALTH CARE SERVICES.

A GREAT DEAL OF PREPARATION WENT INTO THE PLANNING OF THE FACILITY EXPANSION PROJECT THAT IS CURRENTLY UNDERWAY. OUR INTUITIVE SENSE THAT DEMAND FOR FMH INPATIENT CARE WAS RISING AS THE RESULT OF OUR COMMUNITY'S GROWTH, THE INCREASED ACUITY OF ADMITTED PATIENTS, AND OUR ADMISSIONS STATS INDICATING REACH BEYOND OUR COUNTY'S BORDERS WAS VALIDATED BY THE DATA COLLECTED BY A VARIETY OF CONSULTANTS AND AGENCIES. VERIFICATION OF INCREASED DEMAND WHEN OVERLAID BY DEMOGRAPHIC AND GROWTH TRENDS CLEARLY INDICATED THE NEED FOR MORE INPATIENT BEDS AT FMH. A MASTER FACILITY PLAN (MFP) INITIATIVE WAS LAUNCHED IN FY 2011, AND CONSTRUCTION IS CURRENTLY UNDERWAY TO EXPAND INPATIENT AND PARKING CAPACITY ON THE MAIN CAMPUS. IT IS ANTICIPATED THAT MFP CONSTRUCTION WILL BE COMPLETED IN 2015.

WHILE A GREAT DEAL OF TIME AND EFFORT HAS BEEN SPENT ON ADDRESSING MACRO ISSUES AND CHALLENGES FOR THE HEALTH SYSTEM IN FY 11, ATTENTION TO THE OPERATIONAL DETAILS THAT MAKE FMH AN EXCEPTIONAL PLACE TO WORK WAS NEVER DIVERTED. QUALITY CARE, PATIENT AND EMPLOYEE SAFETY, SUPERB CUSTOMER SERVICE, AND CREATING A WORK ENVIRONMENT THAT IS INCLUSIVE AND WELCOMING HAVE REMAINED TOP SHELF PRIORITIES.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

FMH CONTINUES TO IMPROVE PATIENT, EMPLOYEE AND PHYSICIAN SATISFACTION SCORES DESPITE FY11 BEING ONE OF THE HIGHEST PATIENT VOLUME YEARS IN THE ORGANIZATION'S 110 YEAR HISTORY. IN THE FINAL MONTH OF THE FISCAL YEAR, OVERALL PRESS GANEY INPATIENT SATISFACTION SCORES WERE 92%.

THE FMH DIVERSITY COUNCIL HAS HAD A TREMENDOUS POSITIVE IMPACT ON THE ORGANIZATION'S IMPROVED SATISFACTION SCORES. BY CREATING A WORK AND CARE ENVIRONMENT THAT EMBRACES DIVERSITY AS AN ORGANIZATIONAL STRENGTH, THE COUNCIL HAS LED THE WAY IN ENCOURAGING OPEN DIALOGUE THAT PROMOTES UNDERSTANDING AND ACCEPTANCE.

FREDERICK MEMORIAL HOSPITAL HAS CREATED A CARE ENVIRONMENT IN WHICH PEOPLE OF ALL COLORS, FAITHS AND CREEDS FEEL WELCOME AND RESPECTED. A SERIES OF "LUNCH AND LEARN" IN-SERVICES HAVE TAUGHT FMH EMPLOYEES THE IMPORTANCE OF GREETING, TOUCHING, COMFORTING AND CONVEYING INSTRUCTIONS IN CULTURALLY ACCEPTABLE WAYS. THE SIMPLE ACT OF SAYING "HELLO" TO A PATIENT IN THEIR NATIVE TONGUE CAN DO SO MUCH TO MAKE THEM FEEL WELCOME AND SAFE. YOU WILL READ ABOUT THE ROBUST INTERPRETING SERVICES DEPARTMENT WE HAVE CREATED AT FMH AND THE IMPORTANT ROLE THEY PLAY IN CARING FOR OUR EVER MORE DIVERSE PATIENT POPULATION LATER IN THIS REPORT.

ONE OF THE REASONS THAT DEMAND FOR CARE AT FREDERICK MEMORIAL HOSPITAL REACHED AN ALL TIME HIGH IN FY11 IS THAT OUR PROGRAMS AND SERVICES CONTINUE TO RECEIVE REGIONAL AND NATIONAL RECOGNITION BY WINNING AWARDS,

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

AND GARNERING CERTIFICATIONS, ACCREDITATIONS AND CENTER OF EXCELLENCE DESIGNATIONS. THE STROKE PROGRAM, THE FMH JOINT WORKS, THE INTERVENTIONAL CARDIOLOGY PROGRAM, THE PULMONARY FUNCTION LABORATORY, AND THE REGIONAL CANCER THERAPY CENTER ARE JUST A FEW FMH DEPARTMENTS AND SERVICES THAT CONTINUE TO RECEIVE RECOGNITION FOR EXCELLENCE. THE FMH WOUND CARE CENTER IS NOW ONE OF ONLY A FEW HUNDRED CENTERS NATIONALLY ACCREDITED FOR HYPERBARIC MEDICINE TREATMENT. IN ADDITION, HIMSS (THE NATIONAL HEALTHCARE INFORMATION SYSTEMS SOCIETY) RECOGNIZED FMH AS A LEVEL 6 PROVIDER ON THE NATIONWIDE ELECTRONIC MEDICAL RECORD ADOPTION MODEL RANKING SCALE.

RECOGNIZED FOR EXCELLENCE

FREDERICK MEMORIAL HOSPITAL IS BEING RECOGNIZED THROUGHOUT THE REGION AS THE PHYSICIANS' DESTINATION OF CHOICE FOR OUTSTANDING PATIENT CARE, SERVICE EXCELLENCE AND QUALITY OUTCOMES.

-THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL WAS AWARDED TO FMH FOR ADHERING TO STRICT STANDARDS OF OPERATIONAL EXCELLENCE IN THE PROVISION OF PATIENT CARE, THE MAINTENANCE OF METRIC STANDARDS RELATIVE TO CORE MEASURES, AND PROVIDING A SAFE ENVIRONMENT OF CARE.

-THE FMH REGIONAL CANCER THERAPY CENTER HAS BEEN AWARDED A 3-YEAR ACCREDITATION BY THE COMMISSION ON CANCER, THE HIGHEST DEGREE OF ACCREDITATION POSSIBLE. THE COMMISSION HAS RECOGNIZED THE FMH CANCER PROGRAM AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM, AN HONOR ONLY 22% OF

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

HOSPITALS IN THE NATION ACHIEVE.

-THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF ECHOCARDIOGRAPHY LABORATORIES HAS ACCREDITED THE FMH ECHO LABORATORY IN ADULT TRANSTHORACIC ECHOCARDIOGRAPHY.

-THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF VASCULAR LABORATORIES HAS ACCREDITED THE FMH VASCULAR LABORATORY IN EXTRACRANIAL CEREBROVASCULAR, PERIPHERAL ARTERIAL AND PERIPHERAL VENOUS TESTING.

-THE UNDERSEA & HYPERBARIC MEDICAL SOCIETY HAS ACCREDITED THE FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE. FMH IS THE REGION'S ONLY HYPERBARIC OXYGEN THERAPY CENTER ACCREDITED BY THE UHMS.

-THE AMERICAN COLLEGE OF RADIOLOGY HAS ACCREDITED THE FMH IMAGING SERVICES DEPARTMENT IN CT, MAMMOGRAPHY, MRI, NUCLEAR MEDICINE AND ULTRASOUND.

-DESIGNATED BY UNITEDHEALTH AS A PREMIUM INTERVENTIONAL CARDIOLOGY SPECIALTY CENTER

-THE FMH JOINT WORKS PROGRAM HAS BEEN DESIGNATED AS A PREMIUM JOINT SURGERY SPECIALTY CENTER BY UNITEDHEALTH, AND HAS RECEIVED THE BLUE DISTINCTION CENTER OF EXCELLENCE FOR HIP AND KNEE SURGERY BY THE NATIONAL BLUECROSS & BLUESHIELD ASSOCIATION, A DESIGNATED AETNA INSTITUTE OF

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

QUALITY ORTHOPEDIC CARE TOTAL JOINT REPLACEMENT.

-DESIGNATED BY THE MARYLAND INSTITUTE OF EMERGENCY MEDICAL SERVICE SYSTEMS (MIEMSS) AS A PRIMARY STROKE CENTER. AWARDED A STROKE CENTER BRONZE PERFORMANCE AWARD BY THE AMERICAN HEART ASSOCIATION

IN OCTOBER, FMH RECEIVED 8 AWARDS FROM THE MEDICARE HOSPITAL QUALITY INCENTIVE DEMONSTRATION (HQID) PROJECT. THE HEALTH SYSTEM RECEIVED \$88,000 IN RECOGNITION OF OUR CONTINUED COMMITMENT TO MEETING EXCEPTIONAL QUALITY STANDARDS IN HIGH VOLUME DIAGNOSES. IMPORTANT WORK CONTINUES IN THE AREA OF REDUCING PATIENT INFECTIONS AS WELL. IN THE FINAL QUARTER OF FY11, EMPLOYEES LAUNCHED A HEALTH SYSTEM-WIDE INITIATIVE TO IMPROVE COMPLIANCE WITH THE ORGANIZATION'S HAND HYGIENE POLICY. THE CAMPAIGN WAS AN ENORMOUS SUCCESS WITH OUR COMPLIANCE SCORES REACHING INTO THE 80% - 90% RANGE AS MEASURED BY THOUSANDS OF OBSERVATIONS BY SECRET "SHOPPERS." IN THE SPIRIT OF IMPROVING QUALITY, THE MEDICAL EXECUTIVE COMMITTEE AND THE MEDICAL STAFF HAVE DECIDED TO RESTRUCTURE THE MANNER IN WHICH PHYSICIAN PEER REVIEW IS CONDUCTED WITH THE ESTABLISHMENT OF THE SYSTEMS REVIEW OVERSIGHT COMMITTEE (SROC). THIS NEW PEER REVIEW PROCESS WILL PROVIDE FOR GREATER CONTINUITY OF PHYSICIAN PEER REVIEWERS AND IMPROVED TIMELINESS OF REVIEWS OF INDIVIDUAL CASES WHILE IDENTIFYING OPPORTUNITIES FOR EDUCATION.

AS THE IMPLEMENTATION OF FEDERAL HEALTH CARE REFORM BEGINS TO TAKE ROOT, WE KNOW WE WILL BE CALLED UPON TO DO MORE WITH LESS. WE WILL BE REQUIRED

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

TO FOCUS ON PROVIDING HIGHER VALUE AND QUALITY, RATHER THAN VOLUME AND QUANTITY OF SERVICE TO OUR PATIENTS. TOGETHER WITH OUR PHYSICIAN PARTNERS, WE WILL CONTINUE TO REDEFINE HOW WE COORDINATE AND DELIVER COMMUNITY BASED CARE FOR THE RESIDENTS OF FREDERICK COUNTY AND BEYOND. BY WORKING TOGETHER, OUR 110-YEAR LEGACY OF PROVIDING FOR THE HEALTH AND WELL BEING OF OUR COMMUNITY WILL LAST WELL INTO THE 21ST CENTURY. AS THE REGIONAL LEADER FOR SUPERB CARE, WE LOOK FORWARD TO OUR CONTINUED JOURNEY.

SERVICE AREA GEOGRAPHIC PROFILE

FREDERICK REGIONAL HEALTH SYSTEM'S PATIENTS ARE PRIMARILY FROM FREDERICK COUNTY, MARYLAND, THAT HAS AN ESTIMATED POPULATION OF 234,700 CITIZENS. REFERRALS FOR PRIMARY CARE COMING FROM OUTSIDE THE COUNTY INCLUDE:

- WASHINGTON COUNTY
- CARROLL COUNTY

REGIONAL AREAS FROM WHICH PATIENTS COME FOR SPECIALTY SERVICES SUCH AS CANCER CARE, CYBERKNIFE RADIOSURGERY, INTERVENTIONAL CARDIOLOGY PROCEDURES AND NEONATAL INTENSIVE CARE, INCLUDE:

- SOUTHERN PENNSYLVANIA
- EASTERN WEST VIRGINIA
- NORTHERN VIRGINIA

FREDERICK REGIONAL HEALTH SYSTEM IS LOCATED IN THE SOUTH CENTRAL PORTION OF FREDERICK COUNTY, MARYLAND. POPULATION: 2010 - 234,700 2020 -

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

287,900

STATISTICAL AND SERVICE PROFILE

LICENSED BED CAPACITY: FREDERICK MEMORIAL HOSPITAL IS A 309 LICENSED BED, ACUTE CARE FACILITY THAT HAS BEEN CARING FOR THE CITIZENS OF FREDERICK, WASHINGTON AND CARROLL COUNTIES FOR MORE THAN 109 YEARS. IN FY 2011, 22,126 PATIENTS WERE ADMITTED TO THE HOSPITAL FOR IN-PATIENT CARE.

STATISTICAL PROFILE OF SERVICE AREA

INCOME PROFILE OF PRIMARY SERVICE AREA

ACCORDING TO THE 2010 AMERICAN COMMUNITY SURVEY, FREDERICK COUNTY HAD A MEDIAN HOUSEHOLD INCOME OF \$82,133. THIS IS \$13,279 MORE THAN THE MEDIAN INCOME OF MARYLAND, \$68,854. SINCE 1979, WHEN COUNTY RESIDENTS MADE ONLY \$560 MORE THAN THE AVERAGE STATE RESIDENT, FREDERICK COUNTY HAS CONTINUED TO INCREASE THE GAP BETWEEN THE MEDIAN INCOME OF THE MARYLAND AND THE COUNTY. THE GREATEST INCREASE IN HOUSEHOLD INCOME WAS BETWEEN 1989 AND 1999, WHEN RESIDENTS WENT FROM MAKING \$41,382 TO \$60,276 IN 10 YEARS; A 46% INCREASE. THIS TREND ENDED ABRUPTLY WITH THE ADVENT OF THE ECONOMIC DOWNTURN. IN 2010, THE UNEMPLOYMENT RATE IN FREDERICK COUNTY WAS 7.0%. IN 2007 THE UNEMPLOYMENT RATE WAS 2.7%.

AS OF 2010, THE MAJORITY OF HOUSEHOLDS MAKE \$75,000 - \$99,999 A YEAR. IN 1999, THE INCOME RANGES OF HOUSEHOLDS WERE MORE EVENLY DISTRIBUTED THAN IN 2010, TAKING ON A BELL SHAPED CURVE APPEARANCE. INCOMES SPIKED AT

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

\$50,000 - \$74,999 AND ON BOTH SIDES OF THIS SPIKE THE PERCENTAGE OF HOUSEHOLDS SLOWLY DROPPED. THE 2010 DATA SHOW THE HOUSEHOLD INCOME SPIKING AT THE \$75,000 - \$99,999 RANGE; HOWEVER THE 2 SIDES OF THIS SPIKE WERE NOT EVENLY DISTRIBUTED. THE INCOME RANGES RISE AT A SLOW RATE UNTIL SPIKING AND THEN REMAIN AT CONSTANTLY HIGHER PERCENTAGE LEVELS. IN ESSENCE, THE DIVISION OF POOR AND RICH HOUSEHOLDS IN FREDERICK COUNTY HAS BECOME MORE EXTREME WITHIN THE PAST 12 YEARS.

POVERTY LEVELS

IN 2006 FEWER PEOPLE AND FAMILIES WERE BELOW THE POVERTY LEVEL THAN IN 1989 AND 1999. SINCE 1989, THE POVERTY LEVEL HAS CONSISTENTLY DROPPED GOING FROM 4.8% OF ALL PEOPLE TO 3.9% IN 2006. THE MOST RECENT AMERICAN COMMUNITY SURVEY (2010) PUTS THE POVERTY LEVEL AT 2.6%

COMMUNITY HEALTH ASSESSMENT

IN 2007, THE FREDERICK COUNTY HEALTH DEPARTMENT CONTRACTED PROFESSIONAL RESEARCH CONSULTANTS, INC., TO PERFORM A TELEPHONE SURVEY OF 1,000 FREDERICK COUNTY ADULTS AGED 18 AND OLDER. THIS WAS THE FIRST TIME THAT A COMMUNITY WIDE HEALTH ASSESSMENT WAS PERFORMED FOR THE FREDERICK COMMUNITY. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS BASED LARGELY UPON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, AS WELL AS OTHER PUBLIC HEALTH SURVEYS.

AS PART OF THIS COMMUNITY HEALTH ASSESSMENT, THERE WERE FIVE HEALTH RELATED COMMUNITY FOCUS GROUPS. THESE FOCUS GROUPS INCLUDED MEETINGS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

WITH PHYSICIANS, SOCIAL SERVICES PROVIDERS, POLITICAL AND COMMUNITY LEADERS, AND ALLIED HEALTH PROFESSIONALS.

THE DATA COLLECTED BY THE COMMUNITY HEALTH ASSESSMENT SERVED AS A TOOL FOR REACHING THREE BASIC COUNTY-WIDE GOALS:

1. TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE.

FMH ACTION 2009: THE FMH WELLNESS CENTER CREATED A NUMBER OF SCREENINGS, PROGRAMS AND EDUCATIONAL EVENTS TO INCREASE THE COMMUNITY'S KNOWLEDGE ABOUT SPECIFIC DISEASE CONDITIONS THAT WERE IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT AS AREAS OF CONCERN FOR OUR COMMUNITY: CANCER, HEART DISEASE, NUTRITION AND WEIGHT MANAGEMENT. ARMED WITH THE KNOWLEDGE NEEDED TO MAKE THE NECESSARY LIFESTYLE AND BEHAVIORAL CHANGES TO REMAIN HEALTHY HAS ENHANCED OUR COMMUNITY'S HEALTH STATUS IN MANY POSITIVE WAYS.

FMH ACTION 2010: THE RADIOLOGY DEPARTMENT IN CONJUNCTION WITH CORP OHS, ORGANIZED BLOCK APPOINTMENT TIMES FOR SCREENING MAMMOGRAMS FOR THE BUSINESS COMMUNITY IN FREDERICK COUNTY. OVER 300 WOMEN PARTICIPATED IN THE PROGRAM.

THE FMH COMMUNITY OUTREACH PROGRAM WAS LAUNCHED IN FY 2010. THIS GROUP OF FMH VOLUNTEER EMPLOYEES ORGANIZED A NUMBER OF SCREENING AND EDUCATIONAL EVENTS INCLUDING: ASTHMA AWARENESS DAY, COPD SCREENINGS &

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SEMINARS, SMOKING CESSATION & TOBACCO PREVENTION PROGRAMS. THIS SAME GROUP BROUGHT ATTENTION TO THE HIGH INCIDENCE OF HEART ATTACK AND STROKE IN FREDERICK COUNTY BY PARTICIPATING IN THE AMERICAN HEART ASSOCIATION'S START! GREATER WASHINGTON HEART WALK. DOZENS OF FMH EMPLOYEES AND THEIR FAMILY MEMBERS PARTICIPATED IN THE WALK, RAISING MORE THAN \$7,000 FOR THE CAUSE.

THE FMH CENTER FOR ADVANCED WOUND CARE AND HYPERBARIC MEDICINE SPONSORED A FREE SEMINAR AND SCREENING EVENT TO ASSESS WOUNDS THAT WOULD NOT HEAL. THE EDUCATIONAL SEMINAR EXPLAINED THE LATEST ADVANCES IN WOUND CARE PROTOCOLS AND TECHNIQUES, AND OFFERED A TOUR OF THE HYPERBARIC CHAMBERS. THE FMH WELLNESS PROGRAM SPONSORED A NUMBER OF BLOOD PRESSURE SCREENINGS AND GENERAL WELLNESS MAINTENANCE LECTURES THROUGHOUT THE COMMUNITY.

FMH ACTION 2011: FREDERICK MEMORIAL HOSPITAL WORKED IN CONJUNCTION WITH THE FREDERICK COUNTY HEALTH DEPARTMENT TO SECURE GRANT FUNDING FOR THE FREDERICK COUNTY HEALTH CARE COALITION TO CONTINUE AND EXPAND THE IMPORTANT ROLE THE ACCESS TO HEALTH CARE COMMITTEE PLAYS IN OBTAINING CARE FOR THE UN- AND UNDER- INSURED IN FREDERICK COUNTY. THE AREAS IN WHICH THERE IS A CRITICAL NEED FOR SERVICE EXPANSION INCLUDE VISION AND DENTAL CARE.

IN ITS SECOND YEAR OF OPERATION, THE FMH COMMUNITY OUTREACH PROGRAM REALLY SHIFTED INTO HIGH GEAR AND NEARLY TRIPLED ITS OUTREACH EFFORTS. CLASSES, EDUCATIONAL SEMINARS AND SCREENING EVENTS WERE HOSTED THROUGHOUT

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE FREDERICK COMMUNITY AND IN CONJUNCTION WITH A NUMBER OF ORGANIZED COMMUNITY EVENTS. THEY REACHED THOUSANDS OF CITIZENS WITH THEIR INFORMATION ABOUT THE DANGERS OF TOBACCO USE, SMOKING CESSATION, ASTHMA AND RESPIRATORY DISEASE AND CARDIAC HEALTH. ALL OF THEIR PRESENTATIONS AND ACTIVITIES ARE GEARED TOWARD PROMOTING HEALTHY LIFESTYLES AND HEALTHY CHOICES.

2. TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS. THE DEMOGRAPHIC INFORMATION GATHERED DURING THE SURVEY PROCESS HAS ALLOWED THE HEALTH DEPARTMENT AND FREDERICK REGIONAL HEALTH SYSTEM TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES.

FMH ACTION 2009: THE FMH REGIONAL CANCER THERAPY CENTER HOSTED PROSTATE CANCER SCREENING EVENTS, AND VASCULAR SERVICES PERFORMED SCREENINGS FOR PERIPHERAL ARTERY DISEASE IN AREAS OF THE COUNTY WHERE ACCESS TO SUCH SERVICES IS CHALLENGING. THE AFRICAN AMERICAN AND HISPANIC POPULATIONS REPRESENT HIGH-RISK DEMOGRAPHICS IN FREDERICK COUNTY FOR BOTH OF THESE DISEASE CONDITIONS.

FMH ACTION 2010: FREDERICK MEMORIAL HOSPITAL'S PARTICIPATION IN THE FREDERICK COUNTY HEALTH CARE COALITION (FCHCC) HAS INCREASED OVER THE PAST 12 MONTHS. THE CHAIRMAN OF THE EXECUTIVE COMMITTEE IS AN FMH EMPLOYEE AS IS ANOTHER MEMBER OF THE BOARD. THE FCHCC HAS BEEN WORKING BEHIND THE SCENES WITH THE COMMUNITY ACTION AGENCY TO ENCOURAGE THEIR APPLICATION FOR FEDERAL FUNDING TO EXPAND PROGRAMS AND SERVICES AS A

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

COMMUNITY HEALTH CLINIC. THE ESTABLISHMENT OF A FREE COMMUNITY CLINIC WOULD HELP TO ADDRESS THE IDENTIFIED DISPARITIES IN ACCESSING CARE.

THE HEALTH SYSTEM CONTINUED TO OFFER LABORATORY DIAGNOSTIC TESTING TO THE FREDERICK COUNTY MISSION OF MERCY.

FMH ACTION 2011: FREDERICK MEMORIAL HOSPITAL TOOK A LEAD ROLE IN THE FIRST EVER FREDERICK COUNTY CONVOY OF HOPE. PROVIDING A WIDE VARIETY OF HEALTH SCREENINGS AND INFORMATION AS THE DRAW TO ATTRACT PARTICIPANTS TO THE EVENT, OTHER ORGANIZATIONS AND AGENCIES WERE ON HAND AT THE EVENT TO HELP GUIDE MANY THROUGH THE PROCESS OF ACCESSING RESOURCES AVAILABLE TO THEM AND ENROLLING IN SUPPORT PROGRAMS. AS THE MAJORITY OF THE CITIZENS PARTICIPATING IN THE EVENT BELONGED TO THE DEMOGRAPHIC MOST IN NEED OF HEALTH CARE SERVICES, THE OUTREACH WAS EXTREMELY SUCCESSFUL IN INFORMING THEM ABOUT THE RESOURCES AVAILABLE TO THEM.

AS MINORITY POPULATIONS SWELL IN FREDERICK COUNTY, (FREDERICK COUNTY IS RANKED 17TH NATIONALLY, AND 5TH IN THE STATE OF MARYLAND IN THE NUMBER OF HISPANICS MOVING INTO THE AREA), VARIOUS GRASS ROOTS ORGANIZATIONS ARE SPRINGING TO LIFE TO CELEBRATE THEIR GROWING COMMUNITY. FMH IS INVITED TO, AND PARTICIPATES IN, ALL OF THE HERITAGE FESTIVALS HELD IN THE AREA: THE HISPANIC FESTIVAL, THE INDIAN FESTIVAL AND THE ASIAN FESTIVAL ARE JUST THREE EXAMPLES OF EVENTS IN WHICH FMH BRINGS INFORMATION AND VARIOUS HEALTH SCREENINGS, E.G. BLOOD PRESSURE, BLOOD SUGAR, PERCENT BODY FAT, ETC.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

3. TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS.

FMH ACTION 2009: AN AREA IDENTIFIED BY THE COMMUNITY HEALTH ASSESSMENT AS REQUIRING IMMEDIATE ACTION RELATIVE TO ACCESS ISSUES WAS IN THE PRENATAL CARE ARENA. MANY WOMEN IN FREDERICK COUNTY WERE RECEIVING NO PRENATAL CARE. THEIR BABIES BEING DELIVERED AT FMH WERE REQUIRING ADMISSION TO THE NEONATAL CARE INTENSIVE CARE UNIT IN PERCENTAGES FAR ABOVE THE EXPECTED ADMISSION RATE WHEN COMPARED WITH ACTUAL PATIENT ADMISSIONS.

THE FMH AUXILIARY PRENATAL CENTER WAS ESTABLISHED TO PROVIDE THESE UNDERINSURED OR UNINSURED WOMEN WITH THE PRENATAL CARE NECESSARY TO ENSURE A HEALTHY BIRTH WEIGHT BABY THAT WAS FULL-TERM GESTATIONAL AGE. IT WORKED!

FMH ACTION 2010: THE CARDIAC AND PULMONARY REHABILITATION DEPARTMENT ORGANIZED VASCULAR SCREENINGS AND ONE-ON-ONE CONSULTATIONS WITH CARDIOVASCULAR PHYSICIANS AND PULMONOLOGISTS.

THE FMH WELLNESS CENTER SPONSORED A NUMBER OF DIET AND NUTRITION CLASSES IN CONJUNCTION WITH THEIR HEALTHY WEIGH PROGRAM TARGETING OBESITY IN CHILDREN IN FREDERICK COUNTY.

FMH ACTION 2011: FMH PARTNERED WITH LEADERSHIP DIVERSITY INSTITUTE TO SPONSOR THE FIRST FREDERICK COUNTY FAMILY OLYMPICS, A DAY-LONG FAMILY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

EVENT FOCUSED UPON THE IMPORTANCE OF MAKING GOOD DECISIONS RELATIVE TO BEHAVIORS AND NUTRITION CHOICES. THE OLYMPICS STRESSED THE IMPORTANCE OF INCLUDING THE WHOLE FAMILY IN A PROGRAM OF GOOD NUTRITION AND WEIGHT MANAGEMENT, HEALTHY HEART ACTIVITIES AND SPIRITUAL HARMONY.

FMH HAS BEEN WORKING WITH THE FREDERICK COUNTY HEALTH DEPARTMENT AND THROUGH THE FREDERICK COUNTY HEALTH CARE COALITION TO MAP OUT A STRATEGY RELATIVE TO ACCESS TO PREVENTIVE DENTAL CARE. ORAL HEALTH WAS IDENTIFIED AS ONE OF THE TOP THREE AREAS IN WHICH CARE WAS CRITICALLY LACKING. IT IS OUR HOPE TO BE ABLE TO REPORT SIGNIFICANT SUCCESS IN MOVING THIS INITIATIVE FORWARD IN THE FY12 CBR.

ADDRESSING NEEDS

DECISION MAKING PROCESS

DECISIONS RELATIVE TO ADDRESSING THE HEALTH CARE NEEDS OF OUR COMMUNITY ARE DRIVEN BY THE FMH BOARD OF DIRECTORS AND THE SENIOR LEADERSHIP TEAM. THE HEALTH SYSTEM IS IN CONSTANT AND CLOSE CONSULTATION WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE FREDERICK COUNTY HEALTH DEPARTMENT, MISSION OF MERCY, THE FREDERICK COUNTY MENTAL HEALTH ASSOCIATION, RELIGIOUS COALITIONS AND MANY OTHERS. THE FMH SENIOR LEADERSHIP TEAM IS REPRESENTED IN THOSE DISCUSSIONS BY THE VICE PRESIDENT OF BUSINESS DEVELOPMENT & PLANNING, JIM WILLIAMS, WHO IS THE CHAIR OF THE EXECUTIVE COUNCIL OF THE FREDERICK COUNTY HEALTH CARE COALITION, THE GRASS-ROOTS COMMUNITY ORGANIZATION THAT SERVES AS THE CLEARING HOUSE FOR FREDERICK COUNTY HEALTH ISSUES.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

PHYSICIAN MANPOWER PLAN

THE HEALTH SYSTEM HAS DONE A GREAT DEAL OF WORK RELATIVE TO IDENTIFYING THE SPECIALTY AND SUB-SPECIALTY NEEDS OF THE FREDERICK COMMUNITY MOVING FORWARD. THE PHYSICIAN STEERING COMMITTEE HAS EMBARKED ON A 3-5 YEAR PHYSICIAN MANPOWER PLAN TO DIRECT RECRUITING EFFORTS TOWARD THOSE AREAS RESEARCH HAS INDICATED WE MAY EXPERIENCE PHYSICIAN SHORTAGES. WHILE THE DOCUMENT IS STILL IN DRAFT FORM, WE CAN SHARE THOSE PHYSICIAN PRACTICE SPECIALTIES THE REPORT IS INDICATING THERE MAY BE NEED IN THE NEXT 3 TO 5 YEARS:

MEDICAL SPECIALTIES:

- CARDIOLOGY
- HEMATOLOGY/ONCOLOGY
- GASTROENTEROLOGY

SURGICAL SPECIALTIES:

- NEUROSURGERY
- CARDIOVASCULAR
- THORACIC

WORKING WITH OUR PARTNERS

OTHER COMMUNITY NEEDS THAT THE HEALTH SYSTEM HAS NOT BEEN ABLE TO ADDRESS ON ITS OWN, BUT IS WORKING IN CLOSE CONSULTATION WITH A NUMBER OF OTHER AGENCIES TO CRAFT A LASTING AND MEANINGFUL SOLUTION INCLUDE:

- ACCESS TO PREVENTIVE DENTAL CARE AND OTHER ISSUES AS THEY RELATE TO ORAL

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

HEALTH

-A SUBCOMMITTEE OF THE FREDERICK COUNTY HEALTH IMPROVEMENT PLANNING COMMITTEE IS WORKING ON THIS ISSUE.

-ACCESS TO VISION SCREENS AND OCULAR HEALTH

-ANOTHER SUBCOMMITTEE OF THE FREDERICK COUNTY HEALTH IMPROVEMENT PLANNING COMMITTEE IS INVESTIGATING THIS VITAL COMMUNITY NEED.

-BEHAVIORAL HEALTH ISSUES RELATIVE TO PARTIAL HOSPITALIZATION AND DAY PROGRAMS

-THROUGH THE FREDERICK COUNTY HEALTH CARE COALITION, THE HEALTH SYSTEM IS WORKING WITH THE MENTAL HEALTH ASSOCIATION AND SHEPPARD-PRATT TO CREATE A 3 TO 5 YEAR PLAN ABOUT TO ADDRESS THIS PRESSING NEED.

COMMUNITY BENEFITS DEPARTMENT

RATHER THAN HAVING A SEPARATE DEPARTMENT THAT IS DEDICATED SOLELY TO THE OVERSIGHT OF THE ORGANIZATION'S COMMUNITY BENEFITS PROGRAM, AN OPERATIONAL STRUCTURE HAS BEEN CREATED SUCH THAT MEMBERS OF DIVERSE DEPARTMENTS, SERVICES AND PROGRAMS WORK TOGETHER TO COORDINATE ACTIVITIES AND EVENTS. UNDER THE DIRECTION OF THE VICE PRESIDENT OF BUSINESS DEVELOPMENT AND PLANNING AND THE DIRECTOR OF MARKETING, THE COMMUNITY OUTREACH PROGRAM TAKES THE LEAD IN PLANNING, ORGANIZING AND MANNING COMMUNITY BENEFIT ACTIVITIES. AS INDICATED ABOVE, THE COMMUNITY OUTREACH PROGRAM IS IN ITS SECOND YEAR OF OPERATIONS. THE PROGRAM HAS EXPANDED RAPIDLY OVER THE PAST 18 MONTHS. CHERIE HYSSONG, RESPIRATORY THERAPIST AND PULMONARY LAB SUPERVISOR, HAS ASSUMED THE ADDITIONAL POSITION AS COMMUNITY OUTREACH COORDINATOR. SHE AND HER PULMONARY TEAM HAVE DONE AN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

OUTSTANDING JOB OF COORDINATING COMMUNITY ACTIVITIES INCLUDING HEALTH FAIRS, SCREENING EVENTS, EDUCATIONAL SEMINARS, THE CONVOY OF HOPE, THE HEALTH TENT AT THE GREAT FREDERICK FAIR, AND A WHOLE HOST OF OTHER OUTREACH ACTIVITIES.

WHILE THIS STRUCTURE MAY NOT ADHERE TO THE STRICT DEFINITION OF A "DEPARTMENT" ITS OPERATIONAL EFFECTIVENESS IS CLEARLY EVIDENCED IN THE ACTIVITIES DETAILED IN THIS REPORT. AS THE CBR INITIATIVE GROWS AND WE BEGIN USING LYONS SOFTWARE TO MORE FORMALLY TRACK ACTIVITIES, THERE MAY BE A NEED MOVING FORWARD TO CREATE A DEPARTMENT IN THE CLASSIC SENSE THAT IS DEDICATED TO OUR COMMUNITY BENEFIT EFFORTS.

FMH WELLNESS CENTER

THE FMH WELLNESS CENTER IS A DIVISION OF THE FREDERICK REGIONAL HEALTH SYSTEM WHICH PROMOTES HEALTHIER LIFESTYLES AND ENHANCED LEVELS OF WELLNESS BY PROVIDING HEALTH EDUCATION CLASSES, HEALTH SCREENINGS AND INDIVIDUAL SERVICES. BECAUSE EARLY DETECTION AND EDUCATION ARE THE KEYS TO A HIGHLY INFORMED AND EDUCATED COMMUNITY, THE HOSPITAL VIGOROUSLY SUPPORTS THE WELLNESS CENTER IN A VARIETY OF CLIENT CENTERED WELLNESS ACTIVITIES. IN FY 2011, THE FMH WELLNESS CENTER TOUCHED MORE THAN 100,000 MEMBERS OF OUR COMMUNITY.

CORPORATE PARTNERS AND COMMUNITY WELLNESS SERVICES - 2011

THE HEALTH AND WELLNESS OF THE RESIDENTS OF FREDERICK COUNTY AND THE SURROUNDING AREAS IS THE MOST IMPORTANT CONTRIBUTION OF THE FREDERICK REGIONAL HEALTH SYSTEM WELLNESS CENTER. EACH YEAR WE SEARCH FOR NEW

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

PARTNERSHIPS AND PROGRAMS THAT FOCUS ON GUIDING OUR FRIENDS AND FAMILIES
TOWARDS HEALTHIER LIFESTYLES. THESE ORGANIZATIONS AND BUSINESSES JOINED
US IN A COLLABORATIVE EFFORT TO SECURE A GREATER LEVEL OF HEALTH FOR
MEMBERS OF OUR COMMUNITY:

- AIRLINE OWNERS AND PILOTS ASSOCIATION
- AMERICAN CANCER SOCIETY
- AMERICAN DIABETES ASSOCIATION
- AMERICAN HEART ASSOCIATION
- BB & T BANK
- BANK OF AMERICA
- BECHTEL
- BOY SCOUTS OF AMERICA
- CERESVILLE MANSION
- CITY OF FREDERICK
- COCA COLA ENTERPRISES
- CORPORATE OCCUPATIONAL HEALTH SERVICES
- CRITICAL CARE ENTERPRISES
- ELDER EXPO
- FAMILIES PLUS
- FERGUSON ENTERPRISES
- FIRST POTOMAC REALTY INVESTMENT
- FMH SELECT
- FRANCES SCOTT KEY MALL
- FREDERICK COMMUNITY COLLEGE
- FREDERICK COUNTY COMMISSION ON WOMEN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-FREDERICK COUNTY HEALTH DEPARTMENT
-FREDERICK COUNTY HEAD START
-FREDERICK COUNTY HOSPICE
-FREDERICK COUNTY PUBLIC SCHOOL SYSTEM
-FREDERICK NEWS POST
-FT. DETRICK
-FSK MALL
-GILBANE BUILDING COMPANY
-GREATER FREDERICK FAIR
-HOLISTIC HEALTH CONFERENCE PLANNING COMMITTEE
-HUGHES NETWORK SYSTEMS
-JEANNIE BUSSARD
-KEY 103
-KIWANIS CLUB
-KIWI-TEK
-LEGAL AND GENERAL AMERICA
-LIFE AND DISCOVERY INC.
-M & T BANK
-MANPOWER
-MARYLAND MENTAL HEALTH ASSOCIATION
-MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY
-PRIDE PHILANTHROPY
-RED DEVIL ORGANIZATION
-SAIC OF FORT DETRICK
-TRANSIT SERVICES OF FREDERICK COUNTY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-TX TEAM

-VISITATION ACADEMY

-YMCA

SERVICES/PROGRAMS

EITHER THROUGH JOINT EFFORTS WITH OUR COLLABORATIVE PARTNERS OR INDEPENDENTLY, THE FOLLOWING SERVICES WERE DESIGNED AND IMPLEMENTED BY THE FREDERICK REGIONAL HEALTH SYSTEM WELLNESS CENTER.

-12 BLOOD PRESSURE SCREENINGS ATTENDED BY 35 PARTICIPANTS

-1 WELLNESS LECTURE SERVING 15 MEMBERS OF THE FREDERICK COUNTY COMMUNITY.

-GENERAL HEALTH AND WELLNESS INFORMATION DISTRIBUTED DURING 6 COMMUNITY EVENTS SERVING MORE THAN 600 MEMBERS OF THE COMMUNITY.

-GENERAL HEALTH AND WELLNESS INFORMATION, AND HEALTH SCREENINGS PROVIDED DURING 3 COMMUNITY EVENTS SERVING MORE THAN 400 PARTICIPANTS.

-PHYSICIAN INFORMATION AND REFERRAL SERVICE FOR GREATER THAN 1,335 INDIVIDUALS AND FAMILIES.

EMPLOYEE WELLNESS PROGRAM - 2011

THE WELLNESS CENTER IN PARTNERSHIP WITH THE FMH HUMAN RESOURCES DEPARTMENT AND CORPOHS, CONTINUED THE EMPLOYEE WELLNESS PROGRAM IN 2011. THIS PROGRAM, DESIGNED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF MEMBERS OF THE HOSPITAL FAMILY PROVIDED 120 EVENTS FOR MORE THAN 2,000 MEMBERS OF THE HOSPITAL STAFF AND VOLUNTEERS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

FAMILY FOCUS PROGRAM SERVICES - 2011

THE WELLNESS CENTER'S FAMILY FOCUS PROGRAM PROVIDES EDUCATION AND SUPPORT TO THE CORE OF OUR COMMUNITY - THE FAMILY. THE PROGRAM WORKS IN CONJUNCTION WITH THE FMH BIRTHPLACE TO PROVIDE EXPECTANT PARENTS A PREVIEW TOUR OF THE BIRTH FACILITY. THE FAMILY FOCUS PROGRAM ALSO HELPS PARENTS PREPARE FOR THE BIRTH OF THEIR CHILD BY PROVIDING QUALITY CHILDBIRTH AND PARENTING EDUCATION CLASSES TO THOUSANDS OF PARENTS EVERY YEAR. SIBLINGS TO-BE PARTICIPATE IN THE EVER-POPULAR "SMALL WONDER" PROGRAM TO HELP THEM WELCOME A NEW BABY BROTHER OR SISTER. FAMILY FOCUS HAS SERVED OVER 6,463 COMMUNITY MEMBERS. JUST LIKE THE FAMILY - THIS PROGRAM CONTINUES TO GROW AND THRIVE EACH YEAR TO BENEFIT OUR COMMUNITY!

AHA CPR TRAINING - 2011

FMH WELLNESS CENTER IS AN AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT TRAINING SITE UNDER THE FREDERICK COMMUNITY COLLEGE TRAINING CENTER. BESIDES TRAINING 637 HOSPITAL EMPLOYEES IN CPR & AED, 351 COMMUNITY MEMBERS WERE TRAINED. MANY OF THESE INDIVIDUALS ARE STUDENTS AT LOCAL COLLEGES TAKING CPR TRAINING AS A REQUIREMENT PRIOR TO PARTICIPATING IN THEIR CLINICAL EXPERIENCES.

SAFETY AND INJURY PREVENTION PROGRAMS - 2011

FMH CONTINUES TO SUPPORT SAFE KIDS FREDERICK COUNTY, A LOCAL COALITION AFFILIATED WITH SAFE KIDS WORLDWIDE - THE ONLY GRASSROOTS, LONG-TERM EFFORT DEDICATED SOLELY TO PREVENTING UNINTENTIONAL INJURY - THE NUMBER ONE KILLER OF CHILDREN AGE 0-14 YEARS. FMH WELLNESS CENTER AND FREDERICK

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

COUNTY HEALTH DEPARTMENT ARE THE CO-LEAD AGENCIES. THE CO-LEAD AGENCIES CONDUCT 10 ANNUAL MEETINGS WITH REPRESENTATIVES FROM THE MEMBER AGENCIES TO DISCUSS, PLAN, AND DEVELOP A COORDINATED PROGRAM OF PUBLIC AWARENESS, EDUCATION, LEGISLATIVE ACTION AND ENFORCEMENT TO HELP TO PREVENT THESE UNINTENTIONAL INJURIES IN FREDERICK COUNTY CHILDREN. ACCESS TO LOW COST SAFETY PRODUCTS IS ALSO OFFERED TO FREDERICK COUNTY FAMILIES.

ADOPT A PHARMACIST

THIS WAS THE SECOND YEAR PARTNERING WITH THE MARYLAND POISON CENTER WITH THIS PROGRAM. WE RECRUITED 18 LOCAL PHARMACISTS WHO ATTENDED TRAINING SESSIONS TAUGHT BY ONE OF THE PHARMACIST/EDUCATORS FROM THE MARYLAND POISON CENTER. TEACHING KITS WERE SUPPLIED TO THE PHARMACISTS AND THEY WENT INTO 22 FREDERICK COUNTY PUBLIC SCHOOL FIRST GRADE CLASSROOMS TO TEACH THE CHILDREN ABOUT POISON SAFETY.

SAFETY & INJURY PREVENTION

THE INJURY PREVENTION COORDINATOR AT FMH WELLNESS CENTER PARTICIPATES WITH THE FOLLOWING COUNTY/STATE COMMITTEES AS AN INJURY PREVENTION EXPERT.

- FREDERICK COUNTY INTERAGENCY EARLY CHILDHOOD COMMITTEE
- MARYLAND MID-WESTERN REGION HIGHWAY SAFETY TASK FORCE
- MARYLAND CHILD PASSENGER SAFETY ADVISORY BOARD
- MARYLAND OCCUPANT PROTECTION COMMITTEE
- SAFE KIDS MARYLAND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

WE HAVE CREATED UNIQUE PARTNERSHIPS WITH THE FOLLOWING ORGANIZATIONS AND BUSINESSES TO PROVIDE QUALITY SAFETY SERVICES TO MEMBERS OF OUR COMMUNITY:

- AMERICAN CANCER SOCIETY
- AMERICAN RED CROSS
- BIKERS AGAINST CHILD ABUSE
- BRUNSWICK POLICE DEPARTMENT
- CALVARY WEEKDAY SCHOOL
- CARROLL COUNTY HEALTH DEPARTMENT
- CENTRO HISPANO
- CHILD CARE CHOICES
- CONVOY OF HOPE
- FAMILIES PLUS!
- FAMILY PARTNERSHIP
- FITZGERALD AUTO MALL
- FREDERICK COUNTY AUTISM SOCIETY OF AMERICA
- FREDERICK COUNTY DEPT. OF EMERGENCY PLANNING
- FREDERICK COUNTY DEPT. OF FIRE & RESCUE SERVICES
- FREDERICK COUNTY DEPT. OF SOCIAL SERVICES FOSTER PARENT GROUP
- FREDERICK COUNTY EVEN START
- FREDERICK COUNTY HEAD START
- FREDERICK COUNTY HEALTH DEPARTMENT
- FREDERICK COUNTY PARKS & RECREATION
- FREDERICK COUNTY PHARMACISTS
- FREDERICK COUNTY PUBLIC SCHOOLS
- FREDERICK COUNTY SHERIFF'S DEPARTMENT

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-FREDERICK COUNTY TRANSIT

-FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION

-FREDERICK MEMORIAL HOSPITAL - PEDIATRICS DEPT., FAMILY CENTER, NEONATAL
ICU AND ED

-FREDERICK PEDALERS

-FREDERICK POLICE DEPARTMENT

-FREDERICK RESCUE MISSION

-FREDERICK WOMEN'S CIVIC CLUB

-FT. DETRICK

-HEALTHY FAMILIES FREDERICK

-HEARTLY HOUSE

-HOPE ALIVE

-KEY 103

-KINDER CARE

-KIWANIS CLUB OF SUBURBAN FREDERICK

-LIFE & DISCOVERY (ASIAN COMMUNITY RESOURCE GROUP)

-MARK AGENCY (STATE FARM INSURANCE AGENT)

-MARRIOTT INTERNATIONAL

-MARYLAND POISON CENTER

-MARYLAND SCHOOL FOR THE DEAF

-MARYLAND STATE POLICE

-MID WESTERN TRAFFIC SAFETY COALITION

-MIEMSS

-PARENT POWER (MENTAL HEALTH ASSOCIATION)

-PRIORITY PARTNERS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

- SPECIAL EDUCATION RESOURCE GROUP
- THURMONT POLICE DEPARTMENT
- UP COUNTY FAMILY PARTNERSHIP
- URBANA MOPS (MOTHERS OF PRESCHOOL CHILDREN)
- US FIRE ADMINISTRATION
- VOLUNTEER FREDERICK!
- WIC
- YMCA OF FREDERICK COUNTY

IN FY 2011 THE FOLLOWING SERVICES WERE PROVIDED:

- 1,961 FIRST GRADERS IN 22 FREDERICK COUNTY PUBLIC SCHOOLS (FCPS) WERE TAUGHT POISON SAFETY.
- 488 TELEPHONE CONSULTATIONS EDUCATING PARENTS AND CARETAKERS ON CHILD SAFETY ISSUES
- 103 CAR SEATS RENTED/DISTRIBUTED TO LOW INCOME FAMILIES OR INDIVIDUALS HAVING OUT OF TOWN GUESTS WITH SMALL CHILDREN
- 416 INDIVIDUAL CAR SAFETY SEAT CHECKS
- 18 PARENTS/CAREGIVERS ATTENDED CAR SEAT TRAINING CLASSES
- 3 ANGLE TOLERANCE TESTS PERFORMED FOR INFANTS DISCHARGED FROM FMH NICU IN A CAR BED TO DETERMINE IF THE INFANT CAN MOVE TO A REGULAR INFANT CAR SEAT.
- 1 CHILD PASSENGER SAFETY TECHNICIAN WAS MENTORED TO THE SENIOR CHECKER LEVEL.
- 23 LAW ENFORCEMENT OFFICERS, FIREFIGHTERS, EMTS AND HEALTH EDUCATORS TRAINED AS CHILD PASSENGER SAFETY TECHNICIANS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-1447 COMMUNITY MEMBERS ATTENDED 14 EVENTS/SAFETY FAIRS. FIVE (5) OF THESE EVENTS WERE HELD FOR ESL RESIDENTS

-104 COMMUNITY MEMBERS ATTENDED INJURY PREVENTION CLASSES ABOUT HOME SAFETY, CHILD PASSENGER SAFETY AND POISON SAFETY

-287 BICYCLE & MULTI-SPORT HELMETS DISTRIBUTED & FITTED PROPERLY

-153 CHILDREN PARTICIPATED IN 4 BICYCLE RODEOS

-15 MATURE DRIVERS ATTENDED A CARFIT EVENT TO LEARN HOW TO MAKE ADJUSTMENTS IN THEIR VEHICLES TO MAKE THEM MORE COMFORTABLE AND HAVE BETTER CONTROL OF THEIR VEHICLE.

CARFIT WAS DEVELOPED THROUGH COLLABORATION AMONG THE AMERICAN SOCIETY ON AGING, AARP, THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION AND AAA.

FMH WELLNESS CENTER PROVIDED CLASSROOM SPACE FOR OTHER GROUPS:

-8 PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES

-2 SAFE KIDS FREDERICK COUNTY MEETINGS

-5 CHILDREN'S FESTIVAL/INTERAGENCY EARLY CHILDHOOD COMMITTEE MEETINGS

-1 SAFE ROUTES TO SCHOOL MEETING

-3 AMPUTEE SUPPORT GROUP SESSIONS

-3 RELIGIOUS COALITION MEETINGS

-1 ELDER COUNCIL MEETING

-1 SPASTIC PARAPLEGIC FOUNDATION MEETING

-IHONL SPRING CONFERENCE

-2 BHS/CORP OHS WELL CYCLE OPEN HOUSE SESSIONS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

NUTRITION AND WEIGHT MANAGEMENT - 2011

IN ADDITION TO THE PROVISIONS DESCRIBED ABOVE, THE NUTRITION AND WEIGHT MANAGEMENT SERVICES DIVISION HOSTED MORE THAN 9,395 VISITS FROM CLIENTS WITH A VARIETY OF HEALTH NEEDS. CLIENTS WERE MONITORED WEEKLY FOR CHANGES IN WEIGHT AND BLOOD PRESSURE. THOSE WHO PARTICIPATED IN THE WEEKLY EDUCATION OFFERINGS RECEIVED INFORMATION AND COUNSELING IN ALL AREAS OF CARDIOVASCULAR DISEASE AND STROKE PREVENTION. HEALTHY LIFESTYLE CHANGES INCLUDING REGULAR EXERCISE PROGRAMS, NUTRITION ENHANCEMENTS AND STRESS MANAGEMENT WERE EMPHASIZED WITH ALL CLIENTS.

DIABETES SERVICES

FMH DIABETES SERVICES HOSTED A NUMBER OF SUPPORT GROUPS, EDUCATIONAL SEMINARS AND SCREENING EVENTS THROUGHOUT THE COUNTY.

SUPPORT GROUPS-144

OTHER EVENTS-95

ADA WALK

CONVOY OF HOPE

DIABETES CENTER OPEN HOUSE

DIABETES ALERT DAY @ FSK

FMH STROKE & CHEST PAIN CENTERS

THE CPC IS A DEDICATED 24/7 OBSERVATION UNIT THAT EVALUATES LOW-RISK CHEST PAIN PATIENTS IN ACCORDANCE WITH THE SOCIETY OF CHEST PAIN CENTERS (SCPC), ACC AND AHA GUIDELINES.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

FREDERICK COUNTY RESIDENTS NO LONGER HAVE TO BE TRANSPORTED TO NEIGHBORING FACILITIES TO RECEIVE ACUTE STROKE CARE, NOR TO HAVE THEIR LOW-RISK CHEST PAIN EVALUATED. A PROGRAM WITH THE HIGHEST LEVEL OF PREPAREDNESS AND STATE RECOGNITION IS RIGHT HERE AT FREDERICK MEMORIAL HOSPITAL. THE FMH STROKE PROGRAM PROVIDES STROKE TRAINING TO FREDERICK COUNTY EMERGENCY MEDICAL SERVICES TO ENSURE THAT FIRST-RESPONDERS ARE AWARE OF STROKE SIGNS AND SYMPTOMS AND ALSO THE MOST CURRENT TREATMENTS. THE COOPERATION BETWEEN THESE TWO ENTITIES ENABLES THE PATIENT TO HAVE THE BEST CARE POSSIBLE AT EVERY STAGE OF TREATMENT.

THE STROKE PROGRAM ALSO OFFERS FREE STROKE WORKSHOPS TO THE CITIZENS OF FREDERICK COUNTY. THE STROKE WORKSHOPS INCREASE AWARENESS AND PROVIDE DETAILS ON STROKE CARE AND PREVENTION. ATTENDEES ARE GIVEN INFORMATION ON RISK FACTORS AND STEPS THEY CAN TAKE RIGHT AWAY TO CHANGE THEIR OWN RISK FOR STROKE. AT THE CONCLUSION OF THE WORKSHOP, ATTENDEES ARE ABLE TO NAME AND IDENTIFY STROKE SIGNS AND SYMPTOMS AND KNOW WHAT TO DO IN CASE THEY, OR SOMEONE THEY KNOW, ARE HAVING A STROKE. THE DIRECTOR OF THE FMH STROKE CENTER OF EXCELLENCE HAS PRESENTED INFORMATION AND EDUCATIONAL MATERIALS ABOUT STROKE AND STROKE PREVENTION:

- CITIZEN'S NURSING HOME - 7/08/10 - 10 ATTENDEES
- FRED. COUNTY HEALTH DEPT - 8/16/10 - 20 ATTENDEES
- FRED. COUNTY HEALTH DEPT - 8/23/10 - 25 ATTENDEES
- NEW DIMENSIONS - 12/12/10 - 20 ATTENDEES
- FRED. COUNTY HEALTH DEPT - 1/06/11 - 25 ATTENDEES
- JOHNSVILLE SENIOR CENTER - 1/13/11 - 25 ATTENDEES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-THURMONT SENIOR CENTER - 3/15/11 - 25 ATTENDEES
 -NEW DIMENSIONS - 4/11/11 - ATTENDEES
 -EMMITSBURG SENIOR CENTER - 4/14/11 - 20 ATTENDEES
 -FREDERICK COUNTY HEALTH DEPT - 4/14/11 - 20 ATTENDEES
 -FREDERICK COUNTY DEPT OF AGING - 4/21/11 - 150+ ATTENDEES
 -TRANQUILITY NURSING HOME - 6/02/11 - 35 ATTENDEES
 TOTAL - 395

COMMUNITY OUTREACH PROGRAM

SMOKING CESSATION

TOBACCO CONTINUES TO BE THE LEADING CAUSE OF PREVENTABLE DISEASE AND DEATH IN THE UNITED STATES. SMOKING HARMS NEARLY EVERY ORGAN OF THE BODY AND GENERALLY DIMINISHES THE HEALTH OF SMOKERS. QUITTING SMOKING HAS IMMEDIATE AS WELL AS LONG TERM EFFECTS. PEOPLE WHO STOP SMOKING GREATLY REDUCE THE RISK OF DYING PREMATURELY AND LOWER THEIR RISK OF HEART DISEASE, STROKE, LUNG DISEASE AND OTHER HEALTH CONDITIONS. FREDERICK MEMORIAL HOSPITAL'S COMMUNITY OUTREACH PROGRAM PROMOTES A HEALTHIER COMMUNITY BY OFFERING BOTH INTERMEDIATE AND INTENSIVE SMOKING CESSATION COUNSELING AS A SERVICE TO THE COMMUNITY. SMOKING CESSATION FACILITATORS PROVIDED INFORMATION, RESOURCES AND TOOLS TO TREAT TOBACCO USE AND DEPENDENCE.

FMH'S SMOKING CESSATION FACILITATORS ARE ACTIVE WITH THE LOCAL TOBACCO COALITION WHICH STRIVES TO REDUCE TOBACCO USE IN FREDERICK COUNTY THROUGH EDUCATION AND INFORMATION. THE FMH SMOKING CESSATION FACILITATORS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SUPPORT EFFORTS THROUGHOUT THE FREDERICK COUNTY COMMUNITY TO PREVENT CHRONIC LUNG DISEASE BY ENCOURAGING TEENS TO NOT SMOKE CIGARETTES AND TO EDUCATE THE PUBLIC ABOUT THE DANGERS OF EXPOSURE TO SECONDHAND SMOKE. WE WILL CONTINUE TO WORK WITH THE FREDERICK COUNTY HEALTH DEPARTMENT TO MONITOR THE SUCCESS OF OUR EFFORTS AS MEASURED BY THE REDUCTION OF TOBACCO USE WITHIN THE COMMUNITY.

FMH OFFERS THE AMERICAN LUNG ASSOCIATION'S FREEDOM FROM SMOKING PROGRAM AND PROVIDES THE ASSOCIATION WITH STATISTICAL RESULTS OF THE CESSATION PROGRAM. SUCCESS IS MEASURED BY THE NUMBER OF PARTICIPANTS ENTERING THE PROGRAM AS SMOKERS AND THOSE WHO HAVE KICKED THE HABIT AT THE END OF THE PROGRAM. THE FMH COMMUNITY OUTREACH PROGRAM PROVIDES A WONDERFUL OPPORTUNITY TO MAKE A DIFFERENCE IN THE LUNG HEALTH OF SO MANY INDIVIDUALS.

ASTHMA EDUCATORS

ASTHMA IS A CHRONIC LUNG DISEASE WITH VARYING LEVELS OF SEVERITY AND IT IS CHARACTERIZED BY EXACERBATIONS. WITH ACCESS TO QUALITY HEALTHCARE AND APPROPRIATE MEDICATIONS, COMBINED WITH AN UNDERSTANDING OF HOW TO AVOID SPECIFIC ENVIRONMENTAL TRIGGERS, ASTHMA IS A CONTROLLABLE DISEASE. THE KEYS TO CONTROL ARE KNOWLEDGE, SKILL AND BEHAVIOR. THE GOAL OF FREDERICK MEMORIAL HOSPITAL'S COMMUNITY OUTREACH PROGRAM IS TO INCREASE AWARENESS OF THE FACT THAT ASTHMA IS A SIGNIFICANT HEALTH PROBLEM. FMH HAS CERTIFIED ASTHMA EDUCATORS (AE-C) WHO ARE DEDICATED TO EDUCATING THE COMMUNITY ABOUT THIS CHRONIC DISEASE THAT STRIKES SO MANY THROUGHOUT THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

STATE OF MARYLAND, ALLOWING FOR BETTER DISEASE MANAGEMENT.

FMH'S CERTIFIED ASTHMA EDUCATORS ARE ACTIVE WITH THE STATE ASTHMA COALITION, WHICH INVOLVES GROUPS LIKE OURS TO INCREASE AWARENESS THAT ASTHMA IS A SIGNIFICANT HEALTH PROBLEM. WE WILL REMAIN DEDICATED TO EDUCATING THE COMMUNITY ABOUT THIS CHRONIC DISEASE THAT STRIKES SO MANY. BY EDUCATING THOSE STRICKEN WITH THE DISEASE ABOUT THE IMPORTANCE OF SELF-MANAGEMENT AND TRIGGER AVOIDANCE, WE CAN REDUCE THE NUMBER OF EXACERBATIONS AND HOSPITAL UTILIZATION. WE WILL CONTINUE TO MONITOR THE OUTCOMES OF ASTHMATICS AND PROMOTE BEST PRACTICE IN PEDIATRIC ASTHMA CARE.

COMMUNITY ACTIVITIES AND EVENTS

NATIONAL NIGHT OUT- AUGUST 3, 2010: THIS IS A UNIQUE CRIME AND DRUG PREVENTION EVENT THAT IS HELD TO HEIGHTEN CRIME AND DRUG PREVENTION AWARENESS AND GENERATE SUPPORT AND PARTICIPATION IN LOCAL ANTI CRIME PROGRAMS. A STAFF MEMBER ATTENDED THIS EVENT OFFERING TOBACCO EDUCATION. THIS EVENT WAS ATTENDED BY AN ESTIMATED 1,000 PARTICIPANTS.

IN THE STREETS FESTIVAL - SEPTEMBER 11, 2010: STAFF ATTENDED THIS COMMUNITY BLOCK PARTY IN THE HEALTH AND WELLNESS BLOCK OFFERING ASTHMA/TOBACCO EDUCATION. THOUSANDS OF PARTICIPANTS WERE ABLE TO BENEFIT FROM SPEAKING TO AN EDUCATOR.

GREAT FREDERICK FAIR SENIOR EXPO - SEPTEMBER 20, 2010: STAFF ATTENDED

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THIS EVENT OFFERING SENIORS COPD AWARENESS INFORMATION AS WELL AS TOBACCO EDUCATION, WHICH IS THE NUMBER ONE CAUSE OF EMPHYSEMA. THIS EVENT REACHED APPROXIMATELY 250 INDIVIDUALS.

TANEYTOWN MIDDLE SCHOOL - OCTOBER 13-14, 2010: AN ASTHMA EDUCATOR OFFERED "ASTHMA 101," AN EDUCATIONAL PROGRAM TO 55 STUDENTS. THIS IS AN EDUCATION PROGRAM USING A CURRICULUM FROM THE AMERICAN LUNG ASSOCIATION.

THOMAS JOHNSON HIGH SCHOOL - OCTOBER 18, 2010: A TOBACCO EDUCATOR OFFERED TOBACCO EDUCATION PROGRAM TO 35 HEALTH CLASS STUDENTS.

MOUNT AIRY MIDDLE SCHOOL - OCTOBER 22, 2010: "ASTHMA 101" OFFERED TO 40 STUDENTS.

EVANGELICAL REFORMED CHURCH - OCTOBER 24, 2010: STAFF OFFERED ASTHMA/COPD/TOBACCO EDUCATION TO APPROXIMATELY 80 INDIVIDUALS.

MOUNT AIRY MIDDLE SCHOOL- NOVEMBER 4-5, 2010- "ASTHMA 101" OFFERED TO 80 STUDENTS.

ANNUAL AMERICAN HEART ASSOCIATION HEART WALK - NOVEMBER 6, 2010- 6TH: STAFF RAISED \$7,000 AND DONATED IT TO THE AMERICAN HEART ASSOCIATION.

FORT DETRICK HEALTH FAIR - NOVEMBER 10, 2010: STAFF OFFERED ASTHMA/COPD AWARENESS AND TOBACCO EDUCATION TO APPROXIMATELY 1000 PARTICIPANTS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

MANAGING COPD SEMINAR - NOVEMBER 22, 2010: A PHYSICIAN SPEAKER ALONG WITH TOBACCO EDUCATORS, ASTHMA EDUCATORS AND RESPIRATORY THERAPISTS OFFERED PARTICIPANTS PULSE OXIMETRY, SPIROMETRY SCREENINGS, CARBON MONOXIDE SCREENINGS, TOBACCO EDUCATION AND PULMONARY REHABILITATION INFORMATION. THIS EVENT REACHED 45 PARTICIPANTS.

COPD AWARENESS SEMINAR - JANUARY 12, 2011: THIS IS THE SECOND EVENT REACHING ANOTHER 15 PARTICIPANTS.

EMPLOYEE SMOKING - FEBRUARY 2, 2011: LEARN AND LUNCH OFFERED AN HOUR PRESENTATION ON TOBACCO CESSATION.

TOBACCO SUPPORT GROUP - FEBRUARY 28, 2011: THIS 90 MINUTE SESSION IS OFFERED TO THOSE WHO HAVE QUIT AND NEED EXTRA SUPPORT. THIS SESSION WAS ATTENDED BY ONE PARTICIPANT.

WORKING TOGETHER TO CONTROL YOUR ASTHMA - MARCH 8, 2011: THIS FREE COMMUNITY SEMINAR OFFERED PARTICIPANTS INFORMATION ON BASIC ASTHMA FACTS, TRIGGERS, SYMPTOM CONTROL, MEDICATIONS, ASTHMA ACTION PLANS AND SELF MANAGEMENT SKILLS. PARTICIPANTS OFFERED SPIROMETRY SCREENING AND MEDIATION DEMONSTRATIONS. DR. ROBERT WACK GAVE A PRESENTATION ON "A TEAM APPROACH TO CONTROLLING YOUR ASTHMA." THIS EVENT REACHED 24 INDIVIDUALS.

HEALTH AND WELLNESS FAIR AT CRUMLAND FARMS - MARCH 10, 2011: STAFF

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

ATTENDED THIS HEALTH FAIR REACHING APPROXIMATELY 200 PARTICIPANTS OFFERING ASTHMA/COPD/TOBACCO EDUCATION. STAFF OFFERED SPIROMETRY SCREENINGS AND CARBON MONOXIDE SCREENINGS.

TOXIC SOUP PROGRAM AT SAGNER - MARCH 10, 2011: THIS PROGRAM OFFERED A PRESENTATION ON ALL THE ITEMS THAT MAKE UP A CIGARETTE TO A GROUP OF UNDERPRIVILEGED CHILDREN WITHIN THE COMMUNITY. THIS EVENT REACHES APPROXIMATELY 15 CHILDREN.

KICK BUTTS DAY - MARCH 17, 2011: IN RECOGNITION OF KICK BUTTS DAY, STAFF WORKED WITH LOCAL AUTHORITIES WHO PERMITTED THEM AND A GROUP OF LOCAL CHILDREN TO CREATE THE IMPORTANT ABSTINENCE MESSAGE USING RED PAPER CUPS IN THE CHAIN LINK FENCE SURROUNDING THE FREDERICK FAIR GROUNDS.

SECOND HAND SMOKE WORKSHOP FOR LATINO MOMS - MAY 5, 2011: STAFF WORKED WITH THE DIVERSITY LEADERSHIP INSTITUTE OFFERING A WORKSHOP TO LATINO WOMEN AND SPOUSES WHO ARE EXPECTING AND EXPOSED TO SECONDHAND SMOKE. THIS EVENT REACHED 10 LATINO FAMILIES.

EACH PARTICIPANT RECEIVED A NICE BASKET OF BABY SUPPLIES FOR ATTENDING. THESE GIFTS WERE FUNDED BY THE CIGARETTE RESTITUTION FUND AND THE SMOKING CESSATION PROGRAM AT FREDERICK COUNTY HEALTH DEPARTMENT.

MOUNT AIRY MIDDLE SCHOOL - MAY 12/17, 2011: "ASTHMA 101" OFFERED TO 100 STUDENTS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE DAY-LONG PROGRAM OFFERED EDUCATION ON ASTHMA THAT INCLUDED: TRIGGERS, MEDICATIONS, SYMPTOM CONTROL, ASTHMA ACTION PLANS, BASIC ASTHMA FACTS, TOBACCO EDUCATION, SPIROMETRY SCREENING, CARBON MONOXIDE SCREENING, PULSE OXIMETRY AND HOME DELIVERY DEVICES. THIS YEAR'S EVENT WAS PRESENTED IN MEMORY OF T.J. LUCK WHO HAD JUST PASSED FROM AN ASTHMA EXACERBATION. THIS EVENT REACHED APPROXIMATELY 400 INDIVIDUALS.

THOMAS JOHNSON HIGH SCHOOL - MAY 25, 2011: TOBACCO EDUCATION OFFERED TO 25 STUDENTS.

WALKERSVILLE ELEMENTARY SCHOOL - MAY 25, 2011: "ASTHMA 101" OFFERED TO 3 DIFFERENT CLASSES REACHING 75 STUDENTS.

FREDERICK COUNTY PUBLIC SCHOOLS HEALTH FAIR - JUNE 14, 2011: STAFF OFFERED ASTHMA/TOBACCO EDUCATION TO APPROXIMATELY 100 PARTICIPANTS. THIS ALSO INCLUDED SPIROMETRY SCREENING.

CONVOY OF HOPE - JUNE 18, 2011: AN INTERNATIONAL RELIEF ORGANIZATION WHO PARTNERED WITH FMH TO SERVE THOUSANDS OF FREDERICK RESIDENTS. STAFF OFFERED ASTHMA/TOBACCO EDUCATION TO ESTIMATED 5,000 UNDER/UNINSURED RESIDENTS.

FREDERICK TOBACCO COALITION MEETINGS MONTHLY
 MARYLAND ASTHMA COALITION MEETINGS
 FREEDOM FROM SMOKING PROGRAM OFFERED 6 SESSIONS (7 WEEKS IN LENGTH)

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

REACHING APPROXIMATELY 50 PARTICIPANTS.

THE FMH EMERGENCY DEPARTMENT

THE FMH EMERGENCY DEPARTMENT CONTINUES TO BE ONE OF THE BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF MARYLAND. IN FISCAL YEAR 2011, OVER 75,000 PATIENT VISITS WERE RECORDED. THE FREDERICK REGIONAL HEALTH SYSTEM HAS BEEN PROVIDING EMERGENCY CARE TO THE CITIZENS OF FREDERICK COUNTY EVER SINCE A ONE BED "ACCIDENT ROOM" WAS SET-ASIDE IN 1905 ON THE FIRST FLOOR OF THE OLD FREDERICK CITY HOSPITAL. SINCE THAT DAY, THE DOORS HAVE REMAINED OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR FOR NEARLY 110 YEARS.

FAST TRACK

THE FMH 7-BED FAST TRACK AREA IS STAFFED BY A PHYSICIAN ASSISTANT, R.N. AND AN ED TECHNICIAN. APPROXIMATELY 40 - 50 PATIENTS ARE TREATED AND RELEASED FROM THE FAST TRACK AREA EVERY DAY WITH AN AVERAGE LENGTH OF STAY OF 95 MINUTES.

THE GEORGE L. SHIELDS EMERGENCY DEPARTMENT IS ONE OF THE LARGEST EMERGENCY DEPARTMENTS IN THE REGION. WITH OVER 24,000 SQUARE FEET, THE ED HOUSES:

- 50 BEDS AND TREATMENTS ROOMS
- 14 GENERAL-PURPOSE ROOMS
- 5 CRISIS ROOMS
- 1 SAFE ROOM

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-15 ACUTE CARE BEDS

-CT SCANNER DEDICATED TO ED PATIENTS ONLY

-X-RAY SUITE DEDICATED TO ED PATIENTS ONLY

THE FMH EMERGENCY DEPARTMENT HAS FORGED STRONG WORKING RELATIONSHIPS WITH THE FREDERICK COUNTY PUBLIC SCHOOL SYSTEM, THE FREDERICK COUNTY COURT SYSTEM, AND COMMUNITY LAW ENFORCEMENT AGENCIES. MANY OF THE COMMUNITY BENEFIT PROGRAMS OFFERED BY THE EMERGENCY DEPARTMENT ARE THE RESULT OF COLLABORATIVE EFFORTS BETWEEN THESE AGENCIES AND ORGANIZATIONS AND FREDERICK MEMORIAL HOSPITAL'S ED STAFF.

THE PEDIATRIC ED CO-LOCATION

LOCATED ON THE SECOND FLOOR OF THE HOSPITAL, THE PEDIATRIC EMERGENCY DEPARTMENT BEGAN TREATING PATIENTS IN OCTOBER OF 2010. THE DEPARTMENT IS DESIGNED TO MEET THE URGENT AND CRITICAL MEDICAL NEEDS OF PEDIATRIC PATIENTS IN AN ENVIRONMENT THAT IS QUIET, CALM AND SECURE. THE NEW PEDIATRIC ED IS LOCATED NEXT TO THE PEDIATRIC INPATIENT UNIT. THE TEAM OF PEDIATRIC SPECIALISTS WHO CARE FOR CHILDREN IN THE EMERGENCY SETTING ALSO PROVIDE CARE TO OUR PEDIATRIC INPATIENTS. THAT MEANS THAT IF A CHILD NEEDS TO BE ADMITTED TO THE HOSPITAL FOR CARE, THE SAME TEAM OF DOCTORS AND NURSES WILL REMAIN WITH THEM THROUGHOUT THEIR STAY. A CONSISTENT CARE TEAM ENSURES COORDINATED, QUALITY PEDIATRIC CARE, AND PROVIDES THE CALMING CONFIDENCE OF FAMILIAR FACES THAT CHILDREN FIND SO COMFORTING.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

COMMUNITY BENEFIT PROGRAMS

THE EMERGENCY DEPARTMENT IN CONJUNCTION WITH THE ABOVE MENTIONED ORGANIZATIONS HAVE DEVELOPED THE FOLLOWING PROGRAMS:

1. SAFE PROGRAM
2. LETHALITY ASSESSMENT PROGRAM
3. TAKE A MOMENT

1. SAFE PROGRAM

SINCE 1997, FREDERICK MEMORIAL HOSPITAL HAS PROVIDED MEDICAL FORENSIC EXAMINATIONS PERFORMED BY A FORENSIC NURSE EXAMINER, TO ANY PATIENT WHO PRESENTS TO THE EMERGENCY DEPARTMENT WITH A CHIEF COMPLAINT OF RAPE OR SEXUAL ASSAULT. OUR PROGRAM FOLLOWS THE NEW DEPARTMENT OF JUSTICE MANDATE THAT PATIENTS HAVE A RIGHT TO EVIDENCE COLLECTION AND TREATMENT PROVIDED WHETHER LAW ENFORCEMENT IS INITIALLY INVOLVED OR NOT.

FMH EMPLOYS 10 FORENSIC NURSES WHO, AS PART OF THE FMH SAFE TEAM, PROVIDE 24/7 COVERAGE. THE SAFE PROGRAM TREATED 72 PATIENTS IN FY10.

AN ESSENTIAL COMPONENT OF THE SAFE TEAM'S CHARGE IS TO EDUCATE MEMBERS OF THE SEXUAL ASSAULT RESPONSE TEAM (SART). WE HAVE PRESENTED IN-SERVICES ON RAPE TRAUMA TO:

- ALL OFFICERS OF THE FREDERICK COUNTY SHERIFF'S DEPARTMENT,
- FREDERICK CITY POLICE ACADEMY (15), AND
- MOUNT SAINT MARY'S UNIVERSITY RESIDENT ADVISORS AND MEMBERS OF THE FRESHMAN CLASS OF 2010. (100)

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE SAFE PROGRAM TEAM MEMBERS PROVIDED UNIT VICTIM ADVOCATES (UVA) CONTINUING EDUCATION TRAINING AT FORT DETRICK. (50 PARTICIPANTS)

IN THE COMMUNITY, MEMBERS OF THE SAFE STAFF HAVE SERVED AS GUEST SPEAKERS/EDUCATORS AT:

- HOOD COLLEGE'S INTO THE LIGHT PROGRAM (100) AND,
- MOUNT ST MARY'S DOMESTIC VIOLENCE PANEL DISCUSSION. (70)

SAFE HAS BECOME AN INTEGRAL PART OF THE COMMUNITY BY BEING A MEMBER OF:

- THE FREDERICK COUNTY DOMESTIC VIOLENCE COORDINATING COUNCIL (15)
- THE FREDERICK COUNTY DOMESTIC VIOLENCE FATALITY REVIEW BOARD (20)
- THE EXECUTIVE BOARD OF THE FREDERICK COUNTY CHILD ADVOCACY CENTER (15)
- THE FREDERICK COUNTY SART (20)
- THE MARYLAND BOARD OF NURSING RN FNE ADVISORY BOARD (10)
- TWO OF OUR FORENSIC NURSES WERE PART OF THE TRAINING TEAM FOR THE ADULT FORENSIC NURSE EXAMINER ADULT TRAINING HOSTED BY WASHINGTON COUNTY HOSPITAL. (12 NEW NURSES WERE TRAINED)

SAFE PROGRAM: SHERIFF'S DEPARTMENT IN-SERVICE ON STRANGULATION THE LETHALITY ASSESSMENT TOOL USED IN OUR ED TO HELP PATIENTS WHO COME TO OUR HOSPITAL WITH INJURY FROM AN INTIMATE PARTNER ASSAULT INDICATES THAT OVER FIFTY PERCENT HAVE BEEN "CHOKED." THE COORDINATOR OF THE SAFE PROGRAM TESTIFIED IN ANNAPOLIS ON BEHALF OF HOUSE BILL 819 CRIMES-DEFINITION OF SERIOUS PHYSICAL INJURY STRANGULATION AND SUFFOCATION. OUR

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

TEAM RECOGNIZED THAT KNOWLEDGE OF WHAT TO LOOK FOR AND HOW TO DOCUMENT IT COULD BENEFIT LAW ENFORCEMENT. ONE DEPUTY SPOKE IN THE MIDDLE OF ONE PRESENTATION AND EXCLAIMED "I WISH I HAD THIS CLASS LAST WEEK BECAUSE THE WOMAN WAS ONLY WHISPERING ON THE PHONE THAT HER HUSBAND WAS TRYING TO KILL HER. HAD I KNOWN THAT STRANGULATION CAN CAUSE SWELLING WHICH CAN CHANGE THE TONE OF VOICE I WOULD HAVE RESPONDED DIFFERENTLY."

EVERY DEPUTY IN FREDERICK COUNTY RECEIVED THIS ONE HOUR IN-SERVICE PROVIDED BY A FORENSIC NURSE. THE CLASSES OCCURRED EVERY TUESDAY DURING THE MONTHS OF MARCH, APRIL, MAY AND JUNE AND ONE ADDITIONAL CLASS AT THE END OF THE SUMMER.

2. LETHALITY ASSESSMENT PROGRAM

INTERPERSONAL VIOLENCE OCCURS TO APPROXIMATELY 5.3 MILLION PEOPLE A YEAR (MOSTLY WOMEN). FIFTEEN HUNDRED OF THOSE VICTIMS ARE KILLED EACH YEAR. FORTY SEVEN PERCENT OF THOSE KILLED HAD PREVIOUSLY SOUGHT MEDICAL ATTENTION. AT FREDERICK REGIONAL HEALTH SYSTEM WE SEE PATIENTS WHO PRESENT WITH INJURIES OR RELATED MEDICAL CONDITIONS AGGRAVATED BY DOMESTIC VIOLENCE. WE HAVE ALWAYS TREATED THEIR WOUNDS BUT NOT ASSISTED THEM IN REALIZING THAT THEY COULD BE IN LETHAL DANGER. OUR GOAL IS TO CONNECT OUR PATIENTS WITH DOMESTIC VIOLENCE SERVICES THAT CAN HELP THEM WITH IMMEDIATE AND/OR LONG TERM SAFETY PLANS, SHELTER AND LEGAL EXPERTISE.

FREDERICK REGIONAL HEALTH SYSTEM (FMH) IS ONE OF TWO HOSPITALS IN THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

STATE OF MARYLAND WHO ARE MODELING A LETHALITY ASSESSMENT PROGRAM (LAP) PILOTTED BY FIRST RESPONDERS IN LAW ENFORCEMENT SINCE 2005. THIS LETHALITY ASSESSMENT TOOL WAS IMPLEMENTED BY THE MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE (MNADV) AFTER BEING RESEARCHED AND DEVELOPED BY DR. JACKIE CAMPBELL FROM JOHNS HOPKINS UNIVERSITY.

SINCE OUR IMPLEMENTATION WE HAVE PROVIDED FOUR OTHER HOSPITALS WITH OUR PROGRAM MODEL. THESE INCLUDE MERITUS, PENINSULA REGIONAL MEDICAL CENTER (PGHC), PRINCE GEORGE'S HOSPITAL CENTER AND CARROLL HOSPITAL CENTER.

OUR PROGRAM RECEIVED A LETTER OF GRATITUDE FOR OUR PARTICIPATION AT THE MARYLAND PATIENT SAFETY CENTER (MPSC) 7TH ANNUAL CONFERENCE: CHAMPIONS OF CHANGE. IT STATED THAT OUR PRESENTATION ENTITLED LETHALITY ASSESSMENT PROGRAM CONTRIBUTED GREATLY TO THE SUCCESS OF THE DAY. THE CONFERENCE WAS ATTENDED BY NEARLY 1,200 PARTICIPANTS INCLUDING NURSES, PHYSICIANS, LONG TERM CARE STAFF, EXECUTIVE LEADERS, ADMINISTRATORS, QUALITY/SAFETY MANAGERS AND HUMAN RESOURCE DIRECTORS. CONFERENCE EVALUATIONS REVEALED 92% OF RESPONDENTS THOUGHT THE CONFERENCE MET THEIR EXPECTATIONS "WELL TO VERY WELL." FMH RECEIVED A DISTINGUISHED ACHIEVEMENT AWARD IN PATIENT SAFETY INNOVATION BY MPSC.

ON JUNE 24TH 2011 THE SAFE COORDINATOR PRESENTED FOR THE MARYLAND HEALTH CARE COALITION AGAINST DOMESTIC VIOLENCE CONFERENCE-THE HEALTH CARE RESPONSE TO DOMESTIC VIOLENCE ABOUT OUR LAP PROGRAM. THIS WAS AT PGHC TO OVER 100 PARTICIPANTS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

YOUTHFUL OFFENDERS PROGRAM

THE FMH SAFE TEAM IS PART OF THE YOP WHICH WAS INITIATED BY THE STATE'S ATTORNEY'S OFFICE. EVERY MONTH ONE OF OUR FORENSIC NURSE EXAMINER'S SPEAKS TO DIFFERENT AT-RISK JUVENILE MALES WHO HAVE BEEN TO COURT ON CRIMINAL CHARGES ABOUT THE CYCLE OF VIOLENCE, AND POSITIVE CHANGES THEY CAN MAKE IN DEALING WITH ANGER.

EACH MONTHLY GROUP HAS 15 PARTICIPANTS (180)

3. THE "TAKE A MOMENT" PROGRAM

THE TAKE A MOMENT PROGRAM WAS DEVELOPED AT THE REQUEST OF THE FREDERICK COUNTY COURT SYSTEM, AND THE FREDERICK COUNTY AND FREDERICK CITY LAW ENFORCEMENT AGENCIES THAT IDENTIFIED THE NEED TO PRESENT A DRUNK DRIVING AWARENESS PROGRAM. THIS PROGRAM IS NOW SHOWN AT SPECIAL TIMES. TAKE A MOMENT TARGETS OFFENDERS CONVICTED OF DRIVING WHILE INTOXICATED, AND IS DESIGNED TO SHOW THE CONSEQUENCES OF DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

THE PROGRAM IS A TWO-PART PRESENTATION:

-A PROGRAM FOCUSING UPON "CHOICES AND THEIR CONSEQUENCES" IS PRESENTED TO PARTICIPANTS, AND THEY ARE SHOWN PICTURES FROM FATALITY SCENES THAT GRAPHICALLY DEPICT THE RESULTS OF POOR CHOICES.

-PARTICIPANTS ENGAGE IN "ROLE PLAY" SCENARIOS WHEREIN ONE IS A PATIENT AND THE OTHER A HEALTHCARE WORKER HAVING TO DEAL WITH AN INTOXICATED

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

PATIENT. THE PATIENT IS PLACED IN RESTRAINTS, AND THE UNPLEASANT PROCEDURE KNOWN AS A GASTRIC LAVAGE (HAVING YOUR STOMACH PUMPED) IS DEMONSTRATED.

PROGRAM PRESENTATIONS

THE VICTIM IMPACT PANEL PRESENTS THE "TAKE A MOMENT" PROGRAM EVERY OTHER MONTH TO OFFENDERS OF DRIVING UNDER THE INFLUENCE, WHO ARE ORDERED BY THE COURT TO ATTEND THIS PROGRAM.

TAKE A MOMENT WAS PROVIDED TO:

- FREDERICK COMMUNITY COLLEGE (50-75)
- ST. JOHN'S HIGH SCHOOL (ENTIRE STUDENT BODY)

FREDERICK COUNTY COURT SYSTEM'S RATE OF RECIDIVISM STATISTIC IS USED AS THE GAUGE BY WHICH THE PROGRAM'S EFFICACY IS MEASURED. THE RATE OF RECIDIVISM HAS DECLINED SINCE THE IMPLEMENTATION OF THIS PROGRAM IN FREDERICK COUNTY. MOTHERS AGAINST DRUNK DRIVING (MADD) SUPPORTS THE TAKE A MOMENT PROGRAM. THEIR EVALUATIONS PROVIDE FEEDBACK TO THE FMH EMERGENCY DEPARTMENT STAFF AND THE STATE POLICE INSTRUCTORS.

FREDERICK RUNNING FESTIVAL

THE FMH EMERGENCY DEPARTMENT FURNISHED ALL OF THE SUPPLIES AND EQUIPMENT NECESSARY TO CREATE A MASH-LIKE FIRST AID TENT FOR THE FREDERICK RUNNING FESTIVAL'S MARATHON HELD IN MAY 2010. IT WAS A PARTICULARLY HOT, STEAMY DAY AND MANY MORE RUNNERS WERE OVERCOME BY THE HEAT AND CONDITIONS THAN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

WAS ANTICIPATED. FORTUNATELY THE TENT WAS ADEQUATELY STAFFED AND FULLY STOCKED SO THAT FIRST AID CARE PROVIDED TO THE MORE THAN 200 RUNNERS WHO NEEDED IT WAS UP TO FMH QUALITY STANDARDS. PHYSICIANS AND NURSES TENDED TO MINOR INJURIES SUCH AS BLISTERS FROM ILL-FITTING FOOTWEAR TO THE ADMINISTRATION OF IV FLUIDS FOR THOSE WHO BECAME DEHYDRATED.

PERIOPERATIVE SERVICES OPEN HOUSE

FMH'S PERIOPERATIVE SERVICES OPENED ITS DOORS AGAIN TO SHARE THE LATEST TECHNOLOGY AND SURGICAL PROCEDURES WITH THE COMMUNITY. ON NOVEMBER 12, 2011 THE OPERATING ROOM HOSTED OVER 120 ADULTS AND CHILDREN FROM OUR COMMUNITY THROUGH THE OPERATING ROOMS AND PRE AND POST SURGICAL AREAS. MANY CUB SCOUTS, GIRL SCOUTS, BROWNIES AND STUDENT NURSES ATTENDED.

THE OPEN HOUSE IS A WONDERFUL OPPORTUNITY FOR CHILDREN AND YOUNG ADULTS TO EXPLORE THE MANY DIFFERENT MEDICAL PROFESSIONS AND JOB OPPORTUNITIES FOR THEIR FUTURE. PARTICIPANTS WERE ABLE TO TOUCH THE EQUIPMENT AND ASK THE SURGICAL TEAM MEMBERS ABOUT THEIR JOBS, AND THE SURGICAL PROCEDURES. THEY DISCOVERED THE MANY REWARDS OF WORKING IN THE OPERATING ROOM ENVIRONMENT.

THIS YEAR STAFF, ANESTHESIOLOGISTS AND SURGEONS SET UP ROOMS TO DEMONSTRATE THE NEW DA VINCI ROBOTICS PROCEDURES, TOTAL JOINT REPLACEMENTS AND CHEST SURGERY. VISITORS WERE INVITED TO TOUR THE PRE-OPERATIVE AREAS WHERE PATIENTS ARE PREPARED FOR THE OPERATING ROOM AND THE POST-ANESTHESIA CARE UNIT WHERE PATIENTS RECOVER FROM THE EFFECTS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

OF ANESTHESIA. THIS EVENT MARKED THE FIFTH YEAR FOR THE PROGRAM AND IS RUN SOLELY BY VOLUNTEERS FROM PERIOPERATIVE SERVICES AND PHYSICIANS. THE COMMUNITY LOOKS FORWARD TO THE FMH OR OPEN HOUSE ANNOUNCEMENT EVERY YEAR.

CARDIOLOGY SERVICES

PREVENTIVE CARDIOLOGY AND REHABILITATION:

THE MEDICAL FITNESS PROGRAM

THE FMH MEDICAL FITNESS PROGRAM IS A MEDICALLY SUPERVISED FITNESS PROGRAM THAT HELPS SPECIAL POPULATIONS PROMOTE HEALTH, IMPROVE PHYSICAL FITNESS AND ENHANCE THE QUALITY OF THEIR LIFE THROUGH EXERCISE, EDUCATION AND SERVICE. THE MEDICAL FITNESS PROGRAM IS RECOMMENDED FOR PEOPLE WITH HEALTH CONCERNS SUCH AS HIGH BLOOD PRESSURE, HEART DISEASE, DIABETES, LUNG DISEASE, CIRCULATORY PROBLEMS AND WEIGHT ISSUES. EVIDENCE CLEARLY SUPPORTS THAT REGULAR EXERCISE IMPROVES QUALITY OF LIFE. MANY PEOPLE WHO LIVE DAY TO DAY WITH THE CHALLENGES ASSOCIATED WITH A NUMBER OF CONDITIONS AND DISEASES MISS OUT ON THE HEALTHY BENEFITS OF ROUTINE EXERCISE BECAUSE OF THE FEARS ASSOCIATED WITH CARDIOVASCULAR WORK OUTS. THE STAFF AT MEDICAL FITNESS CONSISTS OF REGISTERED NURSES AND DEGREED EXERCISE PHYSIOLOGISTS TRAINED AND CERTIFIED IN BLS AND ADVANCED CARDIAC LIFE SUPPORT. THE STAFF PREPARES AN INDIVIDUALIZED EXERCISE PROGRAM FOR EACH PARTICIPANT AND MONITORS THE EXERCISE ROUTINE. INCLUDED IN THIS PROGRAM ARE REGULAR BLOOD PRESSURE READINGS, GLUCOSE MEASUREMENT (AS NEEDED), EXERCISE PRESCRIPTION, ONE-ON-ONE ASSISTANCE FROM OUR STAFF (AS NEEDED) AND REGULAR FEEDBACK AND COMMUNICATION WITH PHYSICIANS. SIGN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

LANGUAGE AND FOREIGN LANGUAGE INTERPRETERS ARE ALSO USED WHEN NEEDED. THE MEDICAL FITNESS PROGRAM WAS PROVIDED FREE OF CHARGE TO 15 PATIENTS IN FY 11. THESE PATIENTS MUST ATTEND THE FITNESS PROGRAMS REGULARLY.

THE GRATIS PARTICIPANTS IN THE PROGRAM REMAIN IN EXCELLENT HEALTH. THEIR ENERGY LEVELS, RANGE OF MOTION, CARDIOVASCULAR CONDITION AND OVERALL HEALTH ARE EXPONENTIALLY BETTER THAN IF THEY HAD NOT HAD ACCESS TO A MEDICALLY SUPERVISED EXERCISE PROGRAM.

FMH VASCULAR SERVICES

ON MAY 14TH, FMH VASCULAR SERVICES IN CONJUNCTION WITH THE PREVENTIVE CARDIOLOGY AND REHABILITATION DEPARTMENT OFFERED A FREE VASCULAR SCREENING EVENT TO THE FREDERICK COMMUNITY. THE SCREENINGS TOOK PLACE AT TWO LOCATIONS: FMH MAIN CAMPUS, 2ND FLOOR CLASSROOMS AND ROSE HILL VASCULAR LAB.

FMH PARTNERED WITH COMMUNITY PHYSICIANS WHO PROVIDED SUPERVISION, INTERPRETATION OF TEST RESULTS AND A NUMBER OF INFORMATIONAL TALKS AND DEMONSTRATIONS. PHYSICIANS WHO PROVIDED THE LECTURES INCLUDED HORIZON VASCULAR SURGERY, CARDIOVASCULAR SPECIALISTS OF FREDERICK AND DR. SAHID RAFIQ, MEDICAL DIRECTOR, FMH STROKE CENTER, AND DR. RYAN KULKARNI, MEDICAL DIRECTOR, FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE. THESE PHYSICIANS VOLUNTEER THEIR TIME TO PROVIDE A THREE-HOUR LECTURE SERIES THAT EXPLAINS HOW VASCULAR DISEASE IS DIAGNOSED AND THE TREATMENT MODALITIES AVAILABLE TO THEM AFTER THE DIAGNOSIS HAS BEEN MADE.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

A VASCULAR SONOGRAPHER SCREENED PARTICIPANTS USING ULTRASOUND EQUIPMENT TO DETECT ABDOMINAL AORTIC ANEURYSM (AAA), CAROTID STENOSIS (HIGH RISK FOR STROKE), AND PERIPHERAL ARTERIAL DISEASE (PAD). EVERY PARTICIPANT WAS SCREENED FOR RISK FACTORS THAT MAY CONTRIBUTE TO VASCULAR DISEASE SUCH AS HYPERTENSION, FAMILY HISTORY AND SMOKING. RESULTS OF THE SCREENS WERE EVALUATED AT THE EVENTS. ALL PARTICIPANTS WHO HAD ABNORMAL RESULT DISCOVERED THE SCREENS WERE IMMEDIATELY PERMITTED TO CONSULT WITH ONE OF THE PHYSICIANS MANNING THE EVENT REGARDING APPROPRIATE FOLLOW UP AND CARE. THE CONSULTATIONS DIRECTED THE PARTICIPANTS TO FOLLOW UP WITH THEIR PCP OR WITH A VASCULAR SURGEON IF THE PATIENTS DID NOT HAVE A PCP AND THEIR CONDITION WAS SUCH THAT IT REQUIRED IMMEDIATE TREATMENT. ALL PARTICIPANTS IN THE VASCULAR SCREENING WERE REGISTERED INTO A SOPHISTICATED DATABASE THAT RECORDED THE RESULTS OF THEIR VASCULAR SCREEN. THIS DATABASE WILL ALLOW US TO TRACK THE IMPACT THE VASCULAR SCREENING EVENTS HAVE ON THE HEALTH OF OUR COMMUNITY OVER TIME.

THE VASCULAR SCREENINGS ARE OFFERED TO THE COMMUNITY - FREE OF CHARGE. THE AVERAGE CHARGE FOR A VASCULAR SCREENING IS BETWEEN \$100 AND \$150. THE FMH VASCULAR SCREENING EVENT EQUATED TO \$16,000 OF FREE SERVICES BEING OFFERED TO OUR COMMUNITY.

RAISING THE COMMUNITY'S AWARENESS AND UNDERSTANDING OF VASCULAR DISEASE IS A PRIORITY FOR FMH. STATISTICALLY, ONLY THREE OUT OF FOUR ADULTS HAVE HEARD OF PERIPHERAL ARTERY DISEASE, AND FREQUENTLY LIFE-THREATENING

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

CONDITIONS SUCH AS ABDOMINAL AORTIC ANEURYSM AND CAROTID STENOSIS ARE NOT DISCOVERED IN TIME TO SAVE A LIFE. BECAUSE SYMPTOMS OF THE DISEASE MAY BE VAGUE OR ABSENT ALL TOGETHER, PATIENTS DO NOT SEEK CARE SO THAT THE NECESSARY SURGICAL INTERVENTION CANNOT TAKE PLACE IN TIME TO AVOID UNFORTUNATE OUTCOMES. OVER 170 PARTICIPANTS HAVE BEEN SCREENED THIS YEAR IN FREDERICK COUNTY, AND SIGNIFICANT VASCULAR DISEASE HAS BEEN DETECTED AND TREATED. THE VASCULAR DISEASE SCREENING EVENTS SPONSORED BY FMH VASCULAR SERVICES HAVE MADE A SIGNIFICANT DIFFERENCE IN THE LIVES OF THE CITIZENS WE SERVE BY PREVENTING PROBABLE STROKE OR RUPTURED ANEURYSM.

BY RAISING THE PUBLIC'S AWARENESS OF VASCULAR DISEASE, AND ACTUALLY DETECTING THE PRESENCE OF THE DISEASE IN THE POPULATION, FMH VASCULAR SERVICES HAS TRULY MADE A DIFFERENCE IN THE HEALTH STATUS OF OUR COMMUNITY. AS RECENT PARTICIPANTS COMMENTED:

"I AM VERY GRATEFUL FOR THIS SCREENING AND APPRECIATE THE WORK INVOLVED,"

"THIS HAS BEEN A CONCERN OF MINE FOR SOME TIME AND I AM VERY HAPPY TO HAVE THIS CHANCE TO ATTEND," AND

"VERY INFORMATIVE. A GREAT COMMUNITY OFFERING AND SERVICE."

STUDENTS:

IN FY11, THE VASCULAR LAB WAS A CLINICAL SITE FOR 6 STUDENTS STUDYING VASCULAR SONOGRAPHY FOR 46 WEEKS, 40 HOURS A WEEK.

INTERVENTIONAL CARDIOLOGY & ELECTROPHYSIOLOGY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

IN THE 2007 COMMUNITY HEALTH NEEDS ASSESSMENT, 5.6% OF SURVEYED FREDERICK COUNTY ADULTS REPORT THAT THEY SUFFER FROM OR HAVE BEEN DIAGNOSED WITH HEART DISEASE, SUCH AS CORONARY HEART DISEASE, ANGINA, OR HEART ATTACK. VIEWED BY RACE, HEART DISEASE MORTALITY IN FREDERICK COUNTY IS HIGHER AMONG WHITES (239.0/100,000) THAN AMONG BLACKS (216.8 PER 100,000). THE FREDERICK COUNTY ANNUAL AVERAGE AGE-ADJUSTED HEART DISEASE DEATH RATE FOR 2002-2004 WAS 235.2 DEATHS PER 100,000 RESIDENTS.

-SIMILAR TO THE MARYLAND RATE (227.7 DEATHS PER 100,000 RESIDENTS).

-SIMILAR TO THE U.S. RATE (233.1).

-FAILS TO SATISFY THE ADJUSTED HEALTHY PEOPLE 2010 OBJECTIVE OF 213.7 PER 100,000 OR LOWER.

THE FMH INTERVENTIONAL CARDIOLOGY DEPARTMENT PRESENTED FOUR COMMUNITY EDUCATION EVENTS IN FY2011. SOME OF THE PRESENTATIONS WERE AT THE REQUEST OF HOSTING ORGANIZATIONS WHILE OTHERS WERE THE RESULT OF THE DEPARTMENT'S PARTICIPATION IN HEALTH FAIRS AND OTHER EVENTS IN THE FREDERICK COMMUNITY. AT EACH OF THE EVENTS, REPRESENTATIVES FROM THE INTERVENTIONAL CARDIOLOGY AND ELECTROPHYSIOLOGY DEPARTMENTS PRESENTED LECTURES AND HANDOUT MATERIALS TO EDUCATE THE PUBLIC ABOUT THE TREATMENTS THAT ARE AVAILABLE FOR HEART ATTACKS, STROKE AND ARRHYTHMIAS.

PRESENTATIONS:

-MT. AIRY SENIOR CENTER - MAY 2, 2011

-THE GREAT FREDERICK FAIR - SEPT 13, 2010

-CRUMLAND FARMS - MARCH 3, 2011

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-AMVETS - APRIL 2, 2011

THE EVENT AT THE MT. AIRY SENIOR CENTER WAS FOLLOWED BY TOURS OF THE FMH INTERVENTIONAL CARDIOLOGY LAB FOR ALL INTERESTED PARTICIPANTS.

FMH AUXILIARY/VOLUNTEER SERVICES

ON SEPTEMBER 11, 1952, THE WOMEN'S AUXILIARY OF FREDERICK MEMORIAL HOSPITAL WAS FOUNDED. SERVICE TO THE HOSPITAL BEGAN IMMEDIATELY WITH THE FIRST VOLUNTEERS HELPING OUT IN THE RECORD ROOM AND QUICKLY EXPANDING TO OTHER DEPARTMENTS. BY 1955, THE FMH AUXILIARY WAS THE LARGEST WOMEN'S ORGANIZATION IN FREDERICK COUNTY. CANDY STRIPERS, NOW KNOWN AS JUNIOR VOLUNTEERS, JOINED THE ORGANIZATION'S RANKS IN 1967. WHEN MEN JOINED THE GROUP IN THE EARLY 1970S, AND TEENAGE BOYS BEGAN TO VOLUNTEER IN 1971, THE NAME WAS OFFICIALLY CHANGED TO THE FREDERICK MEMORIAL HOSPITAL AUXILIARY.

ORIGINALLY FOUNDED TO "SERVE ON COMMITTEES, SUPPORT FUND RAISING ACTIVITIES AND PROMOTE GOOD WILL," THE FMH AUXILIARY'S FIRST FUNDRAISER WAS THE SNOW BALL HELD ON DECEMBER 22, 1952. THE EVENT RAISED \$1,131.50, WHICH WAS USED TO AIR-CONDITION THE OPERATING ROOM. SINCE THEN, THE AUXILIARY HAS DONATED MORE THAN \$8 MILLION TO THE HOSPITAL FOR EQUIPMENT AND IMPROVEMENTS, AND HAS CONTRIBUTED MILLIONS OF HOURS OF SERVICE TO THE FREDERICK COMMUNITY.

TODAY THE AUXILIARY IS COMPOSED OF MEN AND WOMEN WHO CONTINUE THE TRADITION OF SERVICE AND STEWARDSHIP. MEMBERS OF THE AUXILIARY PROVIDE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

HUNDREDS OF THOUSANDS OF HOURS OF THEIR TIME TO GUIDE OUR VISITORS,
TRANSPORT OUR PATIENTS, AND SUPPORT THE FAMILY MEMBERS OF THOSE WHO ARE
ILL, INJURED, OR ON THE MEND.

SELECT SECONDS THRIFT SHOP

SELECT SECONDS, LOCATED AT 8 EAST PATRICK STREET IN DOWNTOWN FREDERICK,
MARYLAND HAS BEEN SERVING THE COMMUNITY FOR MORE THAN 25 YEARS. MANNED
COMPLETELY BY FMH VOLUNTEERS, GENTLY USED CLOTHING IS COLLECTED, SORTED,
INSPECTED AND WASHED, AND THEN PUT ON DISPLAY IN THE RETAIL SHOP. THOSE
IN THE FREDERICK COMMUNITY WHO MAY NEED GOOD, CLEAN CLOTHING TO GO TO A
JOB INTERVIEW, OR JUST TO RESTORE SOME SEMBLANCE OF DIGNITY AND SELF
RESPECT ARE GIVEN VOUCHERS BY NON-PROFIT GRASS-ROOTS HUMANITARIAN
AGENCIES AND ORGANIZATIONS THROUGHOUT THE COUNTY TO COME INTO SELECT
SECONDS AND TAKE WHATEVER THEY NEED - FREE OF CHARGE. FMH PROVIDES THESE
VOUCHERS TO ORGANIZATIONS SUCH AS DRESS FOR SUCCESS AND THE UNION RESCUE
MISSION.

FMH AUXILIARY TOURS COMMITTEE

IN RESPONSE TO A NUMBER OF REQUESTS FROM FIRST GRADE TEACHERS IN
FREDERICK COUNTY, THE FMH AUXILIARY CREATED A HOSPITAL TOURS PROGRAM.
DATES AND TIMES OF THE TOURS ARE COORDINATED WITH THE INDIVIDUAL CLASSES
BUT OCCUR MOST FREQUENTLY IN THE FALL AND WINTER MONTHS - WEATHER
PERMITTING. ELEVEN FMH AUXILIANS PROVIDED 150 HOURS OF SERVICE PROVIDING
TOURS ON 14 DAYS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE TOURS INCLUDE A GENERAL OVERVIEW OF THE HOSPITAL AND HOSPITAL OPERATIONS. IN ADDITION TO SEEING AND TOURING THE HOSPITAL FACILITY, AN IMPORTANT TEACHING ASPECT OF THE VISIT IS FOR STUDENTS TO APPRECIATE THE TEAMWORK NECESSARY TO KEEP A HOSPITAL RUNNING AT MAXIMUM EFFICIENCY. DOCTORS, NURSES, SECURITY AND HOUSEKEEPING STAFF TELL THE CHILDREN WHAT PART THEY EACH PLAY IN HELPING TO TAKE CARE OF OUR PATIENTS.

THROUGHOUT THE COURSE OF THE TOUR THE AUXILIAN LEADING THE TOUR WILL INVITE THE CHILDREN TO HAVE A SEAT IN ONE OF THE HOSPITAL'S PRIVATE WAITING AREAS AND WILL LEAD A DISCUSSION ABOUT HEALTH AND HYGIENE TOPICS.

THEY WILL DISCUSS PROPER HAND WASHING TECHNIQUES, THE IMPORTANCE OF COVERING COUGHS AND SNEEZES APPROPRIATELY AND HOW TO IDENTIFY MEDICINES VERSUS CANDIES.

ONE OF THE MOST IMPORTANT ASPECTS OF THE HOSPITAL TOUR IS EXPLAINING TO THE CHILDREN WHAT THEY CAN EXPECT IF THEY ARE EVER ADMITTED TO THE HOSPITAL FOR CARE. THE CLASS IS ESCORTED INTO THE RADIOLOGY DEPARTMENT WHERE X-RAY TECHNICIANS AND RADIOLOGISTS HAVE THE OPPORTUNITY TO SHOW THE CHILDREN X-RAYS, EXPLAIN TO THEM HOW THE INSTRUMENTS WORK AND ALLOW THEM TO SAFELY TOUCH SOME OF THE EQUIPMENT. THE CHILDREN ALSO VISIT THE REHABILITATION DEPARTMENT AND ARE PERMITTED TO PLAY WITH SOME OF THE VARIOUS PIECES OF EQUIPMENT THAT ARE USED IN PHYSICAL AND OCCUPATIONAL THERAPIES. MANY OF THE TOOLS USED IN THE DISCIPLINE ARE BALLS - LARGE AND SMALL - EXERCISE BARS AND STRETCHY STRAPS. THE CHILDREN LEARN HOW THEY CAN EXERCISE AS THEY PLAY WITH VERY ITEMS THEY USE IN THE PLAYGROUND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

EVERY DAY.

THE STUDENTS ARE ESCORTED TO THE PEDIATRIC DEPARTMENT ON 2ND FLOOR. THEY ARE SHOWN A PEDIATRIC INPATIENT ROOM AND THEY ARE ALLOWED TO VISIT DR. WACK IN THE PEDIATRIC EMERGENCY DEPARTMENT CO-LOCATED WITH THE INPATIENT UNIT. THE TOUR GUIDES DISCUSS WITH THE STUDENTS SOME OF THE REASONS WHY THEY MIGHT BE BROUGHT TO THE PEDIATRIC ED, AND WHY THEY MIGHT HAVE TO STAY OVERNIGHT FOR THE KIND OF CARE THAT ONLY DOCTORS AND NURSES CAN GIVE TO MAKE THEM WELL.

THE FINAL STOP ON THE TOUR IS THE NEWBORN NURSERY LOCATED IN THE FMH FAMILY CENTER. HERE THEY ARE ALLOWED TO LOOK THROUGH THE GLASS AT SOME OF THE NEWBORN INFANTS IN OUR WELL BABY NURSERY. THE QUESTIONS HERE CAN GET QUITE INTERESTING

ALL STUDENTS, TEACHERS, AND VOLUNTEERS HAVE THEIR HANDS CLEANED WITH ANTISEPTIC HAND SANITIZER UPON ENTERING AND LEAVING THE HOSPITAL.

A BAG OF EDUCATIONAL MATERIAL IS ALSO PROVIDED TO TEACHER(S) FOR DISTRIBUTION TO STUDENTS WHEN THEY RETURN TO SCHOOL.

VOLUNTEER SERVICES

IN RESPONSE TO NUMEROUS REQUESTS FROM FREDERICK COUNTY PUBLIC SCHOOLS SUCCESS AND CHALLENGES PROGRAM, THE MARYLAND SCHOOL FOR THE DEAF (MSD), AND GOODWILL INDUSTRIES THE FMH AUXILIARY CREATED A PLACEMENT PROGRAM -

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

MOSTLY FOR JUNIOR VOLUNTEERS - TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO LEARN JOB SKILLS.

THE PROGRAM CURRENTLY IN PLACE ALLOWS STUDENTS/CLIENTS FROM THE ABOVE MENTIONED ORGANIZATIONS AND AGENCIES TO VOLUNTEER THEIR TIME AT FMH AND, IN RETURN, RECEIVE TRAINING IN THE AREA IN WHICH THEY ARE VOLUNTEERING, E.G. THE FMH CAFETERIA, STERILE PROCESSING, MATERIALS MANAGEMENT AND DISTRIBUTION, RESTOCKING SUPPLIES, ETC. STUDENTS FROM FREDERICK COUNTY PUBLIC SCHOOLS AND MSD ATTEND VOLUNTEER OPPORTUNITIES THROUGHOUT THE SCHOOL YEAR. GOODWILL CLIENTS ARE AT FMH YEAR-ROUND.

TRAINING & ORGANIZATIONAL DEVELOPMENT DEPARTMENT

THE TRAINING AND ORGANIZATION DEVELOPMENT DEPARTMENT SUPPORTS FMH MISSION, VISION, AND STRATEGIC GOALS BY HELPING TO DEVELOP THE SKILLS AND COMPETENCIES OF FMH STAFF. COMPETENT AND SKILLED STAFF-MEMBERS CONTRIBUTE TO CUSTOMERS CHOOSING FMH AS THEIR HEALTH CARE PROVIDER OF CHOICE.

FMH HAS SIGNED STUDENT AFFILIATION AGREEMENTS WITH COLLEGES WHOSE PROGRAMS INCLUDE AMONGST OTHERS: NURSING, IMAGING AND REHABILITATION. THESE COLLABORATIVE EFFORTS ALLOW STUDENTS THE OPPORTUNITY TO COMPLETE A CLINICAL ROTATION AT FMH. SCHOOLS THROUGHOUT MARYLAND, AS FAR AWAY AS THE EASTERN SHORE, HAVE SIGNED AFFILIATION AGREEMENTS WITH FMH.

GIVEN THE SHORTAGE OF BOTH NURSING AND ALLIED HEALTH PROFESSIONALS, MANY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SCHOOLS HAVE LOOKED TO INCREASE ENROLLMENT IN THESE PROGRAMS. ANY INCREASE IN ENROLLMENT HAS MEANT THE NEED FOR ADDITIONAL CLINICAL PLACEMENTS. DURING FY11 FMH CONTINUED ITS PARTNERSHIP WITH THE NUCLEAR MEDICINE COURSE AT FREDERICK COMMUNITY COLLEGE, HELPING IN AN ADVISORY ROLE AND CLINICAL ROTATION SITE. THIS COURSE WAS STARTED BASED UPON THE SEVERE SHORTAGE OF NUCLEAR MED TECHNICIANS THROUGHOUT THE STATE OF MARYLAND. FMH IS PROUD TO PROVIDE CLINICAL PLACEMENTS FOR THESE STUDENTS.

COMMUNITY BENEFIT SERVICES

CLINICAL PLACEMENTS AT FMH PROVIDE A REAL-WORLD ENVIRONMENT IN WHICH THE STUDENTS MAY OBSERVE, LEARN, AND PRACTICE THEIR SKILLS UNDER THE DIRECT SUPERVISION OF A LICENSED PRACTITIONER. STRUCTURING A POSITIVE STUDENT CLINICAL EXPERIENCE HAS LED TO MANY STUDENTS APPLYING FOR OPEN POSITIONS AT FMH. IN ADDITION, FMH PROVIDES DIRECT FINANCIAL SUPPORT TO FREDERICK COMMUNITY COLLEGE ENABLING IT TO OFFER ASSOCIATE DEGREE PROGRAMS IN NURSING, RESPIRATORY THERAPY AND NUCLEAR MEDICINE.

OUTCOMES ASSESSMENT

EVERY PROGRAM IS EVALUATED VIA REGULAR CONTACT WITH SCHOOL FACULTY, THE COMPLETION OF A STUDENT EVALUATION, AS WELL AS FEEDBACK FROM THE HOSPITAL DEPARTMENT STAFF. MODIFICATIONS TO THE CLINICAL ROTATIONS HAVE BEEN MADE WHEN WARRANTED.

PRESENTATION SCHEDULE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

STUDENTS ARE PLACED AT FMH YEAR ROUND, WITH THE BUSIEST PERIODS BEING IN THE SPRING AND FALL. ON AVERAGE, DURING A SPRING OR FALL SEMESTER, ABOUT 130 NURSING STUDENTS FROM A VARIETY OF COLLEGES COULD BE COMPLETING A CLINICAL ROTATION AT FMH. IMAGING AND REHABILITATION STUDENTS NUMBER FROM 1 TO 5 IN ANY GIVEN SEMESTER.

SUPPORT OF FREDERICK COMMUNITY COLLEGE (FCC)
MONETARY SUPPORT PAID TO FCC TO HELP FUND THEIR ALLIED HEALTH AND NURSING PROGRAM = \$100,000.00. IN ADDITION, FMH PLEDGED \$40,000.00 TO FCC THROUGH THE MARYLAND HOSPITAL ASSOCIATION'S PARTNERS IN NURSING PROGRAM.

FINALLY, FMH ALSO PROVIDES SPACE AND PHONES AT NO CHARGE FOR A TRAINING LAB VALUED AT \$1032.48 MONTHLY AND THE PHONE SERVICE WE PROVIDE IS VALUED AT \$60.40 PER MONTH = \$13,114.56 THE TOTAL SUPPORT TO FCC = \$153,114.

SUPPORT OF BUSINESS AND EDUCATIONAL PARTNERSHIPS THROUGH THE FREDERICK COUNTY CHAMBER OF COMMERCE (FCBRE)

FMH IS A FOUNDING MEMBER OF THE FREDERICK COUNTY BUSINESS ROUNDTABLE FOR EDUCATION. THIS GROUP SUPPORTS, AMONGST OTHER INITIATIVES, EDUCATIONAL INTERNSHIPS FOR HIGH SCHOOL STUDENTS, CAREER FAIRS HIGHLIGHTING THE MATH AND SCIENCE JOBS WITHIN FREDERICK COUNTY, AND CONTINUING EDUCATIONAL PROGRAMS FOR PUBLIC SCHOOL TEACHERS.

FMH PROVIDES COMMITTEE MEMBERS WHO DEDICATE THEIR TIME AND IDEAS TO THIS EFFORT, ALONG WITH AN ANNUAL MONETARY PLEDGE OF \$10,000.00.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

COMMUNITY SUPPORT VIA FMH'S DIVERSITY AND INCLUSION PROGRAM

DIVERSITY AND INCLUSION AT FMH REPRESENT ESSENTIAL VALUES THAT ARE EMBEDDED IN OUR WORK CULTURE AND ENHANCE OUR ABILITY TO ATTRACT, DEVELOP AND RETAIN A HIGHLY TALENTED WORKFORCE. IN ESSENCE, OUR COMMITMENT TO DIVERSITY AND INCLUSION GOES TO THE VERY CORE OF WHO WE ARE AS A HEALTHCARE PROVIDER AND AN EMPLOYER. IT DEFINES AND STRENGTHENS OUR MISSION TO PROVIDE SUPERB QUALITY, SUPERB SERVICE, ALL THE TIME.

EVERYONE AT FMH RECOGNIZES THE BENEFITS OF DIVERSITY AND INCLUSION. THROUGHOUT OUR SYSTEM, WE HAVE PROGRAMS AND RESOURCES THAT REINFORCE THE VALUE OF DIFFERENT INDIVIDUAL PERSPECTIVES, INCREASE CULTURAL AWARENESS AND EDUCATION, AND ENSURE THAT OUR BENEFITS AND REWARDS MEET THE NEEDS OF AN INCREASINGLY DIVERSE TALENT POOL. OUR HISTORY OF DIVERSITY AND INCLUSION IS REFLECTED IN PROGRAMS, INITIATIVES AND ACCOMPLISHMENTS THAT INCLUDE:

- INCEPTION OF A DIVERSITY ADVISORY COUNCIL IN 2002
- DIVERSITY EDUCATION AND AWARENESS OPPORTUNITIES
- DEVELOPMENT AND IMPLEMENTATION OF A LANGUAGE ASSISTANCE PROGRAM
- EXPANSION OF BENEFIT POLICIES TO INCLUDE MEMBERS OF THE LGBT COMMUNITY
- MANDATORY ONLINE DIVERSITY AWARENESS TRAINING
- TUITION ASSISTANCE PROGRAM
- AWARD AND RECOGNITION BY FREDERICK MAGAZINE AS ONE OF THE TOP FIVE FAMILY FRIENDLY EMPLOYERS IN FREDERICK COUNTY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

REACHING BEYOND OUR HALLS

FURTHERMORE, WE RECOGNIZE THAT DIVERSITY IS NOT JUST ABOUT WHAT WE DO AND WHO WE ARE WITHIN OUR OWN ENVIRONMENTS - IT SHAPES HOW WE CARE FOR THE GREATER COMMUNITY. WITH THAT IN MIND, AND WITH AN APPRECIATION FOR THE INCREASING DIVERSITY OF THE GROWING GREATER FREDERICK AREA, WE HAVE COMPLETED AN ASSESSMENT OF THE IMPLICATIONS OF DIVERSITY ON OUR ORGANIZATION AND THE COMMUNITY WE SERVE. THIS INFORMATION WILL DRIVE OUR DIVERSITY AND INCLUSION EFFORTS GOING FORWARD - BECAUSE OUR COMMITMENT CONTINUES TO GROW.

FMH PROHIBITS DISCRIMINATION OF ALL ASPECTS OF EMPLOYMENT AND ADVANCEMENT BASED ON RACE, COLOR, RELIGION, SEX, AGE, SIZE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, SEXUAL ORIENTATION, OR GENETIC INFORMATION.

FMH PROVIDES FREE HEALTH SCREENINGS AND GENERAL HEALTH INFORMATION TO MEMBERS OF THE COMMUNITY VIA THE SUPPORT OF THE FOLLOWING PROGRAMS:

-ANNUAL LATINO FESTIVAL - 6 FMH EMPLOYEES SERVING APPROXIMATELY 500 ATTENDEES

-FREDERICK 1ST FAMILY OLYMPICS - 6 FMH EMPLOYEES SERVING APPROXIMATELY 20 ATTENDEES

-NORTH OF 4TH STREET EVENT - 5 FMH EMPLOYEES SERVING APPROXIMATELY 300 ATTENDEES

ONCOLOGY SERVICES

LOCATED DIRECTLY ACROSS THE STREET FROM THE HOSPITAL, THE 26,000 SQUARE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

FOOT FMH REGIONAL CANCER THERAPY CENTER HOUSES THE LATEST TECHNOLOGY IN OUTPATIENT CANCER THERAPY, OFFERING THE VERY BEST IN CANCER TREATMENT IN A PLEASANT, COMPASSIONATE ATMOSPHERE. WITHIN THE MODERN FACILITY ARE HOSPITAL-AFFILIATED CHEMOTHERAPY AND RADIATION THERAPY PROGRAMS AND FACILITIES FOR COMMUNITY OUTREACH, PATIENT EDUCATION AND SUPPORT. THE CANCER PROGRAM ALSO PROVIDES ACCESS TO A WIDE VARIETY OF CLINICAL CANCER TRIALS. ALL OF THESE SERVICES AND SUPPORT ARE CLOSE TO HOME FOR CANCER PATIENTS, THEIR FAMILIES AND FRIENDS THROUGHOUT FREDERICK COUNTY AND THE SURROUNDING REGION.

FREDERICK MEMORIAL HOSPITAL HAS A LONGSTANDING COMMITMENT TO PROVIDE QUALITY CANCER CARE AND TO AID EFFORTS TO FIND A CURE FOR THE DISEASE. IN 1976 THE HOSPITAL ESTABLISHED A COOPERATIVE CANCER CARE CLINIC WITH JOHNS HOPKINS HOSPITAL. BECAUSE THERE WAS NO ONCOLOGIST LOCATED IN FREDERICK, MARYLAND AT THE TIME, A SPECIALIST FROM JOHNS HOPKINS CAME ONE DAY EACH MONTH TO SERVE AS A CONSULTANT. THE OUTPATIENT CHEMOTHERAPY CLINIC WAS STARTED ONE YEAR LATER, AND THE CANCER PROGRAM HAS GROWN STEADILY EVER SINCE.

THE REGIONAL CANCER THERAPY CENTER OPENED IN 1989. SINCE THAT TIME THE CANCER PROGRAM HAS BEEN RANKED AS ONE OF THE TOP 100 IN THE UNITED STATES BY CANCER MAGAZINE. THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER HAS RECOGNIZED OUR CANCER PROGRAM AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM, AN HONOR ONLY 22% OF HOSPITALS IN THE NATION ACHIEVE.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE FMH REGIONAL CANCER THERAPY CENTER HAS BECOME ONE OF THE HEALTH SYSTEM'S MOST IMPORTANT REGIONAL PROVIDERS OF CANCER CARE. WITH THE OPENING OF THE FMH CYBERKNIFE CENTER, THE FMH REGIONAL CANCER THERAPY CENTER PROVIDES STATE-OF-THE-ART CANCER CARE FOR PATIENTS WHO COME FROM AS FAR AWAY AS PENNSYLVANIA, WEST VIRGINIA AND THE EASTERN SHORE.

FREE ANNUAL PROSTATE CANCER SCREENING
ON SEPTEMBER 10TH, THE REGIONAL CANCER THERAPY CENTER OFFERED A FREE PROSTATE CANCER SCREENING EVENT AT THE FMH WELLNESS CENTER LOCATED IN THE FRANCIS SCOTT KEY MALL.

ALL PARTICIPANTS WERE REQUIRED TO HAVE BOTH THE PSA BLOOD TEST AND THE DIGITAL EXAM PORTION OF THE SCREEN. TWO UROLOGISTS VOLUNTEERED THEIR TIME TO PARTICIPATE IN THE PROSTATE SCREENING EVENT. FORTY FIVE MEN WERE SCREENED FOR PROSTATE CANCER.

MINORITY COMMUNITIES IN FREDERICK WERE ESPECIALLY TARGETED FOR THIS PROSTATE CANCER SCREENING EVENT AS RESEARCH HAS SHOWN THAT MEN IN THESE DEMOGRAPHICS ARE MUCH LESS LIKELY TO BE SCREENED FOR PROSTATE CANCER. ADS WERE PLACED IN MINORITY PUBLICATIONS AND RADIO STATIONS BROADCAST PSAS ABOUT THE EVENT. WE ALSO CREATED CHURCH BULLETIN INSERTS THAT WERE DISTRIBUTED BY THE FMH PASTORAL CARE DEPARTMENT TO CHURCHES THROUGHOUT THE FREDERICK COMMUNITY.

ANNUAL PROSTATE CANCER SYMPOSIUM

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

ON SEPTEMBER, 27TH, THE REGIONAL CANCER THERAPY CENTER HOSTED THE 4TH ANNUAL PROSTATE CANCER SYMPOSIUM IN THE ATRIUM OF THE CANCER CENTER. THE THEME FOR THIS YEAR'S PRESENTATION WAS TECHNOLOGICAL ADVANCES IN PROSTATE CANCER TREATMENT. TWO PRESENTATIONS BY PHYSICIANS HIGHLIGHTED NEW TREATMENT MODALITIES FOR THE 100 MEN AND WOMEN WHO ATTENDED THE SYMPOSIUM. UROLOGIST DR. JARED BERKOWITZ PRESENTED "DA VINCI ROBOTIC SURGERY IN THE TREATMENT OF PROSTATE CANCER," AND RADIATION ONCOLOGIST DR. GREGORY GAGNON PRESENTED "CYBERKNIFE RADIOSURGERY IN THE TREATMENT OF PROSTATE CANCER." A FREE DINNER, PAID FOR BY VENDOR DONATIONS, WAS PROVIDED TO ALL PARTICIPANTS.

ANNUAL BREAST CANCER SYMPOSIUM

IN OCTOBER, THE REGIONAL CANCER THERAPY CENTER PARTNERED WITH THE AMERICAN CANCER SOCIETY AND FREDERICK COMMUNITY COLLEGE TO HOST THE ANNUAL BREAST CANCER SYMPOSIUM. THIS YEAR'S EVENT WAS HELD IN THE WOMEN'S CENTER AT FMH CRESTWOOD. MORE THAN 100 WOMEN ATTENDED THIS YEAR'S SYMPOSIUM, MANY OF THE ONCOLOGY NURSES AND OTHER PROFESSIONAL CARE PROVIDERS WHO GATHER EVERY YEAR TO HEAR ABOUT THE LATEST DIAGNOSTIC TOOLS AND TREATMENT MODALITIES.

MAN TO MAN PROSTATE CANCER SUPPORT GROUP

MAN TO MAN IS A PROSTATE CANCER SUPPORT GROUP FOR BOTH PATIENTS AND FAMILY MEMBERS IS CO-SPONSORED BY FREDERICK MEMORIAL HOSPITAL AND THE AMERICAN CANCER SOCIETY. THE GROUP MEETS ON THE FOURTH WEDNESDAY OF THE MONTH AT 6:30 PM AT THE REGIONAL CANCER THERAPY CENTER. TWENTY FIVE MEN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

AND THEIR SPOUSES ATTEND EVERY MONTHLY MEETING.

HUMANITARIAN AID

FMH MEDICAL MISSIONARY TRIP TO PERU

IN FEBRUARY, FOUR PHYSICIANS FROM THE EMERGENCY PHYSICIANS ASSOCIATION, THE CONTRACT PHYSICIAN GROUP THAT PROVIDES SERVICES IN THE FMH EMERGENCY DEPARTMENT, ALONG WITH OB/GYN PHYSICIAN DR. RENEE THOMAS AND FIVE ED NURSES WENT ON A MEDICAL MISSIONARY TRIP TO IQUITOS, PERU. THE MEDICAL TEAM DONATED THEIR TIME AND EXPERTISE TO TREAT THE DESPERATELY POOR PEOPLE OF PERU, MANY OF WHOM HAVE NO ACCESS TO MEDICAL CARE AT ALL - EVER.

MORE THAN 1,600 MEN, WOMEN AND CHILDREN LINED UP OUTSIDE OF THE MASH-STYLE EMERGENCY ROOM LONG BEFORE SUNRISE IN HOPES OF BEING ABLE TO BE SEEN BY A PHYSICIAN, NURSE OR TECHNICIAN. PRACTITIONERS PROVIDED WELLNESS CHECKS, GENERAL MEDICAL INTERVENTIONS, PELVIC EXAMS AND WOUND CARE. PATIENTS PRESENTED WITH INTESTINAL PARASITES, WOUND INFECTIONS, DYSENTERY, MONKEY BITES, VEHICLE ACCIDENTS AND MALNOURISHMENT. IN THE WORDS OF ONE OF THE ATTENDING NURSES, "YOU NAME IT. WE SAW IT."

THE FOLLOWING MEDICAL SUPPLIES WERE DONATED TO RELIEF EFFORTS:

-16 CASES OF USED, CLEAN LINENS FOR DR. RAZI'S HUMANITARIAN TRIP TO PAKISTAN

-8 CASES OF USED, CLEAN LINENS FOR DR. HAQUE'S PAKISTANI RELIEF EFFORTS

-4 CASES OF USED, CLEAN LINEN FOR AMVETS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-11 SKIDS OF MEDICAL SUPPLIES AND IV FLUIDS TO DR. RAZA'S MISSION TO
PAKISTAN

-10 SKIDS OF MEDICAL SUPPLIES AND IV FLUIDS FOR DR. GOUGH'S TRIP TO SOUTH
AMERICA

-MEDICAL SUPPLIES DONATED TO THE BOY SCOUTS OF AMERICA

THE FMH PHARMACY & CARE COORDINATION DEPARTMENT
COMBINED WITH THE EMERGENCY DISASTERS AROUND THE WORLD, THE LOCAL ECONOMY
ADVERSELY AFFECTED A NUMBER OF FREDERICK COUNTY RESIDENTS. JOB LOSS AND
THE LOSS OF MEDICAL INSURANCE LEFT A NUMBER OF OUR CITIZENS UNABLE TO
AFFORD THE HEALTHCARE AND MEDICATIONS THEY NEEDED TO KEEP CHRONIC DISEASE
IN CHECK.

THE FMH PHARMACY IN CONJUNCTION WITH OUR CARE COORDINATION TEAM PROVIDED
\$1,500 OF MEDICATIONS TO THE DISASTER TEAMS MENTIONED ABOVE, INCLUDING
ANTIBIOTICS, OINTMENTS, CREAMS AND CHILDREN'S MEDICATIONS.

ON THE LOCAL SCENE, THE FMH PHARMACY PROVIDED \$4,500 WORTH OF MEDICATIONS
TO INDIGENT PATIENTS OR TO PATIENTS WHO DID NOT HAVE THE RESOURCES TO PAY
FOR THEIR MEDICATIONS.

THE CARE COORDINATION DEPARTMENT WAS INSTRUMENTAL IN COORDINATING THE
DISPENSING OF THE MEDICATIONS TO THOSE UNABLE TO PAY. THEY ASSISTED THE
PATIENTS WITH THE PAPERWORK NECESSARY TO APPLY FOR FINANCIAL ASSISTANCE
AND TO ACCESS COMMUNITY RESOURCES AVAILABLE TO HELP THEM.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

FMH PHARMACY DEPARTMENT

HEALTH PROFESSIONAL EDUCATION

A PHARMACIST GRADUATE RESIDENCY PROGRAM WAS ESTABLISHED AT FREDERICK MEMORIAL HOSPITAL, WITH THE FIRST CLASS IN SESSION FROM JULY 1, 2010 THROUGH JUNE 30, 2011. TWO REGISTERED PHARMACISTS COMPLETED THIS VERY INTENSE, STRUCTURED PROGRAM THAT INCORPORATED NUMEROUS CLINICAL AND ADMINISTRATIVE EXPERIENCES. THE GRADUATE PROGRAM AT FMH HAS CLEARLY ENHANCED THE ORGANIZATION'S IMAGE AS THE REGION'S LEADER IN PHARMACEUTICAL EDUCATION AND PATIENT CARE.

THE PHARMACIST GRADUATE RESIDENCY PROGRAM AND THE PHARMACY DEPARTMENT PARTICIPATED IN A TWO-DAY INSPECTION AND CERTIFICATION REVIEW CONDUCTED BY THE RESIDENCY ACCREDITATION BOARD OF THE AMERICAN SOCIETY OF HEALTH SYSTEM PHARMACISTS. THE PHARMACY RECEIVED NOTIFICATION IN OCTOBER THAT THE PHARMACIST RESIDENCY PROGRAM WOULD BE AWARDED FULL CERTIFICATION IN THE SPRING OF 2012

OUTPATIENT ANTICOAGULATION CLINIC

IN JUNE, THE PHARMACY DEPARTMENT OPENED A PHARMACIST-MANAGED OUTPATIENT ANTICOAGULATION CLINIC. UNDER THE SUPERVISION OF A PHYSICIAN MEDICAL DIRECTOR, NEW PATIENTS SPEND ABOUT 30 MINUTES WITH AN FMH PHARMACIST REVIEWING THE APPROPRIATE USE OF THEIR MEDICATIONS AND INDIVIDUALIZED DOSE INSTRUCTIONS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

OUTPATIENT ANTICOAGULATION CLINICS HAVE BEEN ESTABLISHED AT NUMEROUS HOSPITALS AROUND THE STATE AND COUNTRY, AND THEIR VALUE TO THE COMMUNITY IS WELL DOCUMENTED. ANTICOAGULATION CLINICS IMPROVE PATIENT OUTCOMES BY PREVENTING ADVERSE DRUG INTERACTIONS, DECREASING THE INCIDENCE OF BLEEDING AND PREVENTABLE EMBOLISM, AND POSITIVELY IMPACTING THE NEED FOR HOSPITAL ADMISSIONS.

THE CLINIC OPERATES MONDAY THROUGH FRIDAY FROM 8:00 AM TO 4:30 PM. PATIENTS MUST BE REFERRED TO THE FMH ANTICOAGULATION CLINIC, AND THERE ARE CURRENTLY MORE THAN 425 PATIENTS BEING MANAGED BY THE CLINIC.

PROVIDING SUCH A SERVICE WILL ASSIST IN CLOSING THE LOOP IN OUR PATIENTS' CONTINUUM OF CARE AND TREATMENT AND ENSURES OUR PATIENTS ANTICOAGULATION NEEDS ARE MET.

FMH BARIATRIC PROGRAM

THE FMH BARIATRIC PROGRAM HAS BEEN ACTIVELY ENGAGED IN EDUCATING THE FREDERICK COMMUNITY ABOUT THE DANGERS OF OBESITY. BARIATRIC SURGEON DR. STEPHEN MCKENNA AND NURSE DAN ARMSTRONG HAVE CONTRIBUTED MANY HOURS HOSTING AND LECTURING AT COMMUNITY EVENTS ABOUT THE RISKS ASSOCIATED WITH OBESITY.

THE 2007 FREDERICK COUNTY HEALTH RISK ASSESSMENT FOUND THAT 67.8% OF FREDERICK COUNTY ADULTS ARE OVERWEIGHT WITH A BMI OF GREATER THAN 25. SPECIFICALLY, 28.3% OF FREDERICK COUNTY ADULTS ARE OBESE WITH A BMI OF

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

GREATER THAN 30.

AMONG FREDERICK COUNTY COMMUNITY MEMBERS, THE 2001 ASSESSMENT FOUND THAT OBESE ADULTS ARE MUCH MORE LIKELY TO REPORT A NUMBER OF ADVERSE HEALTH CONDITIONS, INCLUDING:

- HIGH CHOLESTEROL
- HYPERTENSION (HIGH BLOOD PRESSURE)
- ARTHRITIS/RHEUMATISM
- ACTIVITY LIMITATIONS
- DIABETES

DR. MCKENNA HAS BEEN VERY ACTIVE IN THE AREA OF CHILDHOOD OBESITY AND HAS PROVIDED COMMUNITY EDUCATION AT A NUMBER OF VENUES.

DR. MCKENNA AND DAN ARMSTRONG PROVIDED INFORMATION TO THE COMMUNITY AT THE FOLLOWING EVENTS.

- FMH SELECT! MEETING - NOVEMBER 8, 2011
- COMMUNITY EDUCATION SEMINARS - THE LAST MONDAY OF EVERY MONTH
- FREDERICK FAMILY OLYMPICS - OCTOBER 8, 2011

FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE

THE FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE IS A STATE-OF-THE-ART MEDICAL FACILITY THAT WAS DESIGNED TO PROVIDE THE DEGREE OF PRIVACY NECESSARY TO MAKE PATIENTS FEEL COMFORTABLE. FOR PEOPLE LIVING WITH CHALLENGING OR CHRONIC, NON-HEALING WOUNDS, BURNS, OR OTHER SKIN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

CONDITIONS, THE CENTER PROVIDES MANY SOOTHING BENEFITS.

-HANDS-ON CARE, SUPERVISED BY A TEAM OF MULTI-DISCIPLINARY EXPERTS.

-INNOVATIVE SKIN/WOUND PRODUCTS AND SERVICES.

-LEADING-EDGE TECHNOLOGY.

THE FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE FEATURES TWO CORRIDORS LINED WITH SPACIOUS TREATMENT ROOMS IN ADDITION TO A PAIR OF HYPERBARIC CHAMBERS.

APPROPRIATE MEDICAL MANAGEMENT OF WOUNDS IS A VERY IMPORTANT PART OF NURSING CARE. THE QUALITY OF CARE PROVIDED TO PATIENTS AND THE EXPERTISE OF THE STAFF WHO ATTEND PATIENTS IN THE FMH CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE HAVE COME TO THE ATTENTION OF THE REGIONS INSTITUTIONS OF HIGHER LEARNING. THE CENTER HAS BEEN APPROACHED BY FREDERICK COMMUNITY COLLEGE, INDEPENDENCE UNIVERSITY AND WEST VIRGINIA SCHOOL OF MEDICINE TO PROVIDE AN INTRODUCTION TO WOUND CARE TO NURSING AND MEDICAL STUDENTS. THE STUDENTS FOLLOW THE CLINICAL WOUND SPECIALISTS AND LEARN HOW TO EVALUATE AND PERFORM WOUND CARE IN THE INPATIENT ENVIRONMENT. THE MEDICAL STUDENTS OBSERVE THE VARIOUS PROVIDERS IN THE OUTPATIENT WOUND CARE CENTER. THEY ARE EDUCATED COMPREHENSIVELY ON THE DIAGNOSIS AND TREATMENT OF WOUNDS.

THE FOLLOWING IS AN OVERVIEW OF THE COURSES AND HOURS OF INSTRUCTION PROVIDED:

(1) 12 ENCOUNTERS TOTALING 96 HOURS WITH NURSING STUDENTS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

(2) 6 ENCOUNTERS TOTALING 22 HOURS WITH RESPIRATORY STUDENTS

(3) 15 ENCOUNTERS TOTALING 120 HOURS WITH MEDICAL STUDENTS

THE FMH AUXILIARY PRENATAL CENTER

THE FMH AUXILIARY PRENATAL CENTER PROVIDES UNDERINSURED/UNINSURED WOMEN IN FREDERICK COUNTY, MARYLAND WITH PRENATAL CARE. SINCE OPENING IN DECEMBER 2007, THE CENTER HAS PROVIDED CARE TO MORE THAN 1,500 MOTHERS, APPROXIMATELY 95% OF WHOM HAD LITTLE TO NO CARE BEFORE ENTERING THE PRENATAL CENTER PROGRAM. MANY OF THESE WOMEN, IN ADDITION TO BEING PREGNANT, HAVE UNDERLYING MEDICAL CONDITIONS THAT ARE EITHER UNDIAGNOSED OR NOT TREATED AND MANY SOCIAL AND CULTURAL ISSUES REQUIRING COORDINATED CARE AND SERVICES TO ENHANCE THE OUTCOME OF THE PREGNANCY.

FREDERICK MEMORIAL HOSPITAL (FMH) IS THE LONE HOSPITAL-BASED HEALTHCARE PROVIDER IN WHAT THE WASHINGTON-PEW HISPANIC CENTER HAS IDENTIFIED AS THE COUNTY HAVING THE 17TH FASTEST GROWING HISPANIC POPULATION IN THE COUNTRY. FROM 2003-2005, HISPANIC MOTHERS SHOWED THE HIGHEST RATE OF INADEQUATE PRENATAL CARE IN MARYLAND (24.8%) COMPARED TO OTHER RACES AND ETHNICITIES (PERISTATS, 2008). BEING A SOLE PROVIDER IN SUCH AN ENVIRONMENT.

OUTCOMES

SINCE OPENING IN DECEMBER 2007, THE FMH AUXILIARY PRENATAL CENTER HAS BEEN A BLESSING TO UNDERINSURED/UNINSURED WOMEN IN FREDERICK COUNTY. BY DELIVERING QUALITY AND COMPREHENSIVE PRENATAL CARE TO THOSE WHO NEED THESE SERVICES THE MOST, FMH HAS ALREADY ENHANCED THE HEALTH STATUS OF

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THESE WOMEN AND THEIR BABIES AND HAS REDUCED THEIR RISK OF COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH.

IN FISCAL YEAR 2011, THE PRENATAL CENTER HANDLED MORE THAN 3,124 CLINICAL VISITS AND DELIVERED 249 INFANTS, 97-98% HEALTHY INFANTS DELIVERED WITH ONLY 2-3% NEEDING ADDITIONAL CARE IN THE NICU (FOR MOMS ATTENDING AT LEAST 8 PRENATAL VISITS). THESE OUTCOME MEASURES HAVE BEEN CONSISTENTLY HIGH SINCE THE OPENING OF THE PROGRAM AND ARE HIGHLY PRAISED BY THE NEONATOLOGISTS AT THE HOSPITAL.

IN THE LAST TWO YEARS THE MARYLAND DEPARTMENT OF MENTAL HEALTH AND HYGIENE'S VITAL STATISTICS ADMINISTRATION HAS HAD GOOD NEWS REGARDING INFANT MORTALITY RATES FOR MARYLAND, AND FREDERICK IN PARTICULAR. BETWEEN 2008 AND 2009, MARYLAND INFANT MORTALITY RATE DIPPED NEARLY 10% - FROM 8 DEATHS TO 7.2 DEATHS PER 1,000 LIVE BIRTHS. FREDERICK COUNTY WAS ONE OF ONLY 2 COUNTIES IN MARYLAND TO SEE A STATISTICALLY SIGNIFICANT DECLINE IN ITS INFANT MORTALITY RATE, DROPPING FROM 8.4 TO JUST 3.8 DEATHS PER 1,000 LIVE BIRTHS. THIS MEANS THAT 11 BABIES YOUNGER THAN ONE YEAR OLD DIED IN 2009, COMPARED TO 25 IN 2008. THIS TREND CONTINUED INTO 2010.

THE FMH AUXILIARY PRENATAL CENTER IS A SHINING EXAMPLE OF WHAT A COMMUNITY CAN DO BY WORKING TOGETHER, POOLING RESOURCES AND RESOLVE, TO PROVIDE HEALTHCARE TO THOSE WHO ARE OFTEN OVERLOOKED AND UNDERSERVED. THE ARENA IN WHICH THEY VIE FOR SERVICES IS FRAUGHT WITH CHALLENGES, AND THE PLAYING FIELD IS OFTEN SKEWED TO THEIR DISADVANTAGE. A CONSTITUENCY COMPOSED OF OUR MOST IMPOVERISHED CITIZENS - FREQUENTLY UNEMPLOYED AND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

UNINSURED AND OF INDETERMINATE LEGAL STATUS - PROFILES A DEMOGRAPHIC THAT MANY FIND EASY TO DISMISS. THE FREDERICK COUNTY HEALTHCARE COALITION REFUSED TO TURN AWAY. CLEARLY FOCUSED UPON THE HEALTH AND WELL-BEING OF THE MOTHER AND THE BIRTH OF A HEALTHY BABY, THE PUBLIC, PRIVATE AND NONPROFIT SECTORS FOUND A WAY TO DELIVER DESPERATELY NEEDED PRENATAL HEALTHCARE SERVICES. THANKS TO THE GENEROUS FINANCIAL SUPPORT OF OUR COMMUNITY - AND THE FMH AUXILIARY - THE UNDERSERVED PREGNANT WOMEN IN THE FREDERICK COMMUNITY WILL HAVE A RESOURCE FOR PRENATAL HEALTH CARE FOR YEARS - AND GENERATIONS - TO COME.

FMH INTERPRETING SERVICES

FMH INTERPRETING SERVICES PROVIDES ON-SITE LANGUAGE ACCESSIBILITY FOR ALL PATIENTS SO THAT THEY CAN PARTICIPATE FULLY IN THEIR OWN HEALTHCARE AND IN THE HEALTHCARE OF THEIR LOVED ONES. ONSITE INTERPRETING IS AVAILABLE FOR AMERICAN SIGN LANGUAGE (ASL) AND SPANISH. IN ADDITION, WE PROVIDE TELEPHONIC INTERPRETING FOR MORE THAN 170 SPOKEN LANGUAGES. SERVICES ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, TO ALL PATIENTS AND THEIR FAMILIES FOR APPOINTMENTS, PROCEDURES AND HOSPITAL STAYS. THERE IS NO COST TO PATIENTS OR FAMILIES FOR INTERPRETATION. IN CASE OF THE UNAVAILABILITY OF AN ON-SITE INTERPRETER, TELEPHONE INTERPRETING IS AVAILABLE FOR SPOKEN LANGUAGES, AND VIDEO REMOTE INTERPRETING IS AVAILABLE FOR AMERICAN SIGN LANGUAGE.

AS MINORITY POPULATIONS CONTINUE TO GROW IN FREDERICK COUNTY, DEMAND FOR THE FMH INTERPRETERS TO LEND THEIR SKILLS AT EVENTS AND ACTIVITIES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THROUGHOUT THE COUNTY GROWS AS WELL. OUR DEDICATED TEAM IS ALWAYS WILLING TO PARTICIPATE IN HEALTH FAIRS AND SEMINARS, AND PROVIDE A "MUST-HAVE" LINK TO OUR COMMUNITY.

IN FY11, THE INTERPRETING TEAM PARTICIPATED IN THREE MAJOR COMMUNITY EVENTS:

1. CONVOY OF HOPE - JUNE 18TH
2. LIFE & DISCOVERY ASIAN FAIR - OCTOBER 22ND
3. LIFE & DISCOVERY FOLLOW UP PHONE CALLS - NOVEMBER 18TH

THE FOLLOWING PIECE WAS WRITTEN BY MARIA SHUCK OF INTERPRETING SERVICES ABOUT THE THREE EVENTS IN WHICH THE INTERPRETING TEAM PARTICIPATED:

1. CONVOY OF HOPE:

IT WAS MUGGY AND THANKFULLY THE RAIN HELD OFF. THE CROWDS BEGAN TO POUR IN AT 9:00AM AS PLANNED. THE VOLUNTEERS IN THEIR GRAY "HOPE" T-SHIRTS WERE IN POSITION, ANTICIPATING THE WAVE OF PEOPLE SOON TO COME THROUGH. I QUICKLY NOTICED FAMILIAR FACES IN FMH BURGUNDY T-SHIRTS. HARRY WAS HANDING OUT FMH T-SHIRTS TO STAFF AS WE ENTERED INTO THE HUGE WHITE HEALTH CARE TENT.

I IMMEDIATELY FELT AT EASE BEING AT THE FREDERICK FAIRGROUNDS FOR THE CONVOY OF HOPE EVENT. OTHER FMH STAFF WERE ALREADY BUSY SETTING UP THEIR AREAS. AS I STOOD AT THE ENTRANCE OF OUR TENT I WATCHED AND ACKNOWLEDGED PATIENTS AS THEY APPROACHED. PEOPLE SEEKING MEDICAL ADVICE CAME IN ALL

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SHAPES AND SIZES, SOCIOECONOMIC BACKGROUNDS, ETHNICITIES, NATIONALITIES AND EVERY OTHER DIVERSE REPRESENTATION POSSIBLE. SOME WERE SPEAKING LANGUAGES I RECOGNIZED, AND OTHERS I DID NOT.

FMH INTERPRETERS, GLORIA, ROSARIO, ELISA, DANIELA AND I ASSISTED OUR SPANISH SPEAKING PATIENTS. JOANN, OUR ASL INTERPRETER, WAS ON THE LOOKOUT FOR DEAF PATIENTS. WE WERE EASY TO SPOT; WE WORE SASHES DENOTING THE LANGUAGES WE SERVED.

ELIZABETH CHUNG, DIRECTOR OF LIFE AND DISCOVERY, DID AN EXCELLENT JOB PROVIDING INTERPRETERS FOR VARIOUS ASIAN LANGUAGES. OUR TENT HAD A FAIR AMOUNT OF ASIAN PATIENTS, INCLUDING VIETNAMESE, BURMESE, CHINESE, AND HINDI.

HUGS WERE PLENTIFUL FOR US SPANISH INTERPRETERS, SINCE MANY OF THE HISPANIC PATIENTS THAT DAY HAVE BEEN ASSISTED BY FMH INTERPRETERS IN THE PAST, AND FOR THE MOST PART CONTINUE TO SHOW THEIR APPRECIATION TOWARDS US. MANY CAME TO CHECK THEIR BLOOD PRESSURE AND BLOOD SUGAR LEVELS. OTHERS CAME IN WITH AILMENTS LIKE ABDOMINAL PAIN, HEADACHES, HIGH BLOOD PRESSURE AND EYE SIGHT ISSUES. AFTER CONSULTING WITH THE PHYSICIANS, MOST WERE REFERRED TO SEE SPECIALISTS IN THE COMMUNITY IN ORDER TO RECEIVE FOLLOW UP CARE. THE PATIENTS I ASSISTED NODDED POLITELY AND THANKED THE DOCTORS UPON STEPPING OUT FROM BEHIND THE CURTAIN.

MY IMMEDIATE THOUGHT WAS THAT MANY OF THESE FOLKS WERE UNINSURED AND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

WOULD PROBABLY NOT BE SEEN ANY TIME SOON BY ANYONE. I SUSPECT THAT MOST PEOPLE THAT TOOK THE TIME TO VISIT OUR TENT PROBABLY DID NOT HAVE A PRIMARY DOCTOR OR THE RESOURCES TO SEEK FURTHER MEDICAL ATTENTION FOR THEIR AILMENT IN THE FIRST PLACE.

2. ASIAN FAIR:

STAFF INTERPRETERS ATTENDED THIS EVENT, WHICH WAS ORGANIZED BY LIFE AND DISCOVERY. THE ASIAN HEALTH FAIR WAS FOUNDED TO SERVE THOSE LESS FORTUNATE, PROVIDING HEALTH SERVICES IN A PROFESSIONAL, CARING ATMOSPHERE. FOR MANY WHO HAVE ATTENDED OUR HEALTH FAIR IN THE PAST, THIS EVENT IS THEIR ONLY CHANCE TO SEE A PHYSICIAN, GET THEIR BLOOD PRESSURE AND SUGARS CHECKED, AND GET BASIC BLOOD WORK DONE. OUR INTERPRETERS PROVIDED SERVICES TO SPANISH SPEAKING ATTENDEES.

3. FOLLOW UP PHONE CALLS WERE MADE BY OUR STAFF SPANISH INTERPRETERS TO 9 INDIVIDUALS WHO ATTENDED THE ASIAN FAIR MENTIONED IN #2 IN ORDER TO NOTIFY THEM WHERE THEY COULD RECEIVE THE SECOND INSTALLMENT OF THE HEPATITIS B SERIES WHICH THEY BEGAN AT THE ASIAN HEALTH FAIR.

COMMUNITY CONTRIBUTIONS

FMH RECEIVES NUMEROUS REQUESTS FOR FINANCIAL SUPPORT FROM A WIDE VARIETY OF WORTHY COMMUNITY ORGANIZATIONS. THE FMH DEPARTMENT OF MARKETING AND COMMUNICATIONS SERVES AS THE HEALTH SYSTEM'S CLEARING HOUSE FOR VETTING THE MANY REQUESTS. WHILE THE HOSPITAL HELPS WHENEVER AND WHEREVER IT CAN IN PROVIDING IN-KIND CONTRIBUTIONS OF TIME AND TALENT; CASH CONTRIBUTIONS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

ARE USED TO SUPPORT THOSE ORGANIZATIONS OR COMMUNITY INITIATIVES THAT ESPOUSE A CAUSE THAT IS MOST IN KEEPING WITH THAT OF THE HEALTH SYSTEM'S MISSION TO CONTRIBUTE TO THE HEALTH AND WELL BEING OF AREA RESIDENTS.

HEARTLY HOUSE IS A NATIONALLY RECOGNIZED ORGANIZATION DEDICATED TO COMBATING DOMESTIC VIOLENCE AND PROVIDING SHELTER, LEGAL ASSISTANCE AND TRANSITIONAL HOUSING TO VICTIMS. FMH WORKS CLOSELY WITH HEARTLY HOUSE, AS ADVOCATES FROM THAT ORGANIZATION OFTEN ACCOMPANY WOMEN TO THE FMH SAFE PROGRAM DESCRIBED ABOVE, AND OBSERVE THE PROCESS OF FORENSIC EXAMINATIONS. WE ASSISTED HEARTLY HOUSE WITH THEIR LIFESAVING WORK BY HELPING THEM PUBLICIZE THEIR SERVICES AND CREATING PRINT MATERIALS FOR THEIR FUNDRAISING EVENTS.

WHILE SOME OF THE ASSISTANCE FMH PROVIDED WAS IN THE FORM OF PURCHASING ADVERTISING SPACE IN LOCAL PUBLICATIONS, SOME IN-KIND CONTRIBUTIONS IN TIME AND TALENTS PROVED TO BE EVEN MORE VALUABLE TO THE ORGANIZATION.
TOTAL HEARTLY HOUSE CONTRIBUTIONS = \$5,000

ANOTHER IMPORTANT CAUSE TO WHICH FMH HAS PROVIDED SUPPORT TOUCHES UPON A TOPIC THAT WAS IDENTIFIED IN THE 2007 COMMUNITY HEALTH ASSESSMENT AS AN AREA OF GROWING CONCERN RELATIVE TO ACCESS TO CARE AND ADEQUATE NUMBER OF PHYSICIAN/EXTENDER PROVIDERS. THE MENTAL HEALTH ASSOCIATION'S GUIDE TO MENTAL HEALTH AND COMMUNITY SUPPORT SERVICES IS A COMPREHENSIVE REFERRAL RESOURCE THAT IS USED EXTENSIVELY THROUGHOUT THE REGION BY PHYSICIAN OFFICE PRACTICES, FIRE AND POLICE DEPARTMENTS AND OTHER COMMUNITY

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

ORGANIZATIONS SEEKING APPROPRIATE INTERVENTIONAL RESOURCES.

FREDERICK COUNTY MENTAL HEALTH ASSOCIATION CONTRIBUTION = \$2,500

ONE OF THE GREATEST CHALLENGES FOR THE HEALTH CARE INDUSTRY AS IT MOVES INTO THE 21ST CENTURY IS TO MAKE SURE THAT THERE IS AN ADEQUATE SUPPLY OF WELL TRAINED AND EDUCATED REGISTERED NURSES. THE MARYLAND HOSPITAL ASSOCIATION ESTABLISHED THE WHO WILL CARE? CAMPAIGN TO HELP MARYLAND SOLVE ITS EXPECTED SHORTAGE OF 10,000 NURSES.

-NURSE SHORTAGES COMPROMISE HEALTH CARE-LIMITING HEALTH CARE ACCESS, DELAYING TREATMENT, ESCALATING COSTS, AND CONTRIBUTING TO PROVIDER STRESS.

-OVER THE NEXT TEN YEARS MORE THAN 40% OF THE NURSING WORKFORCE WILL RETIRE JUST AS RETIRING BABY BOOMERS ARE INCREASING THE DEMAND.

-PROBLEM? THERE ARE NOT ENOUGH STUDENTS TO GRADUATE AND FILL THE GAP. IN FACT, MARYLAND NURSING SCHOOLS ARE AT CAPACITY AND HAVE HAD TO TURN AWAY THOUSANDS OF QUALIFIED APPLICANTS.

WHO WILL CARE? WILL DOUBLE THE NUMBER OF REGISTERED NURSE (RN) GRADUATES ACROSS MARYLAND BY AWARDING GRANTS TO MARYLAND ASSOCIATE, BACCALAUREATE, AND ENTRY-LEVEL MASTER'S NURSING PROGRAMS THAT CAN ACHIEVE A MEASURED INCREASE IN THE NUMBER OF FIRST PROFESSIONAL DEGREE GRADUATES. FMH IS AN ARDENT SUPPORTER OF THE WHO WILL CARE? CAMPAIGN AND IN FY11 CONTRIBUTED \$40,000.

OTHER COMMUNITY EVENTS TO WHICH THE HEALTHCARE SYSTEM CONTRIBUTED:

-ASIAN LUNAR NEW YEAR DIVERSITY EVENT - \$1,000

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

- INDIAN ASSOCIATION OF FREDERICK - \$300
- COMMUNITY FOUNDATION:
- FREDERICK COUNTY BUSINESS ROUNDTABLE FOR EDUCATION - \$10,000
- ESHMAN RANDALL MEMORIAL FUND GOLF SPONSOR - \$800
- LT. ROB SEIDEL MEMORIAL GOLF TOURNAMENT - \$300
- ROSS FAMILY CHARITABLE PASS THROUGH FUND - \$100
- 2ND ANNUAL RUN FOR SHELTER - \$250
- FREDERICK COUNTY CHAMBER OF COMMERCE:
- STUDENT SPONSORSHIP FOR MEDIA & TECH CONFERENCE - \$250
- MENTAL HEALTH ASSOCIATION OF FREDERICK - CATOCTIN AFFAIR - \$2,000
- LEADERSHIP MONTGOMERY - \$300
- MISSION OF MERCY - \$500
- FREDERICK MARATHON (IN KIND MEDICAL SUPPORT SERVICES) - \$5,000
- THE GREAT FREDERICK FAIR, COMMUNITY TENT - \$1,000
- YMCA SPECIAL EVENTS - \$1,000
- YMCA CAMPAIGN FOR KIDS GOLF TOURNAMENT - \$600
- YMCA 2011 HEALTHY KIDS DAY - \$2,500
- AMERICAN RED CROSS HOMETOWN HEROES NURSING AWARD - \$2,500
- THE RED DEVILS HEART AND SOLE STROLL FOR BREAST CANCER - \$500
- THE GREAT FREDERICK FAIR HEALTH TENT SPONSORSHIP - \$1,000
- FREDERICK COMMUNITY COLLEGE FOUNDATION - \$100

TOTAL CONTRIBUTION TO COMMUNITY EVENTS = \$77,800.00

MISSION DRIVEN HEALTH SERVICES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

THE MISSION OF FREDERICK REGIONAL HEALTH SYSTEM IS TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF AREA RESIDENTS BY PROVIDING QUALITY HEALTHCARE IN A CARING, COST EFFICIENT AND CONVENIENT MANNER THROUGH A COORDINATED PROGRAM OF PREVENTION, DIAGNOSIS AND TREATMENT, REHABILITATION AND SUPPORT.

IN ORDER TO FULFILL OUR MISSION, THE HEALTH SYSTEM HAS ENTERED INTO A NUMBER OF EXCLUSIVE CONTRACTS AND/OR SUBSIDY ARRANGEMENTS WITH HOSPITAL BASED PHYSICIANS/PHYSICIAN GROUPS. THESE ARRANGEMENTS PROVIDED FOR TIMELY PATIENT CARE IN A COST EFFECTIVE MANNER, AND ALLOW FOR EFFICIENT ALLOCATION OF PHYSICIAN TIME AND RESOURCES.

THE FOLLOWING SPECIALTY PRACTICE PHYSICIANS ARE SUBSIDIZED TO BE ON-CALL, 24/7 AT FMH:

-HOSPITALISTS

FMH HOSPITALISTS ARE SPECIALISTS TRAINED IN THE CARE OF HOSPITALIZED PATIENTS. THEY PROVIDE CARE TO THE PATIENTS OF THOSE PHYSICIANS WITH WHOM THEY HAVE ESTABLISHED A RELATIONSHIP, AND ASSUME THE MEDICAL MANAGEMENT OF THE PATIENT THROUGHOUT THE DURATION OF THEIR HOSPITAL STAY.

THE HOSPITALISTS ALSO PROVIDE CARE TO THOSE PATIENTS WHO DO NOT HAVE A PRIMARY CARE PHYSICIAN AND/OR ARE UNINSURED.

-SURGICALISTS

FMH EXPANDED ITS HOSPITALIST PROGRAM BY INCLUDING TWO NEW IN HOUSE PROGRAMS: SURGICALISTS AND PEDIATRIC HOSPITALISTS (SEE BELOW).

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

SURGICALISTS ARE SURGEONS WHO ARE IN-HOUSE 24/7 AND ENSURE THAT FREDERICK COUNTY RESIDENTS RECEIVE AROUND-THE-CLOCK QUALITY SURGICAL CARE. SURGICALISTS NOT ONLY PROVIDE BETTER ACCESS TO THE HIGHEST QUALITY SURGICAL CARE, BUT ARE AVAILABLE TO ANSWER PATIENTS' QUESTIONS ABOUT THEIR SURGICAL PROCEDURE.

-PEDIATRIC HOSPITALISTS

FMH HAS EXPANDED ITS SERVICE PROVISION RELATIVE TO OUR PEDIATRIC POPULATIONS. A SUBSET OF OUR HOSPITALIST PROGRAM IS PEDIATRIC HOSPITALISTS, PHYSICIANS WHO SPECIALIZE IN THE MEDICAL MANAGEMENT OF THE HOSPITALIZED PEDIATRIC PATIENT. IN ADDITION, SOME OF OUR PEDIATRIC HOSPITALISTS HAVE ADVANCED TRAINING IN PEDIATRIC EMERGENCY SERVICES AND PROVIDE CARE IN OUR PEDIATRIC EMERGENCY DEPARTMENT THAT IS CO-LOCATED WITH OUR INPATIENT PEDIATRIC UNIT ON THE SECOND FLOOR OF THE HOSPITAL.

-INTENSIVISTS

THE FMH INTENSIVIST PROGRAM WAS INITIATED AS AN ADJUNCT SERVICE FOR THE EXPANSION OF THE FMH HEART SERVICE LINE. WITH THE ADVENT OF THE INTERVENTIONAL CARDIOLOGY PROGRAM, IT WAS NECESSARY TO HAVE 24/7 SPECIALTY CARE IN THE INTENSIVE CARE UNIT. INTENSIVISTS ARE PHYSICIANS WHO HAVE SPECIAL TRAINING IN CRITICAL CARE MEDICINE. THE SPECIALTY REQUIRES ADDITIONAL FELLOWSHIP TRAINING FOR PHYSICIANS WHO COMPLETE THEIR PRIMARY RESIDENCY TRAINING IN INTERNAL MEDICINE, ANESTHESIOLOGY, OR SURGERY. RESEARCH HAS DEMONSTRATED THAT ICU CARE PROVIDED BY INTENSIVISTS PRODUCES BETTER OUTCOMES AND MORE COST EFFECTIVE CARE.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-OBSTETRICIANS

FMH'S RECENT DESIGNATION AS A NEONATAL INTENSIVE CARE CENTER HAS INCREASED THE NUMBER OF HIGH-RISK PREGNANCIES CHOOSING TO DELIVER IN OUR BIRTHPLACE. AN INCREASE IN OUR DEMOGRAPHIC PROFILE OF THOSE INDIVIDUALS LESS LIKELY TO HAVE ADEQUATE - OR ANY - PRENATAL CARE HAS ALSO INCREASED THE PROBABILITY THAT IMMEDIATE/EMERGENT OBSTETRICAL CARE BE AVAILABLE. OUR OBSTETRIC ON-CALL SCHEDULE PERMITS FOR THAT NEED 24/7.

-EMERGENCY PHYSICIANS

FMH'S EMERGENCY DEPARTMENT IS THE THIRD BUSIEST ED IN MARYLAND, REGISTERING OVER 65,000 ANNUAL PATIENT VISITS. BECAUSE OF THE NATURE OF OUR GROWING COMMUNITY, AND THE SEVERITY OF THE EMERGENCIES ENCOUNTERED, IT IS INCREASING NECESSARY TO PROVIDE AROUND-THE-CLOCK PHYSICIAN SPECIALTY CARE. A VARIETY OF SPECIALTY AND SUB-SPECIALTY PHYSICIANS ARE ON CALL TO PROVIDE THE EMERGENT CARE 24/7.

-ANESTHESIOLOGISTS

IN ADDITION TO THE ON-SITE, 24/7, OB ANESTHESIOLOGY COVERAGE, FMH HAS A "FIRST-CALL" ANESTHESIOLOGIST AVAILABLE TO COVER EMERGENCY CASES SHOULD THE IN HOUSE ANESTHESIOLOGIST BE OCCUPIED WITH ANOTHER PATIENT. THE AVAILABILITY OF AN ON-CALL ANESTHESIOLOGIST HAS DECREASED THE TIME INTERVAL BETWEEN DIAGNOSES AND SURGICAL INTERVENTION, RESULTING IN SIGNIFICANTLY BETTER PATIENT OUTCOMES.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

-INTERVENTIONAL CARDIOLOGIST

FMH CONTRACTED A GROUP OF INTERVENTIONAL CARDIOLOGIST TO PROVIDE 24-HOUR SERVICE FOR EMERGENCY ANGIOPLASTY SERVICES. THE INTERVENTIONALISTS ARE AVAILABLE 7-DAYS A WEEK AND SERVE AS THE CODE HEART TEAM LEADERS WHEN RESPONDING TO AN EMERGENCY SITUATION.

COMMUNITY BENEFITS 2011

COMMUNITY HEALTH SERVICES - \$1,715,159

HEALTH PROFESSIONS EDUCATION - \$243,647

MISSION DRIVEN HEALTH SERVICES - \$10,577,161

FINANCIAL CONTRIBUTIONS - \$70,410

CHARITY CARE - \$7,810,600

MEDICAID ASSESSMENTS - \$706,091

TOTAL - \$21,123,068

CHARITY CARE POLICY INFORMATION TO PATIENTS

FREDERICK REGIONAL HEALTH SYSTEM POSTS ITS CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSION AREAS, THE FMH EMERGENCY DEPARTMENT, AND IN ALL OF OUR SATELLITE FACILITIES IN AREAS WHERE ELIGIBLE PATIENTS ARE LIKELY TO PRESENT.

FMH PROVIDES A SUMMARY OF THE CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO ALL PATIENTS AT THE TIME OF ADMISSION

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

TO THE HOSPITAL.

FMH ADMISSIONS PERSONNEL DISCUSS THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS WITH PATIENTS AND/OR THEIR FAMILY MEMBERS, AND THEY ASSIST PATIENTS WITH QUALIFICATION FOR THE PROGRAMS.

DESCRIPTION OF MISSION/VISION/VALUE STATEMENTS

WHILE THE COMPOSITION OF THE INDIVIDUAL FMH MISSION, VISION AND VALUE STATEMENTS IS NOT EXTRAORDINARY - THE ORCHESTRATION OF THE THREE TO CREATE A HARMONIOUS WHOLE - IS EXCEPTIONAL.

FMH MISSION STATEMENT

THE MISSION STATEMENT IS QUITE AMBITIOUS, AND DESCRIBES IN A SINGLE SENTENCE THE PURPOSE TO WHICH THE EMPLOYEES AND STAFF HAVE DEDICATED THEIR PROFESSIONAL LIVES. IN ADDITION TO PURPOSE, OUR MISSION STATEMENT CHARACTERIZES THE PARAMETERS WITHIN WHICH OUR OPERATIONS ARE DELIVERED, AND DETAILS THE PROGRAMS THROUGH WHICH SERVICES ARE RENDERED. BUT MORE THAN THAT, THE FMH MISSION STATEMENT ANCHORS THE FREDERICK COMMUNITY BY SOLIDIFYING A COMMITMENT TO CARE THAT HAS NEVER FALTERED. THERE IS A STABILITY TO THE WORDS THAT SUGGESTS COMPETENCY, COMPASSION AND CONFIDENCE. THEY ARE COMFORTING WORDS TO THE CITIZENS OF OUR COMMUNITY, AND REMAIN STEADFAST AND TRUE REGARDLESS OF WORLD CONDITION OR PERSONAL

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

CIRCUMSTANCE.

FMH STATEMENT OF VALUES

OUR VALUE STATEMENT REFLECTS THOSE QUALITIES OF COMPORTMENT AND SERVICE DELIVERY IN WHICH WE BELIEVE AS AN ORGANIZATION. THESE ATTRIBUTES DOVETAIL WITH OUR MISSION STATEMENT IN THAT THEY DESCRIBE THE PHILOSOPHY THAT DIRECTS OUR BUSINESS OPERATIONS AND GOVERNS OUR PROVISION OF CARE. EACH STATEMENT IS POWERFUL AS A STAND-ALONE EXPRESSION OF PURPOSE AND BELIEF; BUT TOGETHER THEY PROVIDE THE FOUNDATION UPON WHICH THE FREDERICK REGIONAL HEALTH SYSTEM HAS BEEN BUILT.

FMH VISION

AS POWERFUL AS OUR MISSION AND VALUES STATEMENTS ARE, IT IS OUR VISION STATEMENT THAT MOST DIRECTLY GOVERNS DAY-TO-DAY OPERATIONS, PROVISION OF CARE, AND THE PERSONAL COMPORTMENT OF EMPLOYEES AND STAFF. SUPERB QUALITY. SUPERB SERVICE. ALL THE TIME.

THESE SEVEN WORDS ARE THE IDEALS TO WHICH WE ASPIRE EVERY SINGLE DAY. THEY GUIDE OUR BUSINESS PRACTICES, OUR INTERACTIONS WITH OUR CUSTOMERS AND VISITORS, THE CARE DELIVERED TO EVERY PATIENT, AND THE DEGREE OF RESPECT WITH WHICH WE TREAT ONE ANOTHER.

DESCRIPTION OF RELATIONSHIPS

FORM 990, PART VI, QUESTION 2

MARVIN AUSERMAN, DIRECTOR OF FMH, INC. IS ENGAGED IN AN INDIRECT

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

BUSINESS RELATIONSHIP WITH THOMAS KLEINHANZL, JOHN VERBUS, KENNETH COFFEY, JAMES REINSCH AND ANNE HERBERT ROLLINS.

CHANGES IN ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, QUESTION 4

DURING THE TAX YEAR, THE ORGANIZATION REVISED ITS BYLAWS. THE NEW PARENT ORGANIZATION AND SOLE MEMBER OF THE ORGANIZATION IS FREDERICK REGIONAL HEALTH SYSTEM (FRHS). AS SOLE MEMBER, FRHS HAS THE POWER TO REMOVE A BOARD MEMBER. THE PRESIDENT/CEO OF THE ORGANIZATION IS NOW APPOINTED BY THE SOLE MEMBER, FRHS. UNDER THE REVISED BYLAWS, THE ASSETS OF THE ORGANIZATION, UPON DISSOLUTION, WILL BE TRANSFERRED TO FRHS. THE BYLAWS ALSO PROVIDE THAT AMENDMENTS TO THE BYLAWS ARE SUBJECT TO APPROVAL BY FRHS.

FORM 990, PART VI, QUESTION 6

THE SOLE MEMBER OF THE ORGANIZATION IS FREDERICK REGIONAL HEALTH SYSTEM.

FORM 990, PART VI, QUESTION 7A

THE SOLE MEMBER, FREDERICK REGIONAL HEALTH SYSTEM, HAS THE POWER TO APPOINT THE PRESIDENT/CEO AND THE DIRECTORS OF FREDERICK MEMORIAL HOSPITAL.

FORM 990, PART VI, QUESTION 7B

THE MEMBER, FREDERICK REGIONAL HEALTH SYSTEM, MUST APPROVE THE INCURRENCE OF DEBT IF SUCH DEBT EXCEEDS A CERTAIN AMOUNT TO BE DESIGNATED BY THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

MEMBER, CAPITAL EXPENDITURES EXCEEDING A CERTAIN AMOUNT TO BE DESIGNATED BY THE MEMBER, THE DECISION TO DISSOLVE OR LIQUIDATE, THE CREATION OF A SUBSIDIARY, AND AMENDMENTS TO THE BYLAWS.

DESCRIBE THE PROCESS USED BY MANAGEMENT/GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B
THE 990 IS PREPARED IN CONJUNCTION WITH OUTSIDE TAX ACCOUNTANTS AND REVIEWED BY UPPER MANAGEMENT PRIOR TO PROVIDING A COPY TO THE BOARD. COPY OF FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12C
THE FREDERICK MEMORIAL HOSPITAL, INC. BOARD OF DIRECTORS IS COMMITTED TO MEETING ITS FIDUCIARY RESPONSIBILITIES AND MAINTAINING ITS DUTY OF LOYALTY TO THE HOSPITAL AND THE COMMUNITY IT SERVES. TO THIS END, THE BOARD WILL EXERCISE VIGILANCE IN IDENTIFYING ANY CONFLICTS OF INTEREST. THE BOARD WILL ALSO MAINTAIN TRANSPARENCY AND OBJECTIVITY IN MAKING DECISIONS ABOUT CONFLICTS OF INTEREST SO THAT THE ORGANIZATION'S MISSION IS ALWAYS THE FIRST PRIORITY. THE CHAIRPERSON (OR VICE CHAIRPERSON IF THE CHAIR IS INVOLVED) WILL NOTIFY ALL DIRECTORS OF A REPORTED CONFLICT OF INTEREST AND DECIDE WHETHER TO TAKE THE MATTER TO THE FULL BOARD TO DECIDE WHETHER A CONFLICT EXISTS AND, IF SO, WHAT ACTION TO TAKE, OR WILL REFER THE MATTER TO THE GOVERNANCE COMMITTEE FOR AN IN-DEPTH EXAMINATION, SUMMARY, AND RECOMMENDATION PRIOR TO A FULL BOARD DISCUSSION AND

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

DECISION. IF TIME IS OF THE ESSENCE, THE CHAIRPERSON OR VICE CHAIRPERSON WILL TAKE THE MATTER TO THE EXECUTIVE COMMITTEE FOR DISCUSSION AND A DECISION, AND WILL THEN NOTIFY THE FULL BOARD. WHERE A CONFLICT OF INTEREST HAS BEEN IDENTIFIED, THE BOARD MEMBER SHALL NOT VOTE OR BE PRESENT FOR THE DISCUSSION OR THE VOTE REGARDING THE TRANSACTION AT EITHER THE FULL BOARD, EXECUTIVE COMMITTEE, OR GOVERNANCE COMMITTEE MEETINGS, EXCEPT TO ANSWER QUESTIONS THAT MAY BE ASKED OF HIM OR HER. TO PREVENT ACTUAL OR PERCEIVED INFLUENCE ON THE BOARD'S DECISION, THE CONFLICTED MEMBER IS PROHIBITED, AFTER INITIAL DISCLOSURE, FROM DISCUSSING THE CONFLICT OF INTEREST EITHER FORMALLY OR INFORMALLY WITH FELLOW DIRECTORS OR WITH MEMBERS OF THE MANAGEMENT. THERE WILL BE AN ANNUAL REVIEW OF ALL BOARD MEMBERS AND OFFICERS TRANSACTIONS PREPARED BY THE ADMINISTRATION AND REVIEWED BY THE GOVERNANCE COMMITTEE AND THE FULL BOARD OF DIRECTORS. AT THAT TIME, ALL DIRECTORS WILL BE REMINDED OF THE IRS INTERMEDIATE SANCTIONS REGULATION THAT ESTABLISHES EXCISE TAXES AS A SANCTION AGAINST ADMINISTRATORS AND DIRECTORS OF TAX-EXEMPT ORGANIZATIONS WHO PARTICIPATE IN "EXCESS BENEFIT TRANSACTIONS" (E.G., UNREASONABLY HIGH EMPLOYMENT COMPENSATION OR BUSINESS DEALS).

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTIONS 15A & 15B

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO CARRY OUT THE HEALTH SYSTEM MISSION, TO ACHIEVE THE CHARITABLE PURPOSE, TO ATTRACT, RETAIN, MOTIVATE AND REWARD EXECUTIVE MANAGEMENT, AND TO MAINTAIN A COMPETITIVE POSITION WITH PEER ORGANIZATIONS IN THE REGION. OVERSIGHT OF THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

EXECUTIVE COMPENSATION PROGRAM IS PROVIDED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD, COMPOSED OF THE BOARD CHAIRMAN, VICE CHAIRMAN, IMMEDIATE PRECEDING CHAIRMAN, CHAIRMAN OF THE FINANCE COMMITTEE AND THE CHAIRMAN OF THE GOVERNANCE COMMITTEE. THE EXECUTIVE COMPENSATION PHILOSOPHY OF THE BOARD PROVIDES FOR BASE COMPENSATION AT THE 50TH TO 60TH PERCENTILE OF OUR PEER GROUP. IN ADDITION TO THE BOARD'S COMPENSATION COMMITTEE, WE UTILIZED AN EXTERNAL INDEPENDENT CONSULTANT AND MARKET SURVEYS FOR ALL EXECUTIVE MANAGEMENT COMPENSATION. THE PRESIDENT AND CEO HAVE A WRITTEN EMPLOYMENT CONTRACT.

WRITTEN POLICIES AND PROCEDURES FOR JOINT VENTURES
FORM 990, PART VI, QUESTION 16B
FREDERICK MEMORIAL HOSPITAL USES LEGAL COUNSEL WHEN EVALUATING ANY POTENTIAL JOINT VENTURES WITH FOR-PROFIT ENTITIES. IN ADDITION, TAX EXPOSURES RELATED TO THESE ENTITIES ARE CONSIDERED ANNUALLY IN THE PREPARATION OF THE FIN 48 MEMO REQUIRED AS PART OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS. FMH IS IN THE PROCESS OF COMPILING A FORMAL POLICY IN THIS AREA AND WRITTEN POLICIES WILL BE ADOPTED PRIOR TO 6/30/12.

AVAIL OF GOV DOCS, CONFL. OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FREDERICK MEMORIAL HOSPITAL, INC. CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.FMH.ORG.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 5

GAIN ON SALE OF ASSETS	\$5,232
UNREALIZED GAINS ON INVESTMENT SECURITIES AND EBURG	\$8,203,068
UNREALIZED GAINS ON INTEREST RATE SWAP	\$1,550,539
PENSION ADJUSTMENT	\$6,504,235
MISC	(\$37)
CHANGE IN TEMP RESTRICTED NET ASSETS	\$514,607
RELEASES FROM RESTRICTION	\$256,040

TOTAL	\$17,033,684

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	JENNIFER G TEETER AVP PAYOR CONTRACTING	40.00			X				152,212.	0.	24,753.
30	JOHN R VERBUS SR VP AND COO	40.00			X				375,888.	0.	35,648.
31	JIM R WILLIAMS VP BUS DEV AND PROF SVCS	40.00			X				189,105.	0.	26,557.
32	SUSAN BAHL PHYSICIAN	40.00				X			278,966.	0.	7,235.
33	PAUL N CHOMIAK PHYSICIAN	40.00				X			331,058.	0.	27,721.
34	ELHAMY D ESKANDER PHYSICIAN	40.00				X			265,255.	0.	35,421.
35	DUNG-THU NGUYEN PHYSICIAN	40.00				X			264,723.	0.	29,889.
36	BRIAN M O'CONNOR PHYSICIAN	40.00				X			357,412.	0.	36,201.
37	MICHAEL W GASKINS VP FINANCE	40.00					X		211,328.	0.	23,385.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
---	--

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TX TEAM REHAB INC. 4625 EAST STOP 11 ROAD INDIANAPOLIS, IN 46237	REHABILITATION SRVCS	6,823,735.
PRIME DOC OF FREDERICK, PA PO BOX 7568 ASHEVILLE, NC 28802	PHYSICIAN SERVICES	1,799,850.
SLEEPMED/DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	MEDICAL SERVICES	1,276,430.
CARDIOVASCULAR CONSULTANTS, PA 7901 MAPLE AVENUE TAKOMA PARK, MD 20912	PHYSICIAN SERVICES	1,097,545.
FIRST COLONIES ANESTHESIA ASSOCIATES 7490 NEW TECHNOLOGY WAY FREDERICK, MD 21703	PHYSICIAN SERVICES	1,051,483.
TOTAL COMPENSATION		<u>12,049,043.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EMMITSBURG PROPERTIES, LLC 52-1910823 400 WEST SEVENTH STREET FREDERICK, 21701	HOLDING INVTS	MD	430,988.	2,671,656.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOSPICE OF FREDERICK COUNTY, INC. 52-1164513 400 WEST SEVENTH STREET FREDERICK, 21701	HOSPICE CARE	MD	501 (C) (3)	7	N/A	X	
(2) FREDERICK REGIONAL HEALTH SYSTEM 45-4133096 400 WEST 7TH STREET FREDERICK, MD 21701	HEALTH SYSTEM	MD	501 (C) (3)	11B	N/A		X
(3) MONOCACY HEALTH PARTNERS, LLC 45-3007639 400 WEST 7TH STREET FREDERICK, MD 21701	PHYSICIAN ORG	MD	501 (C) (3)	7	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) <u>FREDERICK HEALTH SERVICES CORPORATION</u> <u>52-1851661</u> 400 WEST SEVENTH STREET FREDERICK, 21701	MANAGEMENT CO.	MD	N/A	C CORP	210,258.	11,987,041.	100.0000
(2) <u>FREDERICK SURGICAL SERVICES CORPORATION</u> <u>52-1642334</u> 400 WEST SEVENTH STREET FREDERICK, 21701	HOLDING COMPANY	MD	FHSC	C CORP	-146,469.	2,153,146.	100.0000
(3) <u>MONOCACY INSURANCE, LTD</u> <u>98-1011570</u> PO BOX 1159 GRAND CAYMAN KY1-1102,	INSURANCE	MD	N/A	C CORP			
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HOSPICE OF FREDERICK COUNTY, INC.	N	655,653.	FMV
(2) FREDERICK HEALTH SERVICES CORPORATION	N	267,831.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
