

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 2009 calendar year, or tax year beginning 07/01, 2009 , and ending 06/30, 2010																																																							
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">C Name of organization</td> <td colspan="2">FREDERICK MEMORIAL HOSPITAL, INC.</td> </tr> <tr> <td>Doing Business As</td> <td colspan="2"></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td colspan="2">Room/suite</td> </tr> <tr> <td>400 WEST 7TH STREET</td> <td colspan="2"></td> </tr> <tr> <td>City or town, state or country, and ZIP + 4</td> <td colspan="2">FREDERICK, MD 21701</td> </tr> <tr> <td>F Name and address of principal officer:</td> <td colspan="2">THOMAS A. KLEINHANZL</td> </tr> <tr> <td>400 WEST 7TH STREET</td> <td colspan="2">FREDERICK, MD 21701</td> </tr> <tr> <td>D Employer identification number</td> <td colspan="2">52-0591612</td> </tr> <tr> <td>E Telephone number</td> <td colspan="2">(240) 566-3300</td> </tr> <tr> <td>G Gross receipts \$</td> <td colspan="2">365,716,328.</td> </tr> <tr> <td>H(a) Is this a group return for affiliates?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all affiliates included?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">If "No," attach a list. (see instructions)</td> </tr> <tr> <td>I Tax-exempt status:</td> <td><input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.)</td> <td><input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td>J Website:</td> <td colspan="2">▶ WWW.FMH.ORG</td> </tr> <tr> <td>K Form of organization:</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> </tr> <tr> <td>L Year of formation:</td> <td>1897</td> <td>M State of legal domicile: MD</td> </tr> <tr> <td>H(c) Group exemption number</td> <td colspan="2">▶</td> </tr> </table>	C Name of organization	FREDERICK MEMORIAL HOSPITAL, INC.		Doing Business As			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		400 WEST 7TH STREET			City or town, state or country, and ZIP + 4	FREDERICK, MD 21701		F Name and address of principal officer:	THOMAS A. KLEINHANZL		400 WEST 7TH STREET	FREDERICK, MD 21701		D Employer identification number	52-0591612		E Telephone number	(240) 566-3300		G Gross receipts \$	365,716,328.		H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	H(b) Are all affiliates included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No," attach a list. (see instructions)			I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website:	▶ WWW.FMH.ORG		K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation:	1897	M State of legal domicile: MD	H(c) Group exemption number	▶	
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Part I Summary

	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.		
Activities & Governance	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	3,026
	6 Total number of volunteers (estimate if necessary)	6	819
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	27,576.
	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)	4,115,496.	3,600,853.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	285,540,207.	303,546,203.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,545,599.	-1,304,105.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,789,877.	1,438,862.
		287,899,981.	307,281,813.
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)	152,677,049.	153,752,164.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 749,338.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	136,526,716.	149,886,646.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	289,303,765.	303,738,810.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,403,784.	3,543,003.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	355,525,760.	371,155,162.
	22 Net assets or fund balances. Subtract line 21 from line 20	211,722,268.	226,506,128.
	143,803,492.	144,649,034.	

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____		
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature ▶ <i>Ernst & Young</i> Date <i>5/16/11</i> Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP 1901 6TH AVENUE NORTH SUITE 1200 BIRMINGHAM, AL 35203	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00292940 EIN ▶ 34-6565596 Phone no. ▶ 205-251-2000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	FREDERICK MEMORIAL HOSPITAL, INC.	52-0591612
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	400 WEST 7TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FREDERICK, MD 21701	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MICHELLE MAHAN
 Telephone No. FAX No.
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until MAY 15, 20 11.
- 5 For calendar year _____, or other tax year beginning 07/01, 20 09, and ending 06/30, 20 10.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER ALL THE NECESSARY INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
	Number, street, and room or suite no. If a P.O. box, see instructions. 400 WEST 7TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21701	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ MICHELLE MAHAN

Telephone No. ▶ 240 566-3350 FAX No. ▶ 240 566-3969

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2009, and ending 06/30, 2010.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments

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 \$ 273,167,801. including grants of \$ 100,000.) (Revenue \$ 303,546,203.)
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 ▶ 273,167,801.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (16); 1b Enter the number of voting members that are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
E JAMES REINSCH DIRECTOR	2.00	X					0.	0.	0.	
ANNE HERBERT ROLLINS SECRETARY AND TREASURER	6.00	X		X			0.	0.	0.	
NEIL WARAVDEKAR MD VICE CHIEF OF STAFF	10.00	X		X			15,059.	0.	0.	
GERALD WINNAN MD DIRECTOR	2.00	X					0.	0.	0.	
ADRIANE WODEY VICE CHAIRMAN	6.00	X		X			0.	0.	0.	
SAEED ZAIDI MD FORMER CHIEF OF STAFF/DIRECTOR	2.00	X					0.	0.	0.	
EARL MACKINTOSH III DIRECTOR	2.00	X					0.	0.	0.	
JOHN MOLESWORTH DO CHIEF OF STAFF	10.00	X		X			36,499.	0.	0.	
GREG POWELL PHD CHAIRMAN OF THE BOARD	8.00	X		X			0.	0.	0.	
MARVIN E AUSERMAN DIRECTOR	2.00	X					0.	0.	0.	
WENDY BRUNDAGE DIRECTOR	2.00	X					0.	0.	0.	
CAROL W EATON PHD DIRECTOR	2.00	X					0.	0.	0.	
BERNARD GOVIN DIRECTOR	2.00	X					0.	0.	0.	
PHIL HAMMOND DIRECTOR	2.00	X					0.	0.	0.	
PAULA L JAGEMANN DIRECTOR	2.00	X					0.	0.	0.	
THOMAS A KLEINHANZL PRESIDENT AND CEO	40.00	X		X			998,737.	0.	29,206.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG ROSENDALE VP ANCILLARY SERVICES	40.00			X				181,611.	0.	29,410.
DONALD SCHILLING VP AMBULATORY SERVICES	40.00			X				188,759.	0.	19,147.
JENNIFER TEETER AVP PAYOR CONTRACTS	40.00			X				146,335.	0.	20,865.
JOHN VERBUS SR VP AND COO	40.00			X				338,897.	0.	27,537.
JIM WILLIAMS VP BUS DEV AND PROF SVCS	40.00			X				182,897.	0.	25,749.
ROSE LABRIOLA SR VP PATIENT CARE	40.00			X				252,720.	0.	18,297.
MICHELLE MAHAN SR VP AND CFO	40.00			X				338,897.	0.	23,082.
TERRY O'MALLEY VP HUMAN RESOURCES	40.00			X				190,828.	0.	21,279.
DAVID QUIRKE VP OF INFO SERVICES	40.00			X				229,626.	0.	18,036.
MANUEL CASIANO VP MED STAFF	40.00			X				302,729.	0.	24,291.
KENNETH COFFEY VP AND CDO	40.00			X				174,236.	0.	28,290.
MICHAEL GASKINS VP FINANCE	40.00			X				200,196.	0.	23,616.
KIMANH T LE MD PHYSICIAN	40.00					X		337,049.	0.	29,657.
1b Total CONTINUED AT SCHEDULE J-2								5,499,107.	0.	455,513.

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 **▶** 133

	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 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 **▶** 47

Part VIII Statement of Revenue

52-0591612

				(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	3,600,853.					
	g Noncash contributions included in lines 1a-1f: \$		50,675.					
	h Total. Add lines 1a-1f ▶			3,600,853.				
Program Service Revenue				Business Code				
	2a <u>INPATIENT REVENUE</u>		900099	161,838,566.	161,838,566.			
	b <u>OUTPATIENT REVENUE</u>		621400	139,478,277.	139,478,277.			
	c <u>TRANSCRIPTION SERVICES</u>		561000	503,498.	503,498.			
	d <u>GROUP PURCHASING (PREMIER)</u>		900099	649,269.	621,693.	27,576.		
	e <u>ALL OTHER PROGRAM SERVICE REVENUE</u>		900099	1,076,593.	1,076,593.			
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			303,546,203.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,669,018.			2,669,018.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross Rents	(i) Real	21,301.					
		(ii) Personal						
		b Less: rental expenses		0.				
		c Rental income or (loss)		21,301.				
	d Net rental income or (loss) ▶			21,301.			21,301.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	54,461,393.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		58,434,515.				
		c Gain or (loss)		-3,973,122.				
	d Net gain or (loss) ▶			-3,973,123.			-3,973,123.	
	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	1,125,321.			1,125,321.		
b <u>MT. AIRY JOINT VENTURE MANAGEMENT FEE</u>		541610	292,240.			292,240.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			1,417,561.					
12 Total Revenue. See instructions ▶			307,281,813.	303,518,627.	27,576.	134,757.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	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	4,051,402.		4,051,402.	
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	119,106,605.	109,739,135.	9,082,847.	284,623.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,092,555.	1,930,817.	159,809.	1,929.
9 Other employee benefits	19,494,485.	17,968,046.	1,458,598.	67,841.
10 Payroll taxes	9,007,117.	8,310,938.	687,877.	8,302.
11 Fees for services (non-employees):				
a Management	2,438,807.	2,243,702.	195,105.	
b Legal	540,022.		540,022.	
c Accounting	336,290.		336,290.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	244,974.		244,974.	
g Other	32,292,467.	29,077,367.	3,140,658.	74,442.
12 Advertising and promotion	868,782.	51,801.	632,473.	184,508.
13 Office expenses	7,482,315.	6,690,235.	696,202.	95,878.
14 Information technology	2,315,615.	2,315,615.		
15 Royalties	0.			
16 Occupancy	4,290,100.	3,817,158.	472,942.	
17 Travel	105,672.	82,492.	23,180.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	89,758.	35,354.	54,087.	317.
20 Interest	6,976,093.	6,536,599.	425,542.	13,952.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	17,708,575.	14,303,661.	3,394,002.	10,912.
23 Insurance	2,594,799.	216,605.	2,378,194.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>COST OF GOODS SOLD, SUPPLIES</u>	52,898,670.	52,538,595.	356,205.	3,870.
b <u>BAD DEBT EXPENSE</u>	12,799,239.	12,799,239.		
c <u>ALL OTHER EXPENSES</u>	5,904,468.	4,410,442.	1,491,262.	2,764.
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	303,738,810.	273,167,801.	29,821,671.	749,338.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,872,662.	1	1,713,322.
	2 Savings and temporary cash investments	27,660,986.	2	32,461,636.
	3 Pledges and grants receivable, net	4,694,936.	3	3,112,781.
	4 Accounts receivable, net	40,614,085.	4	43,739,800.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	189,443.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,974,198.	8	4,155,677.
	9 Prepaid expenses and deferred charges	1,290,470.	9	2,181,733.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 341,381,504.		
	b Less: accumulated depreciation	10b 166,096,051.	172,828,942.	10c 175,285,453.
	11 Investments - publicly traded securities	58,778,330.	11	69,011,624.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	34,331,477.	13	33,813,787.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,479,674.	15	5,489,906.
16 Total assets. Add lines 1 through 15 (must equal line 34)	355,525,760.	16	371,155,162.	
Liabilities	17 Accounts payable and accrued expenses	30,580,584.	17	33,272,469.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	140,482,951.	20	139,767,920.
	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	1,436,966.	23	461,278.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	39,221,767.	25	53,004,461.
	26 Total liabilities. Add lines 17 through 25	211,722,268.	26	226,506,128.
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	136,679,001.	27	138,989,704.
	28 Temporarily restricted net assets	6,148,314.	28	4,683,153.
	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	143,803,492.	33	144,649,034.	
34 Total liabilities and net assets/fund balances	355,525,760.	34	371,155,162.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

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

2009

Open to Public Inspection

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Row 15: Public support percentage for 2009; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2009, 2008. Row 17: Investment income percentage for 2009; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19 a 33 1/3 % support tests - 2009. 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 - 2008. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule of Contributors

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

2009

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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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
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 378,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 9,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 1,438,235.	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	_____	\$ 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
7	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 136,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____	\$ 33,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____	\$ 106,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	_____	\$ 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
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 5,100.	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	_____	\$ 9,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____	\$ 6,006.	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		\$ 248,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 30,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 9,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 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
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 6,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 29,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 5,000.	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
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	_____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	_____	\$ 199,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	_____	\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	_____	\$ 5,000.	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
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 7,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 7,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 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
43	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	_____ _____ _____	\$ 12,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	_____ _____ _____	\$ 150,455.	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
3	STOCK _____ _____ _____	\$ 9,918.	VARIOUS _____
10	STOCK _____ _____ _____	\$ 33,391.	VARIOUS _____
38	STOCK _____ _____ _____	\$ 7,366.	VARIOUS _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____	\$ _____	_____ _____

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

2009

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), then

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

Name of organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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%;"> <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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable 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: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

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

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.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

DESCRIPTION OF LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE EXPENSE OF \$31,100 REPRESENTS A PORTION OF DUES PAID TO AMERICAN HOSPITAL ASSOCIATION, MARYLAND NATIONAL CAPITAL HOMECARE ASSOCIATION, AND NATIONAL ASSOCIATION FOR HOMECARE.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

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.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, access, 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 columns: Amount, 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 include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the 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
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 Investments - 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 include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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
Financial derivatives		
Closely-held equity interests		
Other _____		

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
LIFE INSURANCE POLICY	687,699.	FMV
INVESTMENT IN SUBSIDIARIES	19,193,476.	FMV
ASSETS LIMITED AS TO USE	13,932,612.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	33,813,787.	

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

(a) Description	(b) Book value

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
Federal income taxes	
ADVANCES FROM THIRD PARTIES	8,048,198.
INTEREST RATE SWAP CONTRACT	11,265,309.
PENSION LIABILITY	22,415,459.
MALPRACTICE INSURANCE LIABILITY	4,807,951.
CAPITAL LEASE OBLIGATIONS	1,549,754.
OTHER LIABILITIES	4,917,790.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	53,004,461.

2. FIN 48 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.

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

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE USED FOR HEALTH CARE SERVICES.

FIN 48 FOOTNOTE DISCLOSURE

SCHEDULE D, PART X, LINE 2

THERE WAS NO FIN 48 FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS, BECAUSE

THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2010.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2009

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 Charity Care and Certain Other Community Benefits at Cost

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

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

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			3,394,008.	0.	3,394,008.	1.17
b Unreimbursed Medicaid (from Worksheet 3, column a)			24,386,824.	27,505,389.	-3,118,565.	-1.07
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			27,780,832.	27,505,389.	275,443.	.10
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,604,721.	341,169.	1,263,552.	.43
f Health professions education (from Worksheet 5)			100,000.	0.	100,000.	.03
g Subsidized health services (from Worksheet 6)			11,306,727.	162,217.	11,144,510.	3.83
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			129,333.	0.	129,033.	0.00
j Total. Other Benefits			13,140,781.	503,386.	12,637,095.	4.29
k Total. Add lines 7d and 7j			40,921,613.	28,008,775.	12,912,538.	4.39

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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? **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** 10,624,688.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3** 1,593,703.
- 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 other 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) **5** 104,516,952.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 102,958,930.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** 1,558,022.

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

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					
14					

Part VI Supplemental Information

Complete this part to provide the following information.

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

ESTIMATE OF CHARITY CARE IN BAD DEBT EXPENSE

SCHEDULE H, 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 HOSPITAL CONTINUES TO LOOK FOR WAYS TO IMPROVE OUR CHARITY CARE

PROCESS TO ENSURE THAT ALL PATIENTS ELIGIBLE FOR CHARITY DO RECEIVE

CHARITY.

PART I, LINE 7G:

N/A

PART I, LINE 7, COLUMN F:

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

\$303,738,810. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT IS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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:

 PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE

 SPECIFICALLY EXCLUDED FROM THE COLLECTION PROCESS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THERE IS ONE OUTPATIENT URGENT CARE FACILITY, ONE INPATIENT FACILITY
 FOR HOSPICE PATIENTS, ONE OUTPATIENT CANCER TREATMENT CENTER, ONE
 DURABLE MEDICAL GOODS ORGANIZATION, ONE HOME HEALTH NURSING
 ORGANIZATION, ONE HOSPICE CARE ORGANIZATION, ONE OUTPATIENT
 REHABILITATION CLINIC, ONE OUTPATIENT TREATMENT CENTER, ONE LONG TERM
 CARE FACILITY, FIVE OUTPATIENT DIAGNOSTIC CENTERS AND FOUR OUTPATIENT
 PHYSICIAN CLINICS.

NEEDS ASSESSMENT:

IN 2007, THE FREDERICK COUNTY HEALTH DEPARTMENT CONTRACTED
 PROFESSIONAL RESEARCH CONSULTANTS, INC., TO PERFORM A TELEPHONE
 SURVEY OF 1,000 FREDERICK COUNTY, MARYLAND 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 WITH PHYSICIANS, SOCIAL

Part VI Supplemental Information

Complete this part to provide the following information.

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

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.

2. TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS

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

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

Part VI Supplemental Information

Complete this part to provide the following information.

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

COMMUNITY INFORMATION:

FREDERICK MEMORIAL HOSPITAL'S PATIENTS ARE PRIMARILY FROM FREDERICK 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.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

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. Use Part IV and Schedule I-1 (Form 990) 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

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, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE HOSPITAL PROVIDES FUNDING TO A LOCAL COMMUNITY COLLEGE (501C3) 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

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

2009

Open to Public Inspection

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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					
CRAIG ROSENDALE	(i)	170,452.	8,837.	2,322.	14,130.	15,280.	211,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DONALD SCHILLING	(i)	179,752.	8,582.	425.	3,838.	15,309.	207,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER TEETER	(i)	137,309.	8,216.	810.	8,224.	12,641.	167,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN VERBUS	(i)	290,481.	30,674.	17,742.	11,875.	15,662.	366,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JIM WILLIAMS	(i)	168,906.	11,669.	2,322.	13,205.	12,544.	208,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROSE LABRIOLA	(i)	218,865.	10,870.	22,985.	10,688.	7,609.	271,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMANH T LE MD	(i)	336,689.	0.	360.	14,325.	15,332.	366,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELLE MAHAN	(i)	287,020.	34,135.	17,742.	10,503.	12,579.	361,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN M OCONNOR MD	(i)	292,230.	0.	869.	18,737.	15,332.	327,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TERRY O'MALLEY	(i)	177,981.	9,283.	3,564.	8,687.	12,592.	212,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID QUIRKE	(i)	216,023.	13,063.	540.	10,427.	7,609.	247,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH E ASUNCION MD	(i)	312,393.	0.	357.	14,325.	15,062.	342,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MANUEL CASIANO	(i)	284,630.	16,857.	1,242.	11,606.	12,685.	327,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL N CHOMIAK	(i)	325,111.	0.	54,480.	5,870.	15,332.	400,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH COFFEY	(i)	162,392.	10,602.	1,242.	12,785.	15,505.	202,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL GASKINS	(i)	186,783.	12,873.	540.	7,954.	15,662.	223,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 4B

FREDERICK MEMORIAL HOSPITAL INC HAS ONE 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN WITH AN EFFECTIVE DATE OF DECEMBER 15, 2004, FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. 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

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.

THE PLAN ARE HELD IN A SEPARATE TRUST. TOTAL HOSPITAL CONTRIBUTIONS TO THIS PLAN WERE \$77,500 FOR THE YEAR ENDED JUNE 30, 2010. THOMAS KLEINHANZL RECEIVED A PAYMENT OF \$331,521 FROM THE SECTION 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.

SUPPLEMENTAL COMPENSATION 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

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.

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
 INDIVIDUAL LEVEL. INDIVIDUAL PAYMENTS ARE BASED ON PERFORMANCE AGAINST
 CORPORATE GOALS, INDIVIDUAL GOALS, AND DISCRETION OF THE BOARD.

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2009

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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					
THOMAS A KLEINHANZL	(i)	504,670.	65,811.	428,256.	13,100.	16,106.	1,027,943.	331,521.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL G RAUSCH	(i)	395,544.	0.	3,048.	20,075.	12,318.	430,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J-1 (Form 990) 2009

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

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

2009

**Open to Public
Inspection**

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	
							Yes	No	Yes	No
A	MARYLAND HEALTH & HIGHER EDUC FACILITIES AUTHORITY	52-0936091	574217Y25	07/09/2008	72,160,000.	SEE SCHEDULE O		X		X
B										
C										
D										
E										

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	72,160,000.									
2 Gross proceeds in reserve funds	0.									
3 Proceeds in refunding or defeasance escrows	0.									
4 Other unspent proceeds	0.									
5 Issuance costs from proceeds	1,142,505.									
6 Working capital expenditures from proceeds	0.									
7 Capital expenditures from proceeds	0.									
8 Year of substantial completion	2008									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	X									
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 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		E	
	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 with respect to the financed property which may result in private business use?	X									

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
b Are there any research agreements with respect to the financed property which may result in private business use?		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 ▶		.7200%		%		%		%		%
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 57200%		%		%		%		%
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		E	
	Yes	No	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 identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider	UBS AG STAMFORD									
c Term of hedge	3.804									
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									

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

2009

Open To Public Inspection

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

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.

(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
PAUL CHOMIAK SEE SCHEDULE O		X	649,518.	189,443.		X		X	X	

Total ▶ \$ 189,443.

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

**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

2009

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	50,675.	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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

ATTACHMENT 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

OVER THE PAST YEAR, FMH HAS ENJOYED STRONG PATIENT VOLUME GROWTH IN BOTH THE OUTPATIENT AND INPATIENT SETTINGS. THIS CONTINUING GROWTH IS, IN LARGE MEASURE, THANKS TO OUR DEDICATED EMPLOYEES, PHYSICIANS AND VOLUNTEERS WHO CONTINUE TO PROVIDE SUPERB CUSTOMER SERVICE AND COMPASSIONATE, QUALITY CARE TO OUR PATIENTS.

DESPITE CHALLENGING ECONOMIC CONDITIONS, AND INCREASED WORK LOADS DUE TO GROWING VOLUMES AND SERVICE EXPANSIONS, FMH CONTINUED TO IMPROVE PATIENT SATISFACTION SCORES. THE HEALTHCARE SYSTEM ENDED THE FISCAL YEAR WITH THE HIGHEST PERCENTILE INPATIENT SATISFACTION SCORE WE HAVE EVER ACHIEVED.

THE EMERGENCY DEPARTMENT HAS BEEN NOTHING SHORT OF AMAZING BY RECORDING A PATIENT SATISFACTION SCORE IN THE 85TH PERCENTILE. THE REGIONAL CANCER THERAPY CENTER AND FMH HOMECARE HIT PATIENT SATISFACTION HOME RUNS BY SCORING IN THE TOP 10 PERCENT OF THEIR NATIONAL PEER GROUP.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

SUBSTANTIAL PATIENT SATISFACTION PROGRESS WAS ALSO REALIZED IN AMBULATORY SURGERY AND MAIN CAMPUS OUTPATIENT SERVICES. THE IMPLEMENTATION OF OUR CONCIERGE AND PATIENT AMBASSADOR PROGRAMS, AS WELL AS THE RE-ESTABLISHMENT OF FREE VALET PARKING HAVE HELPED TO INCREASE SCORES AND DRAW ATTENTION TO THE HEALTHCARE SYSTEM'S CONTINUING COMMITMENT TO PATIENT SATISFACTION.

OVER THE PAST TWELVE MONTHS, THE HEALTHCARE SYSTEM HAS DRAWN THE REGION'S ATTENTION FOR MORE THAN EXCEPTIONAL CUSTOMER SERVICE. OUR PROGRAMS AND SERVICES ARE WINNING AWARDS, CERTIFICATIONS, ACCREDITATIONS AND CENTER OF EXCELLENCE DESIGNATIONS AT A REMARKABLY RAPID RATE. THE STROKE PROGRAM, THE FMH JOINT WORKS - HIP AND KNEE SURGERY - THE INTERVENTIONAL CARDIOLOGY PROGRAM, THE PULMONARY FUNCTION LABORATORY, AND THE REGIONAL CANCER THERAPY CENTER ARE JUST A FEW FMH DEPARTMENTS AND SERVICES THAT HAVE RECEIVED 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.

IN THE PAST YEAR, FMH RECEIVED 8 AWARDS FROM THE MEDICARE HOSPITAL QUALITY INCENTIVE DEMONSTRATION (HQID) PROJECT. THE HEALTHCARE SYSTEM RECEIVED PAYMENTS IN EXCESS OF \$140,000 IN RECOGNITION OF OUR CONTINUED

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

COMMITMENT TO MEETING EXCEPTIONAL QUALITY STANDARDS IN HIGH VOLUME
DIAGNOSES.

IMPORTANT WORK CONTINUES IN THE AREA OF REDUCING PATIENT INFECTIONS AS
WELL. A RENEWED COMMITMENT TO IMPROVING HAND HYGIENE AND DECREASING
HOSPITAL ACQUIRED INFECTIONS HAS BEGUN TO PRODUCE RESULTS BENEFITING OUR
PATIENTS. 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.

MAJOR EXPANSIONS IN SOME OF THE HEALTHCARE SYSTEM'S CLINICAL SERVICES,
AND THE OPENING OF NEW SATELLITE FACILITIES, WILL BENEFIT THE CITIZENS OF
THE REGION FOR MANY YEARS TO COME. WE HAVE WORKED IN CONCERT WITH
SEVERAL OF OUR PHYSICIAN GROUPS TO EXPAND ACCESS TO HEALTHCARE BY
CREATING OFFICE SPACE FOR THEIR PRACTICES IN THE FMH URBANA FACILITY, AND
MOST RECENTLY, IN SOUTH FREDERICK IN FMH CRESTWOOD. THIS FACILITY HOUSES
THE WOMEN'S CENTER, A NEW CONCEPT IN THE PROVISION OF WOMEN'S HEALTH
SERVICES IN FREDERICK COUNTY THAT PROVIDES COMPREHENSIVE DIAGNOSTIC,
TREATMENT AND REHABILITATION SERVICES IN ONE CONVENIENT LOCATION.

SIGNATURE SERVICE LINES WERE STRENGTHENED IN FY10 WITH THE ADDITION OF

Name of the organization

FREDERICK MEMORIAL HOSPITAL, INC.

Employer identification number

52-0591612

ATTACHMENT 1 (CONT'D)

SEVERAL OUTSTANDING PHYSICIANS WHO ARE RECOGNIZED LEADERS IN THEIR FIELDS OF MEDICINE. DR. GREGORY GAGNON, A PIONEER IN CYBERKNIFE RADIOSURGERY AND RECOGNIZED WORLDWIDE AS THE LEADING AUTHORITY IN THE DISCIPLINE, IS THE NEW MEDICAL DIRECTOR OF THE FMH CYBERKNIFE CENTER. PEDIATRIC CARE AT FMH TOOK A MAJOR STEP FORWARD WITH THE ADDITION OF DR. ROBERT WACK, MEDICAL DIRECTOR FOR EMERGENCY PEDIATRIC SERVICES. DR. WACK HAS IMPLEMENTED 24/7 EMERGENCY CARE FOR PEDIATRIC PATIENTS AND LAUNCHED THE CO-LOCATION OF PEDIATRIC EMERGENCY SERVICES AND PEDIATRIC INPATIENT CARE ON THE SECOND FLOOR OF THE HOSPITAL. DR. ERIC BUSH IS THE NEW MEDICAL DIRECTOR OF HOSPICE OF FREDERICK COUNTY AND HAS ASSUMED RESPONSIBILITY FOR THE HOSPITAL'S PALLIATIVE END OF LIFE CARE PROGRAM.

FREDERICK COUNTY'S OFFICE OF ECONOMIC DEVELOPMENT, WORKFORCE SERVICES AND THE FREDERICK CHAMBER OF COMMERCE ALONG WITH THE CITY OF FREDERICK'S DEPARTMENT OF ECONOMIC DEVELOPMENT RECENTLY HONORED FMH AS ONE OF THE TOP FIVE MOST "FAMILY FRIENDLY" BUSINESSES IN THE AREA. OUR COMMITMENT TO PROVIDE OUR EMPLOYEES WITH A WORK ENVIRONMENT THAT IS WELCOMING AND SAFE HAS NEVER BEEN STRONGER. WE LAUNCHED A WEB-BASED RESOURCE CALLED CULTURE VISION, DESIGNED TO HELP HEALTHCARE WORKERS BETTER UNDERSTAND THE DIVERSE NEEDS OF OUR PATIENTS; AND, IN AUGUST, THE HEALTHCARE SYSTEM'S FIRST DIRECTOR OF CULTURAL AWARENESS AND INCLUSION WILL CHAMPION NEW INITIATIVES AND EVENTS TO CELEBRATE DIVERSITY IN THE WORKPLACE.

FMH WAS ALSO THE RECIPIENT OF THE 2010 FREDERICK COUNTY BUSINESS ETHICS AWARD BESTOWED BY THE ROTARY CLUB OF CARROLL CREEK AND SPONSORED BY THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

FREDERICK NEWS POST. THE FREDERICK COUNTY BUSINESS ETHICS AWARD RECOGNIZES BUSINESSES IN FREDERICK COUNTY THAT EXEMPLIFY A STRONG COMMITMENT TO BUSINESS EXCELLENCE AND TO THE HIGHEST STANDARDS OF CIVIC AND SOCIAL RESPONSIBILITY. THE AWARD HONOR BUSINESSES THAT HAVE PROMOTED ETHICAL CONDUCT FOR THE BENEFIT OF THE WORKPLACE, THE MARKETPLACE, THE ENVIRONMENT AND THE COMMUNITY.

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 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 108-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.

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 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.

PROGRAM SERVICE ACTIVITIES CONTINUED...

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

INTERVENTIONAL CARDIOLOGY WAS DESIGNATED BY UNITEDHEALTH AS A PREMIUM INTERVENTIONAL CARDIOLOGY SPECIALTY CENTER.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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

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

FREDERICK MEMORIAL HEALTHCARE SYSTEM'S PATIENTS ARE PRIMARILY FROM FREDERICK COUNTY, MARYLAND, THAT HAS AN ESTIMATED POPULATION OF 233,000 CITIZENS. 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 HEALTHCARE SYSTEM 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.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

INCOME PROFILE OF PRIMARY SERVICE AREA

ACCORDING TO THE 2006 AMERICAN COMMUNITY SURVEY, FREDERICK COUNTY HAD A MEDIAN HOUSEHOLD INCOME OF \$74,029. THIS IS \$8,885 MORE THAN THE MEDIAN INCOME OF MARYLAND, \$65,144. 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. WITHIN THE PAST 27 YEARS, FREDERICK COUNTY RESIDENTS HAVE INCREASED THEIR MEDIAN HOUSEHOLD INCOME BY 114%. 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. EVEN WITHIN THE LAST 8 YEARS RESIDENTS HAVE SEEN A 23% OR \$13,753 INCREASE IN INCOME. THIS TREND ENDED ABRUPTLY WITH THE ADVENT OF THE ECONOMIC DOWNTURN. IN 2010, THE UNEMPLOYMENT RATE IN BETHESDA, FREDERICK AND GAITHERSBURG (THE AREAS ARE REPORTED IN "PLACE OF RESIDENCE" BUNDLE BY THE MARYLAND DEPARTMENT OF LABOR, LICENSING AND REGULATION) WAS 5.8. IN 2007 THE UNEMPLOYMENT RATE WAS 2.7.

SINCE 1999, THE MAJORITY OF HOUSEHOLDS MAKE \$50,000 - \$74,999 A YEAR. IN 1999, THE INCOME RANGES OF HOUSEHOLDS WERE MORE EVENLY DISTRIBUTED THAN IN 2006, TAKING ON A BELL SHAPED CURVE APPEARANCE. INCOMES SPIKED AT \$50,000 - \$74,999 AND ON BOTH SIDES OF THIS SPIKE THE PERCENTAGE OF HOUSEHOLDS SLOWLY DROPPED. IN 2006, THE HOUSEHOLD INCOME STILL SPIKED AT THE \$50,000 - \$74,999 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

DIVISION OF POOR AND RICH HOUSEHOLDS IN FREDERICK COUNTY HAS BECOME MORE EXTREME WITHIN THE PAST 7 YEARS.

POVERTY LEVELS

IN 1989 17.3% OF THESE HOUSEHOLDS WERE BELOW POVERTY LEVEL; IN 2006 THIS HAS DECREASED TO ONLY 7.7%. FEMALE HOUSEHOLDERS WITH CHILDREN STILL HAVE THE HIGHEST PERCENTAGE OF POVERTY LEVELS BUT THE DECREASE HAS BEEN VERY SIGNIFICANT WITHIN THE PAST 17 YEARS.

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, MARYLAND 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 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 & 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

START! GREATER WASHINGTON HEART WALK. DOZENS OF FMH EMPLOYEES AND THEIR FAMILY MEMBERS PARTICIPATED IN THE WALK RAISING OVER \$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.

2. TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS. THE DEMOGRAPHIC INFORMATION GATHERED DURING THE SURVEY PROCESS HAS ALLOWED THE HEALTH DEPARTMENT AND THE FREDERICK MEMORIAL HEALTHCARE 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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

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

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

WORKED!

PROGRAM SERVICE ACTIVITIES CONTINUED...

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 WELLNESS CENTER

THE FMH WELLNESS CENTER IS A DIVISION OF THE FREDERICK MEMORIAL HEALTHCARE 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 2010, THE FMH WELLNESS CENTER TOUCHED OVER 122,000 MEMBERS OF OUR COMMUNITY.

CORPORATE PARTNERS AND COMMUNITY WELLNESS SERVICES - 2010

THE HEALTH AND WELLNESS OF THE RESIDENTS OF FREDERICK COUNTY AND THE SURROUNDING AREAS IS THE MOST IMPORTANT CONTRIBUTION OF THE FREDERICK MEMORIAL HEALTHCARE SYSTEM WELLNESS CENTER. EACH YEAR WE SEARCH FOR NEW PARTNERSHIPS AND PROGRAMS THAT FOCUS ON GUIDING OUR FRIENDS AND FAMILIES TOWARDS HEALTHIER LIFESTYLES. THESE ORGANIZATIONS AND BUSINESSES JOINED

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

US IN A COLLABORATIVE EFFORT TO SECURE A GREATER LEVEL OF HEALTH FOR

MEMBERS OF OUR COMMUNITY:

- AIRLINE OWNERS AND PILOTS ASSOCIATION
- AMERICAN RED CROSS
- AMERICAN CANCER SOCIETY
- AMERICAN DIABETES ASSOCIATION
- AMERICAN HEART ASSOCIATION
- BECHTEL
- BIG BROTHERS AND SISTERS OF AMERICA
- BOY SCOUTS OF AMERICA
- CHRIST REFORMED UCC
- CITY OF FREDERICK
- CORPORATE OCCUPATIONAL HEALTH SERVICES
- EDCO
- ELDER EXPO
- FAMILIES PLUS
- FMH SELECT
- FRANCES SCOTT KEY MALL
- FREDERICK COMMUNITY COLLEGE
- FREDERICK COUNTY COMMISSION ON WOMEN
- FREDERICK COUNTY HEALTH DEPARTMENT
- FREDERICK COUNTY HEAD START
- FREDERICK COUNTY HOSPICE
- FREDERICK COUNTY PUBLIC SCHOOL SYSTEM
- FREDERICK NEWS POST

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- FT. DETRICK
- FSK MALL
- GAL PALS PROGRAM (FREDERICK POLICE DEPT.)
- GREATER FREDERICK FAIR
- HOLISTIC HEALTH CONFERENCE PLANNING COMMITTEE
- HOOD COLLEGE
- JEANNIE BUSSARD
- KEY 103
- KIWANIS CLUB
- LIFE AND DISCOVERY INC.
- LORIEN HEALTH SYSTEM, MT. AIRY
- MARYLAND MENTAL HEALTH ASSOCIATION
- MCLAUGHLIN FAMILY CHIROPRACTIC
- MEDIMMUNE
- MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY
- MT. ST. MARY'S
- PFIZER
- RED DEVIL ORGANIZATION
- SAIC OF FORT DETRICK
- TRANSIT SERVICES OF FREDERICK COUNTY
- TRINITY SCHOOL OF FREDERICK
- TUSCARORA HIGH SCHOOL SAFE "N" SANE COMMITTEE
- TX TEAM
- UNITED HEALTHCARE
- UP COUNTY FAMILY SERVICES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- URBANA MUSIC FESTIVAL
- VISITATION ACADEMY
- VOLUNTEER FREDERICK

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

- 12 BLOOD PRESSURE SCREENINGS ATTENDED BY 47 PARTICIPANTS
- 1 QUIT SMOKING CLINIC ATTENDED BY 20 PARTICIPANTS
- 10 WELLNESS LECTURES SERVING 75 MEMBERS OF THE FREDERICK COUNTY COMMUNITY.
- 1 MALL WELLNESS EVENT SPECIFICALLY DESIGNED TO ADDRESS THE GENERAL HEALTH ISSUES OF ALL AGES FOR MORE THAN 1,500 COMMUNITY MEMBERS.
- GENERAL HEALTH AND WELLNESS INFORMATION EVENT BOXES, DISTRIBUTED TO ELEMENTARY SCHOOL AND COLLEGE EVENTS, AND FORT DETRICK, THAT REACHED OVER 900 INDIVIDUALS.
- GENERAL HEALTH AND WELLNESS INFORMATION DISTRIBUTED DURING 5 COMMUNITY EVENTS SERVING OVER 1,100 MEMBERS OF THE COMMUNITY.
- GENERAL HEALTH AND WELLNESS INFORMATION, AND HEALTH SCREENINGS PROVIDED DURING 3 COMMUNITY EVENTS SERVING OVER 200 PARTICIPANTS.
- PHYSICIAN INFORMATION AND REFERRAL SERVICE FOR GREATER THAN 1,536 INDIVIDUALS AND FAMILIES.
- WELLNESS INFORMATION SESSIONS 3,782 ATTENDEES AT VARIOUS BUSINESSES AND COMMUNITY ORGANIZATIONS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

EMPLOYEE WELLNESS PROGRAM - 2010

THE WELLNESS CENTER IN PARTNERSHIP WITH THE FMH HUMAN RESOURCES DEPARTMENT AND CORPOHS, CONTINUED THE EMPLOYEE WELLNESS PROGRAM IN 2010. THIS PROGRAM, DESIGNED TO ADDRESS THE SPECIFIC HEALTH NEEDS OF MEMBERS OF THE HOSPITAL FAMILY PROVIDED 130 EVENTS FOR OVER 1,880 MEMBERS OF THE HOSPITAL STAFF AND VOLUNTEERS.

FAMILY FOCUS PROGRAM SERVICES - 2010

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 10,337 COMMUNITY MEMBERS. JUST LIKE THE FAMILY - THIS PROGRAM CONTINUES TO GROW AND THRIVE EACH YEAR TO BENEFIT OUR COMMUNITY!

SAFETY AND INJURY PREVENTION PROGRAMS - 2010

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 COUNTY HEALTH DEPARTMENT ARE THE CO-LEAD AGENCIES. THE CO-LEAD AGENCIES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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

A NEW PROGRAM WAS STARTED THIS YEAR PARTNERING WITH THE MARYLAND POISON CENTER. WE RECRUITED 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 FREDERICK COUNTY PUBLIC SCHOOL FIRST GRADE CLASSROOMS TO TEACH THE CHILDREN ABOUT POISON SAFETY. IT IS CALLED ADOPT A PHARMACIST.

PROGRAM SERVICE ACTIVITIES CONTINUED...

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
- CARROLL COUNTY HEALTH DEPT.
- CENTRO HISPANO
- CHILD CARE CHOICES
- FAMILIES PLUS!
- FAMILY PARTNERSHIP

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- FITZGERALD AUTO MALL
- FREDERICK AIRPORT
- FREDERICK COUNTY AUTISM SOCIETY OF AMERICA
- FREDERICK COUNTY CRIME AWARENESS TASK FORCE
- FREDERICK COUNTY DEPT. OF EMERGENCY PLANNING
- FREDERICK COUNTY DEPT. OF FIRE & RESCUE SERVICES
- 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
- FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION
- FREDERICK MEMORIAL HOSPITAL - PEDIATRICS DEPT. & NEONATAL ICU
- FREDERICK PEDALERS
- FREDERICK POLICE DEPARTMENT
- FREDERICK RESCUE MISSION
- FT. DETRICK
- GOLDEN GEARS CAR CLUB
- HEALTHY FAMILIES FREDERICK
- HEARTLY HOUSE
- HOPE ALIVE
- JEFF BARNES CHEVROLET
- KIWANIS CLUB OF SUBURBAN FREDERICK

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- 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
- STATE FARM INSURANCE
- THURMONT POLICE DEPARTMENT
- UP COUNTY FAMILY PARTNERSHIP
- US FIRE ADMINISTRATION
- VOLUNTEER FREDERICK!
- WIC
- YMCA OF FREDERICK COUNTY

IN FY'10 THE FOLLOWING SERVICES WERE PROVIDED:

- 719 FIRST GRADERS IN 8 FREDERICK COUNTY PUBLIC SCHOOLS (FCPS) WERE TAUGHT POISON SAFETY
- 496 FCPS ELEMENTARY CHILDREN PARTICIPATED IN WALK TO SCHOOL EVENTS
- 168 FCPS MIDDLE SCHOOL CHILDREN PARTICIPATED IN WALK TO SCHOOL EVENTS
- 477 TELEPHONE CONSULTATIONS EDUCATING PARENTS AND CARETAKERS ON CHILD SAFETY ISSUES
- 91 CAR SEATS RENTED/DISTRIBUTED TO LOW INCOME FAMILIES OR INDIVIDUALS HAVING OUT OF TOWN GUESTS WITH SMALL CHILDREN

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- 445 INDIVIDUAL CAR SAFETY SEAT CHECKS
- 39 PARENTS/CAREGIVERS ATTENDED CAR SEAT TRAINING CLASSES
- 1 CAR SEAT CHALLENGE PERFORMED FOR AN INFANT DISCHARGED FROM FMH NICU IN A CAR BED TO DETERMINE IF THE INFANT CAN MOVE TO A REGULAR INFANT CAR SEAT.
- 4 CHILD PASSENGER SAFETY TECHNICIANS ATTENDED AN UPDATE CLASS ON LATCH
- 11 LAW ENFORCEMENT OFFICERS, FIREFIGHTERS, EMTS AND HEALTH EDUCATORS TRAINED AS CHILD PASSENGER SAFETY TECHNICIANS
- 2 FIREFIGHTER CHILD PASSENGER SAFETY TECHNICIANS MENTORED THROUGH THE FINAL PART OF THEIR INSTRUCTOR CANDIDACY PROCESS.
- 2210 COMMUNITY MEMBERS ATTENDED 24 EVENTS/SAFETY FAIRS. SIX (6) OF THESE EVENTS WERE HELD FOR ESL RESIDENTS
- 101 BICYCLE & MULTI-SPORT HELMETS DISTRIBUTED & FITTED PROPERLY
- 240 CHILDREN PARTICIPATED IN 6 BICYCLE RODEOS
- 55 CARBON MONOXIDE DETECTORS DISTRIBUTED TO FAMILIES WITHOUT ONE IN A HOME THAT IS HEATED WITH A FOSSIL FUEL. AN ADDITIONAL 30 INDIVIDUALS ATTENDED THE AWARENESS PROGRAMS BUT DID NOT LIVE IN HOMES HEATED WITH FOSSIL FUELS.
- 381 COMMUNITY RESIDENTS INSTRUCTED IN CPR/FIRST AID
- 21 COMMUNITY RESIDENTS TAUGHT H1N1 PREVENTION TIPS

THE INJURY PREVENTION COORDINATOR AT FMH WELLNESS CENTER AND AN FMH TX TEAM OCCUPATIONAL THERAPIST ATTENDED A CARFIT TRAINING PROGRAM IN APRIL AND THEN ASSISTED IN A COMMUNITY EVENT TO HELP 18 MATURE DRIVERS MAKE ADJUSTMENTS IN THEIR VEHICLES TO MAKE THEM MORE COMFORTABLE AND HAVE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

BETTER CONTROL OF THEIR VEHICLE. CARFIT WAS DEVELOPED THROUGH COLLABORATION AMONG THE AMERICAN SOCIETY ON AGING, AARP, THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION AND AAA.

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
- FREDERICK COUNTY HIGHWAY SAFETY TASK FORCE
- MARYLAND CHILD PASSENGER SAFETY ADVISORY BOARD
- MARYLAND OCCUPANT PROTECTION COMMITTEE
- SAFE KIDS MARYLAND

FMH WELLNESS CENTER PROVIDED CLASSROOM SPACE FOR OTHER GROUPS:

- 28 PARTICIPANTS ATTENDED PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES
- 80 COMMUNITY MEMBERS ATTENDED MENTAL HEALTH FIRST AID SESSIONS BY THE MENTAL HEALTH ASSOCIATION OF FC
- 49 COMMUNITY MEMBERS ATTENDED OTHER PROGRAMS BY THE MENTAL HEALTH ASSOC.
- 86 LOCAL CUB SCOUTS LEARNED CPR AND FIRST AID

NUTRITION AND WEIGHT MANAGEMENT - 2010

IN ADDITION TO THE PROVISIONS DESCRIBED ABOVE, THE NUTRITION AND WEIGHT MANAGEMENT SERVICES DIVISION HOSTED MORE THAN 10,452 VISITS FROM CLIENTS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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: 65
- PRENATAL CLINIC: 18
- CARDIAC REHAB: 123
- OTHER EVENTS: 235

ADA WALK

EMPLOYEE WELLNESS

BOSCOV'S CANDY EXCHANGE

DIABETES CENTER OPEN HOUSE

DIABETES ALERT DAY @ FSK

FMH STROKE CENTER OF EXCELLENCE

THE FMH STROKE PROGRAM CONTINUES TO PROVIDE OUTSTANDING CARE AND SERVICE TO THE CITIZENS OF FREDERICK COUNTY. THE STROKE PROGRAM WAS RECOGNIZED BY GET WITH THE GUIDLELINES AS A FACILITY THAT PROVIDES EXCELLENT CARE TO STROKE VICTIMS. THE MARYLAND INSTITUTE OF EMERGENCY MEDICAL SERVICE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

SYSTEMS, (MIEMSS) DESIGNATED THE FMH PROGRAMS AS A PRIMARY STROKE CENTER.

IN ADDITION, THE AMERICAN HEART ASSOCIATION AWARDED A STROKE CENTER BRONZE PERFORMANCE AWARD TO THE FMH PROGRAM. FREDERICK COUNTY RESIDENTS NO LONGER HAVE TO BE TRANSPORTED TO NEIGHBORING FACILITIES TO RECEIVE ACUTE STROKE CARE. A PROGRAM WITH THE HIGHEST LEVEL OF PREPAREDNESS AND STATE RECOGNITION IS RIGHT HERE AT FREDERICK MEMORIAL HOSPITAL.

FMH STROKE PROGRAM PARTNERS WITH FREDERICK COUNTY EMERGENCY MEDICAL SYSTEMS TO PROVIDE ANNUAL STROKE TRAINING. THIS TRAINING ENSURES 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 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.

PROGRAM SERVICE ACTIVITIES CONTINUED...

IN A PARTNERSHIP WITH THE FREDERICK COUNTY DIABETES COALITION, THE STROKE PROGRAM HAS SCREENED HUNDREDS OF AREA RESIDENTS FOR STROKE AND RISK FACTORS ASSOCIATED WITH STROKE. THE STROKE PROGRAM ALSO TEACHES STROKE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

PREVENTION TO THE POWER TO PREVENT CLASSES OFFERED BY THE FREDERICK COUNTY HEALTH DEPARTMENT.

THE DIRECTOR OF THE FMH STROKE CENTER OF EXCELLENCE HAS HOSTED AND BEEN INVITED TO A NUMBER OF GROUPS AND ORGANIZATIONS TO PRESENT INFORMATION AND EDUCATIONAL MATERIALS ABOUT STROKE AND STROKE PREVENTION:

- FREDERICK COUNTY HEALTH DEPT.: 65
- ASBURY METHODIST CHURCH: 30
- FRED. CTY DEPT. OF AGING: 50
- FCC NURSING STUDENTS: 150
- INDIAN ASSOCIATION OF FREDERICK: 100
- FMH WELLNESS CENTER: 100
- ST. CATHERINE'S CHURCH: 100
- MARANATHA CHURCH OF GOD: 150
- FREDERICK COUNTY SENIOR CENTER: 50
- URBANA SENIOR CENTER: 20

PULMONARY REHABILITATION 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 AND 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

HOSPITAL'S COMMUNITY OUTREACH PROGRAM PROMOTES A HEALTHIER COMMUNITY BY OFFERING INTERMEDIATE AND INTENSIVE SMOKING CESSATION COUNSELING PROGRAMS. SMOKING CESSATION FACILITATORS PROVIDE INFORMATION, RESOURCES AND TOOLS TO TREAT TOBACCO USE AND DEPENDENCE.

IN FY 2010, FMH'S SMOKING CESSATION FACILITATORS WERE ACTIVE PARTNERS WITH THE LOCAL TOBACCO COALITION TO REDUCE TOBACCO USE IN FREDERICK COUNTY. FMH TAKES THE LEAD, AND SUPPORTS LIKE-MINDED EFFORTS WITHIN FREDERICK COUNTY, TO PREVENT CHRONIC DISEASE BY DECREASING THE PREVALENCE OF SMOKING AND PREVENTING THE TEEN POPULATION FROM BECOMING SMOKERS. WE WILL CONTINUE TO WORK WITH THE FREDERICK COUNTY HEALTH DEPARTMENT TO MONITOR THE SUCCESS OF OUR COMBINED EFFORTS TO REDUCE TOBACCO USE WITHIN THE COMMUNITY. THE NUMBER OF ADMISSIONS TO THE HOSPITAL AND EMERGENCY DEPARTMENT VISITS WILL ALSO BE CLOSELY MONITORED. FMH'S COMMUNITY OUTREACH PROGRAM PROVIDES A WONDERFUL OPPORTUNITY TO MAKE A DIFFERENCE IN THE LUNG HEALTH OF MANY INDIVIDUALS.

ASTHMA AWARENESS

ASTHMA IS A CHRONIC LUNG DISEASE WITH VARYING LEVELS OF SEVERITY AND IS CHARACTERIZED BY EPISODIC SYMPTOM 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

PROBLEM. FMH HAS CERTIFIED ASTHMA EDUCATORS (AE-C) THAT ARE DEDICATED TO EDUCATING THE COMMUNITY ABOUT THIS CHRONIC DISEASE THAT STRIKES SO MANY THROUGHOUT THE STATE OF MARYLAND.

FREDERICK MEMORIAL HOSPITAL HOSTED THE 2ND ANNUAL ASTHMA AWARENESS DAY ON MAY 22, 2010. THIS EVENT TOOK PLACE IN CENTER COURT AT FRANCIS SCOTT KEY MALL AND MANY COMMUNITY MEMBERS TOOK ADVANTAGE OF THE OPPORTUNITY TO LEARN ABOUT THE ADVANCES IN SELF-MANAGEMENT OF ASTHMA AND SYMPTOMATIC CONTROL OF THE DISEASE. SPEAKERS FROM MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND FREDERICK MEMORIAL HOSPITAL SPOKE TO PARTICIPANTS ABOUT THE IMPORTANCE OF SELF-MANAGEMENT OF ASTHMA AND PROVIDED INFORMATION ABOUT COMMON ASTHMA TRIGGERS AND HOW TO KEEP THEM UNDER CONTROL. FREE PORTABLE SPIROMETRY SCREENING AND PULSE OXIMETRY CHECKS WERE OFFERED. THE ASTHMA AWARENESS DAY REACHED APPROXIMATELY 300 INDIVIDUALS FROM THE FREDERICK COMMUNITY.

STAFF DEVELOPMENT

ON SEPTEMBER 24TH AND 25TH A STAFF MEMBER ATTENDED THE AMERICAN LUNG ASSOCIATION'S FREEDOM FROM SMOKING FACILITATOR TRAINING PROGRAM. THIS WAS A WORKSHOP THAT PROVIDED AN OPPORTUNITY TO LEARN HOW TO WORK WITH ADULTS IN A GROUP SETTING. INFORMATION ABOUT NICOTINE ADDICTION WAS SHARED, AS WELL AS FACTS ABOUT TOBACCO CONTROL AND CONTENT OF THE FFS CLINIC SESSIONS.

ON OCTOBER 9TH A STAFF MEMBER RECEIVED HER AE-C CERTIFICATION. THIS STAFF

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

MEMBER PASSED AN EXAMINATION OFFERED BY THE NATIONAL ASTHMA EDUCATOR CERTIFICATION BOARD, INC. PASSING THIS EXAMINATION ALLOWED HER TO USE THE DESIGNATION AE-C.

ON JUNE 17TH AND 18TH STAFF ATTENDED THE NATIONAL ASTHMA FORUM IN WASHINGTON DC. THIS FORUM PROVIDED STAFF THE OPPORTUNITY TO DISCOVER BEST PRACTICES, EXPLORE THE LATEST SCIENCE, HEAR FROM LEADING ASTHMA CARE PROGRAMS, AND DEVELOP LEADERSHIP AND ACTION PLANS FOR DEVELOPING CLOSE TIES TO OUR COMMUNITY.

COMMUNITY EDUCATION

ON OCTOBER 1ST FMH COMMUNITY OUTREACH STAFF PARTICIPATED IN AOPA'S HEALTH FAIR. THIS EVENT OFFERED SELF-MANAGEMENT OF ASTHMA TOOLS AND SYMPTOMATIC CONTROL OF THE DISEASE. FREE PORTABLE SPIROMETRY AND CARBON MONOXIDE SCREENINGS WERE OFFERED. STAFF ALSO PROVIDED INFORMATION ON TOBACCO DEPENDENCE AND NICOTINE ADDICTION. THE HEALTH FAIR REACHED APPROXIMATELY 50 INDIVIDUALS.

ON NOVEMBER 18TH STAFF PROVIDED A TOBACCO PREVENTION PROGRAM TO A GROUP OF UNDERPRIVILEGED CHILDREN AND INCORPORATED FUN ACTIVITIES PROMOTING THE GREAT AMERICAN SMOKE OUT. THIS EVENT WAS ABLE TO REACH 18 CHILDREN.

ON JANUARY 13TH, MARCH 17TH, APRIL 28TH AND JUNE 9TH STAFF PRESENTED A TOBACCO PREVENTION PROGRAM TO LOCAL MIDDLE AND HIGH SCHOOL STUDENTS. THESE PRESENTATIONS REACHED APPROXIMATELY 17 STUDENTS IN THE SCHOOL

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

SYSTEM.

PROGRAM SERVICE ACTIVITIES CONTINUED...

ON JUNE 9TH STAFF PARTICIPATED IN THE FREDERICK BOARD OF EDUCATION'S ANNUAL HEALTH FAIR. THIS EVENT OFFERED SELF-MANAGEMENT OF ASTHMA TOOLS AND SYMPTOMATIC CONTROL OF THE DISEASE. FREE PORTABLE SPIROMETRY AND CARBON MONOXIDE SCREENINGS WERE OFFERED. STAFF ALSO PROVIDED INFORMATION ON TOBACCO DEPENDENCE AND NICOTINE ADDICTION. THE HEALTH FAIR REACHED APPROXIMATELY 80 INDIVIDUALS.

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 2010, OVER 74,000 PATIENT VISITS WERE RECORDED. THE FREDERICK MEMORIAL HEALTHCARE 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 107 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 EVERYDAY WITH AN AVERAGE LENGTH OF STAY OF 95 MINUTES.

THE GEORGE L. SHIELDS EMERGENCY DEPARTMENT IS ONE OF THE LARGEST

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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
- 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 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.

COMMUNITY BENEFIT PROGRAMS

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

- SAFE PROGRAM
- LETHALITY ASSESSMENT PROGRAM
- TAKE A MOMENT

SAFE PROGRAM

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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)

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

IN THE COMMUNITY, SAFE STAFF HAS 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:

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- 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)

RECENTLY, THERE HAVE BEEN NEW CRITICALLY IMPORTANT FEDERAL INITIATIVES FOCUSED ON THE CRIMINAL JUSTICE SYSTEM AND COMMUNITY RESPONSE TO SEXUAL ASSAULT. A SENATE SUB-COMMITTEE HEARING FOCUSING UPON THE POLICE RESPONSE TO RAPE WAS CONVENED, AND A WHITE HOUSE ROUNDTABLE WAS HELD ON THE TOPIC OF VIOLENCE AGAINST WOMEN. KIM DAY, RN, FNE A/P, AN FMH FORENSIC NURSE EXAMINER, PARTICIPATED IN THE WHITE HOUSE ROUNDTABLE IN HER POSITION AS THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES' SAFE TECHNICAL ASSISTANCE COORDINATOR.

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 MEMORIAL HEALTHCARE SYSTEM WE SEE PATIENTS WHO PRESENT WITH INJURIES, OR RELATED MEDICAL CONDITIONS AGGRAVATED BY DOMESTIC VIOLENCE .WE HAVE ALWAYS TREATED THE WOUNDS, BUT HAVE BEEN LESS

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

EFFECTIVE IN HELPING THE VICTIMS UNDERSTAND THAT THEY COULD BE IN LETHAL DANGER.

THE SAFE PROGRAM STAFF MADE CONNECTING OUR PATIENTS WITH THE DOMESTIC VIOLENCE SERVICES AVAILABLE TO HELP THEM DEVELOP IMMEDIATE AND LONG TERM SAFETY PLANS A PROGRAM GOAL. WHEN THE MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE (MNADV) HEARD OF OUR PLANS, THEY CHOSE FMH AS ONE OF TWO HOSPITALS IN THE STATE OF MARYLAND TO MODEL THE LETHALITY ASSESSMENT PROGRAM - A PROGRAM DESIGNED WITH THE SAME GOAL AS THAT WE SET INTERNALLY FOR THE SAFE PROGRAM. IT WAS A PERFECT FIT! EVERY NURSE IN THE EMERGENCY DEPARTMENT WAS EDUCATED HOW TO PRESENT THE QUESTIONNAIRE TO THE PATIENT AND THEN IMMEDIATELY CONNECT THEM BY PHONE TO HEARTLY HOUSE, THE FREDERICK COUNTY RESOURCE FOR DOMESTIC VIOLENCE SHELTER, SUPPORT AND LEGAL RESOURCES.

PROGRAM SERVICE ACTIVITIES CONTINUED...

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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)

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

IN THE COMMUNITY, SAFE STAFF HAS 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:

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- THE FREDERICK COUNTY DOMESTIC VIOLENCE FATALITY REVIEW BOARD (20)
- THE EXECUTIVE BOARD OF THE FREDERICK COUNTY CHILD ADVOCACY CENTER (15)
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- 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)

RECENTLY, THERE HAVE BEEN NEW CRITICALLY IMPORTANT FEDERAL INITIATIVES

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

FOCUSED ON THE CRIMINAL JUSTICE SYSTEM AND COMMUNITY RESPONSE TO SEXUAL ASSAULT. A SENATE SUB-COMMITTEE HEARING FOCUSING UPON THE POLICE RESPONSE TO RAPE WAS CONVENED, AND A WHITE HOUSE ROUNDTABLE WAS HELD ON THE TOPIC OF VIOLENCE AGAINST WOMEN. KIM DAY, RN, FNE A/P, AN FMH FORENSIC NURSE EXAMINER, PARTICIPATED IN THE WHITE HOUSE ROUNDTABLE IN HER POSITION AS THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES' SAFE TECHNICAL ASSISTANCE COORDINATOR.

LETHALITY ASSESSMENT PROGRAM

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THE SAFE PROGRAM STAFF MADE CONNECTING OUR PATIENTS WITH THE DOMESTIC VIOLENCE SERVICES AVAILABLE TO HELP THEM DEVELOP IMMEDIATE AND LONG TERM SAFETY PLANS A PROGRAM GOAL. WHEN THE MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE (MNADV) HEARD OF OUR PLANS, THEY CHOSE FMH AS ONE OF TWO HOSPITALS IN THE STATE OF MARYLAND TO MODEL THE LETHALITY ASSESSMENT PROGRAM - A PROGRAM DESIGNED WITH THE SAME GOAL AS THAT WE SET INTERNALLY FOR THE SAFE PROGRAM. IT WAS A PERFECT FIT! EVERY NURSE IN THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

EMERGENCY DEPARTMENT WAS EDUCATED HOW TO PRESENT THE QUESTIONNAIRE TO THE PATIENT AND THEN IMMEDIATELY CONNECT THEM BY PHONE TO HEARTLY HOUSE, THE FREDERICK COUNTY RESOURCE FOR DOMESTIC VIOLENCE SHELTER, SUPPORT AND LEGAL RESOURCES.

THE MNADV 2010 SECOND QUARTER STATISTICAL REPORT - THE FIRST REPORT TO CAPTURE A FULL QUARTER'S WORTH OF INFORMATION FROM HOSPITALS - DOCUMENTS THE RESULTS OF THE LETHALITY ASSESSMENT PROGRAM'S ADMINISTRATION BY A DISCIPLINE OUTSIDE OF THE LAW ENFORCEMENT ARENA. BECAUSE DOMESTIC VIOLENCE LETHALITY ASSESSMENT IS SUCH A NEW APPROACH WITHIN THE HOSPITAL SETTING, WE DID NOT KNOW WHAT TO EXPECT IN TERMS OF THE SCREENING PROCESS AND PROTOCOL REFERRAL. THE SECOND QUARTER'S DATA YIELDED SOME INTERESTING AND USEFUL RESULTS:

- A RELATIVELY HIGH NUMBER OF SCREENED VICTIMS (36);
- AN EXCEEDINGLY HIGH RATE OF PATIENTS WHO SCREENED IN AT HIGH DANGER (86%);
- A VERY HIGH SCREENING RATE WITH HEARTLY HOUSE, PERHAPS HIGHER THAN EXPECTED, ESPECIALLY FOR A FIRST-TIME EFFORT; (74%)

THE MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE'S (MNADV) LETHALITY ASSESSMENT PROGRAM-MARYLAND MODEL (LAP) WAS SELECTED AS ONE OF FOUR 2010 NATIONAL RECIPIENTS OF THE PRESTIGIOUS CELEBRATING SOLUTIONS AWARD GIVEN ANNUALLY BY THE MARY BYRON PROJECT. MARCIA ROTH, EXECUTIVE DIRECTOR OF THE PROJECT, LAUDED THE LAP FOR ITS OUTSTANDING WORK. "WE RECEIVED ALMOST 300 APPLICATIONS THROUGHOUT THE UNITED STATES. OUR NATIONAL REVIEW TEAM

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

FELT THAT MARYLAND'S PROGRAM SHOWS PROMISE IN MOVING BEYOND CRISIS MANAGEMENT TO PROVIDE ANSWERS EVERY COMMUNITY SHOULD USE IN ENDING THE EPIDEMIC CRIME OF DOMESTIC VIOLENCE. IT IS AN OUTSTANDING ORGANIZATION AND PROGRAM."

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).

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 WHO 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.

PROGRAM SERVICE ACTIVITIES CONTINUED...

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.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- PARTICIPANTS ENGAGE IN "ROLE PLAY" SCENARIOS WHEREIN ONE IS A PATIENT AND THE OTHER A HEALTHCARE WORKER HAVING TO DEAL WITH AN INTOXICATED PATIENT. THE PATIENT IS PLACED IN RESTRAINTS, AND THE UNPLEASANT PROCEDURE KNOWN AS A GASTRIC LAVAGE (HAVING YOUR STOMACH PUMPED) IS DEMONSTRATED.

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) AND 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 COUNTY MARATHON

MEMBERS OF THE FMH EMERGENCY DEPARTMENT FURNISHED SUPPLIES AND MEDICAL STAFF FOR THE FIRST AID TENT AT THE FREDERICK COUNTY RUNNING MARATHON HELD IN MAY 2010. IT WAS A HOT STEAMY DAY AND CARE WAS PROVIDED FOR OVER 200 PATIENTS.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

PERIOPERATIVE SERVICES OPEN HOUSE

FMH'S PERIOPERATIVE SERVICES HOSTED THEIR THIRD ANNUAL OPEN HOUSE ON SATURDAY, NOVEMBER 6, 2010. OVER 100 CHILDREN AND ADULTS ATTENDED THIS YEAR'S EVENT TO GET A CLOSE UP LOOK AT THE FMH SURGICAL SUITES.

PARTICIPANTS WERE ABLE TO TOUCH THE EQUIPMENT AND ASK THE SURGICAL NURSES ABOUT THEIR JOBS, SURGICAL PROCEDURES AND THE MANY REWARDS OF BEING A "SCRUB NURSE." THE OPEN HOUSE GAVE GROWNUPS AND YOUNGSTERS ALIKE THE OPPORTUNITY TO ACTUALLY TRY THEIR HAND AT LAPAROSCOPIC SURGERY BY REMOVING GUMMIE SNAKES AND OTHER REPTILES FROM A SIMULATED ABDOMEN.

AFTER VISITING THE OPERATING ROOM SUITES, VISITORS WERE INVITED TO TOUR THE PRE-OPERATIVE AREAS WHERE PATIENTS ARE PREPARED FOR THE OPERATING ROOMS, AND THE POST-ANESTHESIA CARE UNIT WHERE PATIENTS RECOVER FROM THE EFFECTS OF ANESTHESIA.

THIS EVENT HAS GROWN CONSIDERABLY OVER THE YEARS AND THE COMMUNITY LOOKS FORWARD TO THE FMH OR OPEN HOUSE ANNOUNCEMENT EVERY YEAR.

PREVENTIVE CARDIOLOGY AND REHABILITATION

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,

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 WORKOUTS. 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 IS 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 LANGUAGE AND FOREIGN LANGUAGE INTERPRETERS ARE ALSO USED WHEN NEEDED. THE MEDICAL FITNESS PROGRAM WAS PROVIDED FREE OF CHARGE TO 10 PATIENTS IN FY 10. 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 IS EXPONENTIALLY BETTER THAN IF THEY HAD NOT HAD ACCESS TO A MEDICALLY SUPERVISED EXERCISE PROGRAM.

FMH VASCULAR SERVICES

FMH VASCULAR SERVICES IN CONJUNCTION WITH THE PREVENTIVE CARDIOLOGY AND REHABILITATION DEPARTMENT HOSTED TWO VASCULAR SCREENING EVENTS IN THE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

SECOND FLOOR CLASSROOMS OF THE FREDERICK MEMORIAL HOSPITAL. A VASCULAR SONOGRAPHER USING ULTRASOUND SCREENED 150 PRE-REGISTERED INDIVIDUALS FOR ABDOMINAL AORTIC ANEURYSM, CAROTID STENOSIS, AND PERIPHERAL ARTERY DISEASE. CERTAIN RISK FACTORS FOR THESE DISEASES WERE ASSESSED INCLUDING HYPERTENSION, FAMILY HISTORY AND SMOKING.

PATIENTS PRESENTING WITH ABNORMAL FINDINGS WERE PERMITTED TO CONSULT WITH A PHYSICIAN FROM THE HORIZON VASCULAR SURGERY GROUP WHO WERE PRESENT AT THE SCREENING EVENT. 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.

IN ADDITION TO SCREENING THE RESIDENTS OF FREDERICK COUNTY FOR THE PRESENCE OF VASCULAR DISEASE, A ROBUST EDUCATIONAL COMPONENT OF THE SCREENING EVENTS ALLOWS PARTICIPANTS TO TRULY UNDERSTAND HOW TO PREVENT THE ONSET OF VASCULAR DISEASE. THE 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. SCREENINGS ARE OFFERED TO THE COMMUNITY - FREE OF CHARGE TO THE COMMUNITY.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 CONDITIONS SUCH AS ABDOMINAL AORTIC ANEURYSM AND CAROTID STENOSIS ARE NOT DISCOVERED IN TIME BECAUSE OF ABSENT OR VAGUE SYMPTOMS FOR SURGICAL INTERVENTION TO MAKE A DIFFERENCE IN UNFORTUNATE OUTCOMES. OVER 150 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 VASUCLAR 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."

HUMANITARIAN AID

THE FMH MEDICAL SUPPLIES MANAGEMENT DEPARTMENT

THE WORLD WITNESSED AN UNEXPECTED NUMBER OF NATURAL DISASTERS IN FY 10.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

HURRICANES, CYCLONES, TORNADOS, DEVASTATING EARTHQUAKES, FAMINE, DISEASE AND FLOODS WERE FOUND IN VIRTUALLY EVERY CONTINENT OF THE GLOBE. FMH PHYSICIANS AND NURSING STAFF WERE QUICK TO RESPOND TO THE NATURAL DISASTERS NO MATTER THEIR SEVERITY OR LOCATION.

THE NEED FOR MEDICAL SUPPLIES WAS UNPRECEDENTED IN FY 10, AND DESPITE THE DIFFICULT ECONOMIC ENVIRONMENT AND THE NEED TO CURB EXPENSE AND MANAGE THE SUPPLY CHAIN EFFECTIVELY, FMH STEPPED UP TO PROVIDE THE SUPPLIES OUR TEAMS NEEDED AS THEY JOURNEYED ACROSS THE GLOBE TO HELP OTHERS.

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
- 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

OVER \$37,000 OF SUPPLIES AND MEDICINES WERE DONATED IN FY 2010.

PROGRAM SERVICE ACTIVITIES CONTINUED...

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

THE LOSS OF MEDICAL INSURANCE LEFT A NUMBER OF OUR CITIZENS IN DIRE STRAIGHTS RELATIVE TO RECEIVING THE HEALTHCARE AND MEDICATIONS THEY NEEDED TO KEEP CHRONIC DISEASE IN CHECK.

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

ON THE LOCAL SCENE, THE FMH PHARMACY PROVIDED \$4,000 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 PAPER WORK NECESSARY TO APPLY FOR FINANCIAL ASSISTANCE AND TO ACCESS COMMUNITY RESOURCES AVAILABLE TO HELP THEM.

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 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.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

THESE COLLABORATIVE EFFORTS ALLOW STUDENTS THE OPPORTUNITY TO COMPLETE A CLINICAL ROTATION AT FMH. SCHOOLS THROUGHOUT MARYLAND, AS FAR AS THE EASTERN SHORE, HAVE SIGNED AFFILIATION AGREEMENTS WITH FMH.

GIVEN THE SHORTAGE OF BOTH NURSING AND ALLIED HEALTH PROFESSIONALS, MANY SCHOOLS HAVE LOOKED TO INCREASE ENROLLMENT IN THESE PROGRAMS. ANY INCREASE IN ENROLLMENT HAS MEANT THE NEED FOR ADDITIONAL CLINICAL PLACEMENTS. DURING FY10 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 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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

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 PHONE 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 OF FCC COMES TO \$153,114.56

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

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.

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 HEALTHCARE 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 ARE USED TO SUPPORT THOSE ORGANIZATIONS OR COMMUNITY INITIATIVES THAT ESPOUSE A CAUSE THAT IS MOST IN KEEPING WITH THAT OF THE HEALTHCARE 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

PROGRAM DESCRIBE ABOVE, AND OBSERVE THE PROCESS OF FORENSIC EXAMINATIONS.

WE ASSISTED HEARTLY HOUSE WITH THEIR LIFESAVING WORK BY HELPING THEM PUBLICIZE THEIR SERVICES AND BY 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 ORGANIZATIONS SEEKING APPROPRIATE INTERVENTIONAL RESOURCES. FREDERICK COUNTY MENTAL HEALTH ASSOCIATION CONTRIBUTION = \$2,500

OTHER COMMUNITY EVENTS TO WHICH THE HEALTHCARE SYSTEM CONTRIBUTED:

- ASIAN LUNAR NEW YEAR DIVERSITY EVENT: \$1,000
- INDIAN ASSOCIATION OF FREDERICK: \$ 300
- COMMUNITY FOUNDATION GOLF TOURNAMENT: \$1,000
- MENTAL HLTH ASS. OF FREDERICK - CATOCTIN AFFAIR \$2,000

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

- LEADERSHIP MONTGOMERY: \$ 300
- MISSION OF MERCY: \$ 500
- FREDERICK MARATHON (IN KIND MEDICAL SUPPORT SERVICES): \$5,000
- INDIAN ASSOCIATION OF FREDERICK: \$ 300
- THE GREAT FREDERICK FAIR, COMMUNITY TENT: \$1,000
- YMCA SPECIAL EVENTS: \$1,000
- YMCA CAMPAIGN FOR KIDS GOLF TOURNAMENT: \$ 600

THE DEPARTMENT OF MARKETING AND COMMUNICATIONS HAS CONTRACTED WITH NASSAU BROADCASTING AND CLEAR CHANNEL RADIO TO BROADCAST A HEALTH AWARENESS PROGRAM CALLED "FMH MEDICAL MINUTE." THE 60-SECOND SPOTS AIR ON 4 RADIO STATIONS: WWEG - 106.9, WAFY 103.1, WFRE - 99.9, AND WFMD 930 AM. THE SPOTS ARE NOT ADVERTISEMENTS FOR SERVICES OR PROGRAMS. THEY ARE EDUCATIONAL IN NATURE, AND INFORM THE PUBLIC ABOUT TOPICS SUCH AS:

- ASTHMA - TRIGGERS AND RESPONSE
- COPD MANAGEMENT
- PERIPHERAL ARTERY DISEASE
- IS IT THE FLU OR JUST A COLD?
- COLD WEATHER AND YOUR HEART
- EXERCISING IN THE COLD
- BEE STINGS AND OTHER INSECT BITES
- SPRING/SUMMER ALLERGIES
- SUNBURN: SIGNS, SYMPTOMS AND CARE

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

- DEHYDRATION

INVESTMENT IN FY 10 = \$20,000.00

TOTAL CONTRIBUTION TO COMMUNITY EVENTS = \$40,500.00

PROGRAM SERVICE ACTIVITIES CONTINUED...

MISSION DRIVEN HEALTH SERVICES

THE MISSION OF FREDERICK MEMORIAL HEALTHCARE 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 HEALTHCARE 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.

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

ATTACHMENT 1 (CONT'D)

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).

SURGICALISTS ARE SURGEONS WHO ARE IN-HOUSE 24/7 AND ENSURE THAT FREDERICK
COUNTY RESIDENTS RECEIVED 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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.

- OBSTETRICIANS

FMH'S RECENT DESIGNATION AS A NEONATAL INTENSIVE CARE CENTER HAS INCREASED THE NUMBER OF HIGH-RISK PREGNANCIES CHOOSING TO DELIVERY 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

"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.

- 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 2010

COMMUNITY HEALTH SERVICES \$1,730,641.00
 HEALTH PROFESSIONS EDUCATION \$115,628.00
 MISSION DRIVEN HEALTH SERVICES \$10,929,046.00
 FINANCIAL CONTRIBUTIONS \$129,333.00
 CHARITY CARE \$4,062,500.00
 TOTAL \$16,967,148.00

CHARITY CARE POLICY INFORMATION TO PATIENTS

FREDERICK MEMORIAL HEALTHCARE 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.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
<u>ATTACHMENT 1 (CONT'D)</u>	

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.

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,

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

AND REMAIN STEADFAST AND TRUE REGARDLESS OF WORLD CONDITION OR PERSONAL 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 MEMORIAL HEALTHCARE 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 AUSHERMAN, DIRECTOR OF FMH, INC. IS ENGAGED IN AN INDIRECT BUSINESS RELATIONSHIP WITH THOMAS KLEINHANZL, JOHN VERBUS, KENNETH

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

COFFEY, JAMES REINSCH AND ANNE HERBERT ROLLINS.

CHANGES IN ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, QUESTION 4

ON DECEMBER 21, 2010 THE BOARD OF DIRECTORS VOTED TO EXPAND BY ONE VOTING MEMBER.

DESCRIBE THE PROCESS USED BY MANAGEMENT/GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 11A

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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 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

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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 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 PLANS TO ADOPT A POLICY IN THE NEAR FUTURE.

AVAIL OF GOV DOCS, CONFL. OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 1 (CONT'D)

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.

DESCRIPTION OF TAX-EXEMPT BONDS

SCHEDULE K, PART I, COLUMN F

THE MHHEFA SERIES 2008 REVENUE BONDS, ISSUED ON JULY 9, 2008 WAS A
REFUNDING OF THE SERIES 2006 BONDS, WHICH WERE ISSUED ON MAY 23, 2006.

SCHEDULE K, PART II, LINE 5

PROCEEDS USED FOR BOND ISSUANCE COSTS: \$975,844

PROCEEDS USED FOR CREDIT ENHANCEMENT: \$166,621

LOANS TO AND FROM INTERESTED PERSONS

SCHEDULE L, PART II

PURPOSE OF LOAN: PHYSICIAN RECRUITMENT AND INCOME GUARANTEE AGREEMENT.

ATTACHMENT 2990, 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 SVCS	6,216,461.
QUEST DIAGNOSTICS PO BOX 740709 LOS ANGELES, CA 90084	LABORATORY SERVICES	1,684,561.

Name of the organization FREDERICK MEMORIAL HOSPITAL, INC.	Employer identification number 52-0591612
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRIME DOC OF FREDERICK, PA PO BOX 7568 ASHEVILLE, NC 28802	PHYSICIAN SERVICES	1,683,975.
KINSLEY CONSTRUCTION 1922 GREENSPRING DRIVE TIMONIUM, MD 21093	CONSTRUCTION SVCS	1,490,257.
SLEEPMED/DIGITRACE CARE SERVICES 200 CORPORATE PLACE PEABODY, MA 01960	MEDICAL SERVICES	1,463,380.
TOTAL COMPENSATION		<u>12,538,634.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**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
EMMITSBURG PROPERTIES, LLC 52-1910823 400 WEST SEVENTH STREET FREDERICK, MD 21701	HOLDING INVTS	MD	109,492.	2,240,669.	N/A

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
HOSPICE OF FREDERICK COUNTY, INC. 52-1164513 400 WEST SEVENTH STREET FREDERICK, MD 21701	HOSPICE CARE	MD	501 (C) (3)	7	N/A

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

Schedule R (Form 990) 2009

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?	
							Yes	No		Yes	No

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
FREDERICK HEALTH SERVICES CORPORATION 52-1851661 400 WEST SEVENTH STREET FREDERICK, MD 21701	MANAGEMENT CO.	MD	N/A	C CORP	-461,000.	4,904,000.	100.0000
FREDERICK SURGICAL SERVICES CORPORATION 52-1642334 400 WEST SEVENTH STREET FREDERICK, MD 21701	HOLDING COMPANY	MD	FHSC	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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
(1) HOSPICE OF FREDERICK COUNTY, INC.	N	602,096.
(2) FREDERICK HEALTH SERVICES CORPORATION	N	283,627.
(3)		
(4)		
(5)		
(6)		

