

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FORT WASHINGTON MEDICAL CENTER		D Employer identification number 52-1682858
	Doing business as		E Telephone number 301-292-7000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11711 LIVINGSTON ROAD	G Gross receipts \$ 45,939,227.	
	City or town, state or province, country, and ZIP or foreign postal code FORT WASHINGTON, MD 20744		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: JOSEPH B. TUCKER 174 WATERFRONT STREET SUITE 225, NATIONAL HA			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FORTWASHINGTONMC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1989
			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE HIGH QUALITY, RESPONSIVE HEALTH CARE SERVICES DEDICATED TO ADVANCING THE HEALTH OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	510
	6 Total number of volunteers (estimate if necessary)	6	13
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	88,108.	312,966.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,474,574.	43,056,719.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-852,195.	-54,722.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,794,811.	2,558,274.
		45,505,298.	45,873,237.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	24,780,376.	24,547,350.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,781.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,755,070.	22,107,216.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,535,446.	46,654,566.
19 Revenue less expenses. Subtract line 18 from line 12	-2,030,148.	-781,329.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	19,066,845.	19,708,881.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,104,202.	15,316,664.
	3,962,643.	4,392,217.	

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
	JOSEPH B. TUCKER, SR VP/CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ZACK FORTSCH, CPA	Preparer's signature	Date
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P00052725
	Firm's address ▶ ONE SOUTH WAKER DRIVE, SUITE 800 CHICAGO, IL 60606	Phone no. (312) 634-3400	

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 40,305,463. including grants of \$) (Revenue \$ 45,614,993.) IN 2017, FORT WASHINGTON MEDICAL CENTER INC., AN ACUTE CARE HOSPITAL PROVIDED MEDICAL AND SURGICAL SERVICES TO THE COMMUNITY. IN ADDITION, THEY PROVIDED BENEFITS TO THE COMMUNITY THAT INCLUDED, CHARITY CARE, TEACHING PERCEPTOR OPPORTUNITIES, HEALTH SCREENINGS, COMMUNITY HEALTH EDUCATION, COMMUNITY SPONSORSHIP OPPORTUNITIES, AND COMMUNITY ENGAGEMENT ACTIVITIES. SEE SCHEDULE H FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 201,588. including grants of \$) (Revenue \$) FORT WASHINGTON MEDICAL CENTER INC, APPLIED FOR AND WAS AWARDED A GRANT FROM GILEAD. THIS FOCUS GRANT OBJECTIVE IS TO ADDRESS THE GROWING CONCERN OF INCREASING CASES OF HIV AND HEP. C IN THE COMMUNITY. AS A RESULT, FORT WASHINGTON MEDICAL CENTER, INC., FURTHER SERVE THE COMMUNITY THROUGH OFFERING HIV AND HEP. C TESTING TO THE COMMUNITY THROUGH IT'S EMERGENCY ROOM DEPARTMENT. THIS CAN BENEFIT PATIENTS, WHO MAY OTHERWISE NOT HAVE ACCESS TO THIS FREE TESTING. THIS PROGRAM NOT ONLY PROVIDES DIAGNOSTIC AWARENESS, BUT IT ALSO PROVIDES NAVIGATIONAL SERVICES FOR FOLLOW UP AND CONTINUED CARE BASED ON THE TEST RESULTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) IN ADDITION TO THE ROUTINE HEALTHCARE SERVICES TO THE COMMUNITY, IN 2017, FWMC CONTINUED TO PARTNER WITH THE PRINCE GEORGE'S COUNTY PARK AND RECREATION DEPARTMENT IN THEIR 2017 CHILDREN'S EXPO EVENT. THIS CONTINUED PARTNERSHIP SERVES AS A MEANS TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY, NOT ONLY IN THE FORM OF TREATMENTS AND HEALINGS, BUT ALSO IN PREVENTION. FWMC APPLIED AND RECEIVED A GRANT FROM PG COUNTY TO ASSIST/SUPPORT THE FREE HIV TESTING PROGRAM THAT STARTED IN 2016 AND CONTINUED THROUGH 2017. THIS PROGRAM WAS SUPPORTED THROUGH VOLUNTEERS IN 2017.

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

4e Total program service expenses 40,507,051.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YVONNE S. MAGEE, PHD BOARD CHAIR	1.50 0.70	X		X				0.	0.	0.
(2) KIMBERLY D. ROBERTSON IMMEDIATE PAST CHAIR	1.50 0.70	X		X				0.	0.	0.
(3) HENRY W. MOSLEY TREASURER	1.50 0.70	X		X				0.	0.	0.
(4) MANERVA W. RIDDICK EXECUTIVE SECRETARY	1.50 0.70	X		X				0.	0.	0.
(5) REGINALD A. JONES INTERIM PRESIDENT	40.00 0.70	X		X			240,000.	0.	0.	0.
(6) PAMELA B. CREEKMUR DIRECTOR	1.50 0.70	X						0.	0.	0.
(7) CHARLES E. DAY, SR. DIRECTOR	1.50 0.70	X						0.	0.	0.
(8) MICHELLE D. HEREFORD DIRECTOR	1.50 0.70	X						0.	0.	0.
(9) MICHAEL A. JACKSON DIRECTOR	1.50 0.70	X						0.	0.	0.
(10) ERIC ODDERSTOL DIRECTOR	1.50 0.70	X						0.	0.	0.
(11) JOHN A. PETTY DIRECTOR	1.50 0.70	X						0.	0.	0.
(12) IKE PUZON DIRECTOR	1.50 0.70	X						0.	0.	0.
(13) DEEPAK SACHDEVA, MD DIRECTOR	1.50 0.70	X						0.	0.	0.
(14) SAMEER B. SHAMMAS DIRECTOR	1.50 0.70	X						0.	0.	0.
(15) JOSEPH B. TUCKER CHIEF FINANCIAL OFFICER	40.00 16.00			X			189,867.	0.	8,902.	
(16) HOWARD AINSLEY CHIEF OPERATING OFFICER	40.00			X			117,643.	0.	12,229.	
(17) ALPHEAUS CAMPBELL CHIEF OPERATING OFFICER	40.00			X			64,539.	0.	3,740.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GRIFFIN L. DAVIS MEDICAL DIRECTOR	40.00				X			265,556.	0.	31,450.
(19) WANDA WATLINGTON DIRECTOR OF NURSING	40.00				X			170,423.	0.	22,654.
(20) SHARNELL S. SMITH SURGEON	40.00					X		276,045.	0.	37,305.
(21) TAMMY WOODFORK HR DIRECTOR	40.00					X		142,493.	0.	4,731.
(22) FREDERICK L. ASHBY IT DIRECTOR	40.00					X		140,869.	0.	17,968.
(23) CORAZON DELACRUZ RN	40.00					X		138,726.	0.	15,231.
(24) FIONA M. MCMAHON MM & PI DIRECTOR	40.00					X		131,176.	0.	29,488.
1b Sub-total								1,877,337.	0.	183,698.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,877,337.	0.	183,698.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LABORATORY CORPORATION OF AMERICA PO BOX 12140, BURLINGTON, NC 27216	LAB MANAGEMENT	1,587,198.
MDICS AT FORT WASHINGTON, LLC, 7250 PARKWAY DRIVE, SUITE 500, HANOVER, MD 21076	INTERNALIST COVERAGE	750,000.
VILMA BHOOSHAN 9739 AVENEL FARM DR., POTOMAC, MD 20854	CONTRACTED PATHOLOGIST	455,184.
ALLIED UNIVERSAL PO BOX 828854, PHILADELPHIA, PA 19812	SECURITY SERVICES	268,235.
IMAGING ON CALL 1510 CONTNER AVENUE, LOS ANGELES, CA 90025	PATHOLOGY NIGHTHAWK	256,967.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	49,999.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	262,967.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			312,966.			
Program Service Revenue	2 a PATIENT SERVICES	Business Code 621400	42,996,639.	42,996,639.			
	b DIETARY SERVICES	900099	60,080.	60,080.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			43,056,719.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,268.			11,268.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	55,379.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	55,379.				
	d Net rental income or (loss)		55,379.	55,379.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			65,990.		
		c Gain or (loss)			-65,990.		
	d Net gain or (loss)		-65,990.			-65,990.	
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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						
Miscellaneous Revenue		Business Code					
11 a MD UNCOMPENSATED CARE		900099	2,253,501.	2,253,501.			
	b MANAGEMENT FEES	900099	113,601.	113,601.			
	c REBATES, DISCOUNTS & O	900099	78,149.	78,149.			
	d All other revenue	900099	57,644.	57,644.			
	e Total. Add lines 11a-11d			2,502,895.			
12 Total revenue. See instructions.			45,873,237.	45,614,993.	0.	-54,722.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,111,034.	490,083.	620,951.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,378,667.	16,570,351.	2,808,316.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	249,756.	222,633.	27,123.	
9 Other employee benefits	2,335,705.	1,643,489.	692,216.	
10 Payroll taxes	1,472,188.	1,247,008.	220,071.	5,109.
11 Fees for services (non-employees):				
a Management				
b Legal	187,335.	37,317.	150,018.	
c Accounting	199,297.		199,297.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	9,670,502.	9,505,179.	165,224.	99.
12 Advertising and promotion	4,480.	1,030.	3,450.	
13 Office expenses	373,054.	254,823.	117,263.	968.
14 Information technology				
15 Royalties				
16 Occupancy	933,048.	185,211.	747,837.	
17 Travel	89,492.	34,759.	49,546.	5,187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	95,767.	61,839.	32,933.	995.
20 Interest	399,064.	399,064.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,075,744.	970,899.	104,845.	
23 Insurance	627,907.	567,037.	60,870.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	4,417,164.	4,417,164.		
b MEDICAL SUPPLIES	3,800,105.	3,800,105.		
c _____				
d _____				
e All other expenses _____	234,257.	99,060.	129,774.	5,423.
25 Total functional expenses. Add lines 1 through 24e	46,654,566.	40,507,051.	6,129,734.	17,781.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,154,435.	1	1,796,413.
	2 Savings and temporary cash investments	579,966.	2	580,546.
	3 Pledges and grants receivable, net	46,000.	3	63,000.
	4 Accounts receivable, net	5,442,555.	4	5,529,952.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,109,085.	8	1,169,790.
	9 Prepaid expenses and deferred charges	641,897.	9	766,799.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,895,313.		
	b Less: accumulated depreciation	10b 20,119,661.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,821,352.	15	2,026,729.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,066,845.	16	19,708,881.	
Liabilities	17 Accounts payable and accrued expenses	6,472,399.	17	7,416,882.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,764,106.	23	6,434,812.
	24 Unsecured notes and loans payable to unrelated third parties	360,923.	24	342,612.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,506,774.	25	1,122,358.
	26 Total liabilities. Add lines 17 through 25	15,104,202.	26	15,316,664.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,855,643.	27	4,285,217.
	28 Temporarily restricted net assets	107,000.	28	107,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	3,962,643.	33	4,392,217.	
34 Total liabilities and net assets/fund balances	19,066,845.	34	19,708,881.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,873,237.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,654,566.
3	Revenue less expenses. Subtract line 2 from line 1	3	-781,329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,962,643.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,210,903.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,392,217.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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 12, 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 (Form 990 or 990-EZ).)
3 [X] 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [] 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.)
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

FORT WASHINGTON MEDICAL CENTER

Employer identification number

52-1682858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 49,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 229,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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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 campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2,473.
j Total. Add lines 1c through 1i			2,473.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DUES PAID TO MARYLAND HOSPITAL ASSOCIATION RELATING TO LOBBYING

ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06... 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, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No. 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,528.		122,528.
b Buildings		9,951,270.	7,199,751.	2,751,519.
c Leasehold improvements		871,754.	640,059.	231,695.
d Equipment		14,998,360.	12,279,851.	2,718,509.
e Other		1,951,401.		1,951,401.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,775,652.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	240,778.
(2) MISCELLANEOUS ACCOUNTS RECEIVABLE	152,992.
(3) MORTGAGE RESERVE FUND	1,632,959.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,026,729.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY PAYEE	612,227.
(3) CAPITAL LEASE	510,131.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,122,358.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	42,721,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-898,038.
e	Add lines 2a through 2d	2e	-898,038.
3	Subtract line 2e from line 1	3	43,619,736.
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 XIII.)	4b	2,253,501.
c	Add lines 4a and 4b	4c	2,253,501.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,873,237.

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

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

1	Total expenses and losses per audited financial statements	1	43,190,162.
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 XIII.)	2d	-3,464,404.
e	Add lines 2a through 2d	2e	-3,464,404.
3	Subtract line 2e from line 1	3	46,654,566.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	46,654,566.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE HOSPITAL HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR
 UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
 TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
 RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, THE HOSPITAL MAY
 RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS
 MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON
 EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE
 POSITION. MANAGEMENT HAS EVALUATED THE HOSPITAL'S TAX POSITIONS AND HAS
 CONCLUDED THAT THE HOSPITAL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT
 REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS
 OF THIS GUIDANCE.

Part XIII Supplemental Information (continued)

THE HOSPITAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S.

FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31,

2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT -952,760.

NONOPERATING INCOME 54,722.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -898,038.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MD UNCOMPENSATED CARE PAYMENT 2,253,501.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT RECOVERY -1,210,903.

MD UNCOMPENSATED CARE PAYMENT -2,253,501.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -3,464,404.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			914,284.		914,284.	1.96%
b Medicaid (from Worksheet 3, column a)			3,664,338.	5,434,833.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,409,939.	8,169,591.	1,240,348.	2.66%
d Total Financial Assistance and Means-Tested Government Programs			13,988,561.	13,604,424.	2,154,632.	4.62%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			142,838.	122,822.	20,016.	.04%
f Health professions education (from Worksheet 5)			787,138.		787,138.	1.69%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			700.		700.	.00%
j Total. Other Benefits			930,676.	122,822.	807,854.	1.73%
k Total. Add lines 7d and 7j			14,919,237.	13,727,246.	2,962,486.	6.35%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	14,591,966.
6 Enter Medicare allowable costs of care relating to payments on line 5	14,951,139.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-359,173.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.PRINCEGEORGESCOUNTYMD.GOV/ARCHIVECENTER/VIEWFILE/ITEM/2884</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.PRINCEGEORGESCOUNTYMD.GOV/ARCHIVECENTER/VIEWFILE/ITEM/2884</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information (continued)

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

FORT WASHINGTON MEDICAL CENTER, INC.:

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

GOVERNMENT AND MARYLAND-NATIONAL CAPITAL PARKS AND PLANNING COMMISSION

CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN

IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY

RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE

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

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

DEPARTMENT.

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

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

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

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

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

ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZATION.

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

SPANISH, 2)AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS THROUGH

SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR PROFILE, 3)

HOSPITAL SERVICE PROFILES OF RESIDENTS SERVICED BY THE CORE TEAM, 4) A

COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT INTERVIEWS, AND 5)

A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED FORTY REPRESENTATIVES

FROM ACROSS THE COUNTY WHICH ARE IDENTIFIED BELOW.

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

Part V Facility Information *(continued)*

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

BIOSTATISTICS

TERRY, MILLY, AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION

GRANT, TERESA, PGC DEPARTMENT OF FAMILY SERVICES

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

MCDONOUGH, MARY LOU, PGC DEPARTMENT OF CORRECTIONS

HOWELL, MICHELLE, THE ARC

SHIVER, SANDERS, PGC PUBLIC SCHOOLS

HOBAN, EVELYN, PGC HEALTH DEPARTMENT

HALL, PHD, MPH, CLARENCE, PACANET USA

BELON-BUTLER, ELANA, PGC DEPARTMENT OF FAMILY SERVICES

GOMEZ, MARIA, MARY'S CENTER

LOBRANO, MD, MARCIA, COMMUNITY CLINIC, INC.

MALLOY, COLENTHIA, GREATER BADEN MEDICAL CENTER

MATTHEWS, SAUNDRA, COMMUNITY CLINIC, INC.

DEMUS, LESLIE, HEART TO HAND

SPANN, MONICA, PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE

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

WILSON, ALICIA, LA CLINICA DEL PUEBLO

MOORE, MAJOR ELAINE, PGC POLICE DEPARTMENT

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

CENTER

HALL, MD, TRUDY, LAUREL REGIONAL HOSPITAL CENTER

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

MOORE, SHERRI, DOCTORS COMMUNITY HOSPITAL

SMITH, MD, SHARNELL, FT. WASHINGTON MEDICAL CENTER/NEXUS

SULLIVAN, TIFFANY, DIMENSIONS HEALTHCARE SYSTEM

WATERS, MD, JD, FCLM, VICTOR, FT . WASHINGTON MEDICAL CENTER/NEXUS

Part V Facility Information *(continued)*

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

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

PISCATAWAY CONOY

DODO, KODJO, PGC HEALTH DEPARTMENT, WIC PROGRAM

HEWLETT, ELIZABETH, MARYLAND NATIONAL PARK AND PLANNING COMMISSION

BRYANT, TRACY, UNITED HEALTHCARE COMMUNITY PLAN

MOOREHEAD, CREIGHTON, NORVARTIS (FORMERLY WITH KAISER)

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

BARRON, EREK, HOUSE OF DELEGATES

OWUSU-ACHEAW, POKUAA, FOR SENATOR JOANNE BENSON

CREEKMUR, PAMELA B., PGC HEALTH DEPARTMENT

HARRINGTON, DAVID, PGC CHAMBER OF COMMERCE

CARTER, MD, PHD, ERNEST, PGC HEALTH DEPARTMENT

BROWN, ERIC, PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

WOOD, DENNIS, PGC FIRE/EMS DEPARTMENT

FRANKEL, BRIAN, PGC FIRE/EMS DEPARTMENT

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

PUBLIC SCHOOLS

BROWN, GLORIA, PGC DEPARTMENT OF SOCIAL SERVICES

BRUCE, GERALYN, PGC DEPT. PUBLIC WORKS & TRANSPORTATION

SNOWDEN, CAROL LYNN, PGC DEPARTMENT OF FAMILY SERVICES

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL, LAUREL REGIONAL

HOSPITAL, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER, PRINCE GEORGE'S

HOSPITAL CENTER

Part V Facility Information (continued)

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

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT,

SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS, PRINCE GEORGE'S

COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL, FRIENDLY HIGH SCHOOL, BEHAVIORAL

HEALTH, RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH,

COMMUNITY COALITION, PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN

DIABETES ASSOCIATION

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 7A

[HTTP://WWW.FORTWASHINGTONMC.ORG/OUR-SERVICES/COMMUNITY-HEALTH/](http://www.fortwashingtonmc.org/our-services/community-health/)

COMMUNITY-OUTREACH.ASPX

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 10A

THE IMPLEMENTATION STRATEGY BEGINS ON PAGE 226 OF 265 OF THE PDF.

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL

COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL

HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE

GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT,

IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET

EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LEAD THE DATA

GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE

Part V Facility Information *(continued)*

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

SHARED OWNERSHIP OF THE COUNTY'S COMMUNITIES HEALTH.

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

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 22

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

FORT WASHINGTON MEDICAL CENTER, INC.

Part V Facility Information *(continued)*

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

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

WWW.FORTWASHINGTONMC.ORG/DOCUMENTS/FTWMCFINANCIALBROCHURE.PDF

FORT WASHINGTON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 16J: HTTPS://WWW.FORTWASHINGTONMC.ORG/DOCUMENTS/FIN

ANCIAL-ASSISTANCE-PLAN-TOTAL-PACKAGE.PDF

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT FOR FORT WASHINGTON MEDICAL CENTER IS
 FILED ANNUALLY WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION
 WHICH ALLOWS FOR PUBLIC ACCESS TO INFORMATION FILED. IT IS ALSO
 AVAILABLE FOR REVIEW ON THE HOSPITAL WEBSITE:
[WWW.FORTWASHINGTONMC.ORG/OURSERVICES/COMMUNITYHEALTH/COMMUNITYOUTREACH.A
 SPX.](http://WWW.FORTWASHINGTONMC.ORG/OURSERVICES/COMMUNITYHEALTH/COMMUNITYOUTREACH.ASPX)

PART I, LINE 7A, COLUMN D:

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

Part VI Supplemental Information (Continuation)

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE
SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE
SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.
MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR INCLUDING
UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE
MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO
UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID
REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO
THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID
ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL
GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE
RATE SETTING SYSTEM. THE HOSPITAL PORTION OF THE MEDICAID ASSESSMENT
FOR FORT WASHINGTON MEDICAL CENTER WAS \$167,174 IN 2017.

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

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

Part VI Supplemental Information (Continuation)

PART I, LINE 7F:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARISE FROM HEALTH CARE SERVICES PROVIDED
PRIMARILY TO RESIDENTS OF MARYLAND. THE PRINCIPAL PAYORS FOR THESE
SERVICES ARE THE PATIENTS, INSURANCE COMPANIES (INCLUDING CAREFIRST) AND
MEDICARE AND CERTAIN MEDICAID PROGRAMS. ACCOUNTS RECEIVABLE ARE REDUCED BY
AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF
ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES
TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE
APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS.
MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF
REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL
ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS
WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE
AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION
FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE

Part VI Supplemental Information (Continuation)

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

PART III, LINE 8:

A COST-TO-CHARGE METHODOLOGY WAS USED TO DETERMINE MEDICARE ALLOWABLE
COSTS.

PART III, LINE 9B:

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

PART VI, LINE 2:

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

TO GAIN MORE INSIGHT INTO THE HEALTH OF THE COUNTY, IN OCTOBER 2011, THE ORGANIZATION INVITED PRINCE GEORGE'S COUNTY ACTING HEALTH OFFICER PAMELA CREEKMUR TO A PUBLIC ANNUAL MEETING TO DISCUSS THE COUNTY'S HEALTH IMPROVEMENT PLAN - ITS BLUEPRINT FOR A HEALTHIER COUNTY TO LEARN MORE ABOUT THE COUNTY'S 10 HEALTH PRIORITIES, AND HOW WE CAN WORK COLLABORATIVELY. WE HELD A ROUNDTABLE AFTER THE DISCUSSION WITH COMMUNITY FEEDBACK TO GAIN FURTHER INSIGHT ON THE ISSUES PRESENTED AND DETERMINED THAT UNINSURED AND WELLNESS PREVENTION WAS A LEADING AREA OF CONCERN. PARTICIPANTS NOTED THE AVAILABLE HEALTH SERVICES FOR THE UNINSURED AND THE LACK OF SUFFICIENT PRIMARY CARE PROVIDERS (ACCESS TO CARE), WHICH LED TO THE PGHAC INITIATIVE WE ARE INVOLVED IN TODAY.

WE ALSO ENGAGE OUR FWMC COMMUNITY ADVISORY COUNCIL, WHICH CONSISTS OF CLERGY, EDUCATORS, GOVERNMENT REPRESENTATIVES AND OTHER PROFESSIONALS TO GAIN COMMUNITY FEEDBACK ON HOSPITAL GOALS, OBJECTIVES AND THE COMMUNITIES' NEEDS.

PART VI, LINE 3:

FORT WASHINGTON MEDICAL CENTER COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE ON THE HOSPITAL WEBSITE AND IN HOSPITAL PUBLICATIONS. FINANCIAL ASSISTANCE PROGRAM NOTICES ARE POSTED FOR PUBLIC VIEW IN THE ADMITTING AREA, REGISTRATION AREA, PATIENT ACCOUNTS OFFICE, THE EMERGENCY DEPARTMENT AND ADMINISTRATION. FURTHERMORE, A COPY OF THE FINANCIAL ASSISTANCE POLICY IS PROVIDED TO PATIENTS OR THEIR FAMILIES AS PART OF THE ADMISSION PROCESS. ALSO, ONCE THE PATIENT IS DISCHARGED, EACH BILLING STATEMENT CONTAINS A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

STAFF HAS BEEN TRAINED TO ASSIST PATIENTS WHO WISH TO UTILIZE THE

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE PROGRAM BY REFERRING THEM TO FINANCIAL COUNSELORS

THAT HELP THE PATIENTS TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATIONS.

PART VI, LINE 4:

FORT WASHINGTON, OXON HILL AND TEMPLE HILLS COMPRISE FORT WASHINGTON

MEDICAL CENTER'S COMMUNITY BASED SERVICE AREA (CBSA) AND ARE LOCATED IN

PRINCE GEORGE'S COUNTY. THE SUBURBAN CITIES ARE WITHIN A SHORT DISTANCE

FROM THE WASHINGTON, D.C./MARYLAND LINE.

FORT WASHINGTON ENCOMPASSES A 14-SQUARE MILE RADIUS. ACCORDING TO

CLARITAS.COM, IT HAS A POPULATION OF 54,890 PEOPLE. THE RACIAL DYNAMIC OF

FORT WASHINGTON IS PRIMARILY AFRICAN-AMERICAN WITH 73.6% RESIDENTS; 10.49%

WHITE RESIDENTS; 6.4% ASIAN, AND THE REMAINDER OF OTHER RACES ARE, NATIVE

HAWAIIAN, AMERICAN INDIAN, AND PACIFIC ISLANDER.

THE MEDIAN FORT WASHINGTON HOUSEHOLD INCOME IS \$59,291 AND THE MEDIAN AGE

OF THE FORT WASHINGTON RESIDENT IS 44 YEARS.

SURROUNDING PORTIONS OF FORT WASHINGTON IS 9-SQUARE MILES OF LAND IN OXON

HILL, MARYLAND. IT EXTENDS ALONG THE 210 NORTH CORRIDORS AND ALONG

SOUTHERN AVENUE, WHICH SEPARATES IT FROM WASHINGTON, D.C. ACCORDING TO

THE CLARITAS.COM, ITS POPULATION IS 30,187 RESIDENTS. THE RACIAL MAKE-UP

OF OXON HILL IS 74.95% AFRICAN-AMERICANS; 9.56% WHITE RESIDENTS AND 5.10%

ASIAN RESIDENTS.

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

THE OXON HILL RESIDENT IS 38 YEARS.

Part VI Supplemental Information (Continuation)

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

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

TEMPLE HILLS HAS A POPULATION OF 37,588 PEOPLE. AFRICAN-AMERICANS COMPRISE

THE MAJORITY OF THE POPULATION WITH 85.36% RESIDENTS, 6.48% WHITE

RESIDENTS AND 6.80% HISPANIC RESIDENTS. THERE IS A SMALL POPULATION OF

NATIVE HAWAIIAN, ASIANS, AMERICAN INDIAN AND PACIFIC ISLANDERS. NEARLY

16.8% OF THE POPULATION IS CONSIDERED BELOW THE PROVERTY LINE.

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

THE TEMPLE HILLS RESIDENT IS 31 YEARS.

PART VI, LINE 5:

THE HOSPITAL HAS A BOARD THAT IS MADE UP OF MEMBERS OF THE COMMUNITY WHO

SERVE AS THE OVERSIGHT BODY FOR THE ACTIVITIES OF THE HOSPITAL. SURPLUS

HOSPITAL FUNDS ARE REINVESTED IN THE OPERATION TO SECURE REQUIRED

REPLACEMENT EQUIPMENT AND BUILDING UPGRADES/REPAIRS. THE HOSPITAL EXTENDS

MEDICAL STAFF PRIVILEDGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS

DEPARTMENTS.

FORT WASHINGTON MEDICAL CENTER ROUTINELY PARTICIPATES IN COMMUNITY HEALTH

FAIRS, PROVIDING EDUCATION AND BLOOD PRESSURE SCREENINGS AT VARIOUS

LOCATIONS THROUGH THE PATIENT SERVICE AREA. IN ADDITION, CLASSES ARE HELD

TO EDUCATE THE COMMUNITY ON A NUMBER OF HEALTH ISSUES, INCLUDING:

DIABETES, HEART DISEASE AND SMOKING CESSATION.

FORT WASHINGTON MEDICAL CENTER HAS A BOARD OF DIRECTORS COMPRISED

PREDOMINANTLY FROM MEMBERS OF THE COMMUNITY WHO SERVE AS THE OVERSIGHT

BODY FOR THE ACTIVITIES OF THE HOSPITAL. SURPLUS FUNDS ARE REINVESTED IN

Part VI Supplemental Information (Continuation)

THE HOSPITAL TO PROVIDE REQUIRED REPLACEMENT EQUIPMENT AND BUILDING

UPGRADES/REPAIRS AS WELL AS TO CONTINUE TO PROVIDE COMMUNITY BENEFIT

ACTIVITIES FOR THE COMMUNITY.

IT IS BELIEVED THAT A SUBSTANTIAL NUMBER OF THE EMERGENCY ROOM CASES AT

FWMC ARE LINKED TO DIABETES. IN AN EFFORT TO HELP PATIENTS BETTER MANAGE

DIABETES, AND TO REDUCE THE INCIDENCE OF RECIDIVISM, PATIENTS NOW SEEN AT

FWMC OR THROUGH THE EMERGENCY ROOM, OR IF HOSPITALIZED, ARE RECRUITED TO

PARTICIPATE IN THE CLASSES.

DURING THIS REPORTING YEAR, FWMC PROVIDED THE FOLLOWING PROGRAMMATIC

ACTIVITIES RELATED TO COMMUNITY NEED:

- ESTABLISHMENT OF A "FORT WASHINGTON MEDICAL CENTER OUTPATIENT DIABETES

EDUCATION CENTER".

- PROVIDED ZUMBA COMMUNITY AND EMPLOYEE FITNESS PROGRAM.

- PROVIDED A HEALTH EDUCATION PRESENTATION SPECIFICALLY ON HEART HEALTH

FOCUSING ON HYPERTENSION, CONGESTIVE HEART FAILURE, AND LIFESTYLE

ELEMENTS.

- PROVIDED A HEALTH EDUCATION PRESENTATION ON RESPIRATORY AILMENTS,

INCLUDING ASTHMA, EMPHYSEMA AND BRONCHITIS.

- PROVIDED NEARLY 40 COMMUNITY-BASED EVENTS TO 780 PARTICIPANTS.

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

SERVICE ORGANIZATIONS TO PROVIDE HEALTH EDUCATION AND SCREENINGS.

- ESTABLISHED A FRAMEWORK TO HOLD COMMUNITY ENGAGEMENT ACTIVITIES.

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

HEALTH DEPARTMENT, THE AMERICAN HEART ASSOCIATION, THE AMERICAN DIABETES

ASSOCIATION AND THE FWMC MEDICAL STAFF.

- PROVIDED PROFESSIONAL HEALTH EDUCATION TO 517 PARTICIPANTS.

Part VI Supplemental Information (Continuation)

EVALUATIONS ARE DONE ON PARTS OF THE PROGRAM, WHICH HAVE INCLUDED THE DIABETES AWARENESS PROGRAM, MAJOR COMMUNITY OFFERINGS AND SPECIAL MEETINGS. THE DIABETES PROGRAM AT FWMC HAS BEEN HIGHLY SUCCESSFUL. PARTICIPANTS THEMSELVES RATE THE PROGRAM HIGHLY, NOTING THE EXPERTISE OF THE INSTRUCTORS, THE DESIGN OF THE CLASS AND THE EASY ACCESS TO THE CLASS.

DURING 2017, THE HOSPITAL CONTINUED TO PARTNER WITH THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION TO PROVIDE DIABETES SELF-MANAGEMENT EDUCATION TO PATIENTS IN OUR SERVICE AREA.

HEALTH FAIRS AND SCREENING PROGRAMS ARE EVALUATED ON A CASE-BY-CASE BASIS TO ASCERTAIN COMMUNITY PARTICIPATION, SPONSOR FEEDBACK, CLINICAL FOLLOW-UP, EDUCATIONAL MATERIALS, COMMUNITY AWARENESS AND AFFIRMATION, AND GENERAL FEEDBACK.

EVALUATION OF PRECEPTOR-SHIP PROGRAMS ARE BUILT IN AND ARE DONE ON A CONTINUAL BASIS. FORT WASHINGTON MEDICAL CENTER'S TEACHING - PRECEPTOR PROGRAM CONTINUES TO BE A MAJOR PORTION OF COMMUNITY BENEFIT. NURSING AND ALLIED TRAINING PRECEPTOR OPPORTUNITIES HAVE CONTINUED AT FWMC. UNDER THE DIRECTION OF THE FWMC'S PERFORMANCE IMPROVEMENT DEPARTMENT AND EDUCATION DEPARTMENT, WHICH ADHERES TO THE STANDARD ESTABLISHED BY JCAHO, STUDENTS ARE REQUIRED TO MEET CERTAIN HOSPITAL STANDARDS. THE DEPARTMENT WORKS WITH THE NURSING AND ALLIED HEALTH SCHOOLS TO INSURE THAT THE STANDARDS ARE MET AND THAT THERE IS APPROPRIATE REPORTING, AS REQUIRED FROM ALL PARTICIPANTS.

PART VI, LINE 6:

Part VI Supplemental Information (Continuation)

NEXUS HEALTH PROVIDES MEDICAL CARE TO COMMUNITIES IN PRINCE GEORGE'S
 COUNTY, MARYLAND AND WASHINGTON, D.C. THROUGH ITS
 OWNERSHIP IN FORT WASHINGTON MEDICAL CENTER. FORT WASHINGTON MEDICAL
 CENTER IS A 37-BED HOSPITAL, CURRENTLY LICENSED FOR 31 BEDS. THE HOSPITAL
 UTILIZES 33 ACUTE CARE BEDS, WITH FOUR BEDS DESIGNATED FOR INTENSIVE CARE.

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

MD

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REGINALD A. JONES INTERIM PRESIDENT	(i)	240,000.	0.	0.	0.	0.	240,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH B. TUCKER CHIEF FINANCIAL OFFICER	(i)	189,867.	0.	0.	5,701.	3,201.	198,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GRIFFIN L. DAVIS MEDICAL DIRECTOR	(i)	265,556.	0.	0.	0.	31,450.	297,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WANDA WATLINGTON DIRECTOR OF NURSING	(i)	170,423.	0.	0.	0.	22,654.	193,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARNELL S. SMITH SURGEON	(i)	208,845.	67,200.	0.	6,798.	30,507.	313,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FREDERICK L. ASHBY IT DIRECTOR	(i)	140,869.	0.	0.	4,324.	13,644.	158,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CORAZON DELACRUZ RN	(i)	138,726.	0.	0.	4,278.	10,953.	153,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FIONA M. MCMAHON MM & PI DIRECTOR	(i)	131,176.	0.	0.	0.	29,488.	160,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

DURING 2017, THE ORGANIZATION DID NOT HAVE A PERMANENT PRESIDENT AND CEO.

WHEN THE ORGANIZATION CONCLUDES ITS SEARCH FOR A PERMANENT PRESIDENT AND

CEO, A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT,

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

COMMITTEE WILL BE USED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FORT WASHINGTON MEDICAL CENTER

Employer identification number

52-1682858

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

OUR COMMUNITY CUSTOMERS.

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

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

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

NEXUS HEALTH, INC. HAS THE RIGHT TO RATIFY THE PRESIDENT OR OTHER MEMBERS

OF THE CORPORATION, TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE

CORPORATION, TO ELECT MEMBERS OF THE BOARD OF DIRECTORS, AND TO REMOVE ANY

OR ALL MEMBERS FROM THE BOARD OF DIRECTORS.

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

NEXUS HEALTH, INC. HAS THE RIGHT TO AMEND THE ORGANIZATION'S CHARTER OR

BYLAWS, DISSOLVE OR MERGE THE CORPORATION, AND TO ISSUE ANY ADDITIONAL

STOCK IN THE ORGANIZATION.

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

UPON COMPLETION OF THE FORM 990 BY THE EXTERNAL ACCOUNTING FIRM, A REVIEW

OF THE RETURN IS COMPLETED BY THE CORPORATE CONTROLLER AS WELL AS THE

SENIOR VICE PRESIDENT FOR FINANCE AND THE PRESIDENT & CEO.

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

IN CONNECTION WITH ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED

PERSON MUST DISCLOSE THE EXISTENCE OF AND NATURE OF HIS OR HER FINANCIAL

INTEREST TO THE PRESIDENT, DIRECTORS AND/OR MEMBERS OF COMMITTEES WITH

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

INTERESTED PERSONS ALSO SHOULD BE ALERT TO DISCLOSE ANY SITUATION THAT, BY

VIRTUE OF A TRANSACTION OR ARRANGEMENT UNDER CONSIDERATION, COULD BE

PERCEIVED BY ANYONE AS A CONFLICT OF INTEREST.

A. DURING THE YEAR

ALL INTERESTED PERSONS ARE OBLIGATED TO MONITOR THEIR OUTSIDE ACTIVITIES

WITH REGARD TO ENTITIES THAT DO BUSINESS WITH NEXUS HEALTH, INC OR ITS

SUBSIDIARIES. AT ANY TIME DURING THE YEAR, INTERESTED PERSONS MAY HAVE A

CHANGE IN A FINANCIAL ARRANGEMENT OR ADDITION OF A NEW POTENTIAL CONFLICT

OF INTEREST THAT MAY HAVE AN EFFECT ON BUSINESS. IT IS THE

RESPONSIBILITY OF THE INDIVIDUAL TO REPORT THIS INFORMATION TO THE CHAIR

PERSON OF THE BOARD OF TRUSTEES, PRESIDENT OR COMPLIANCE OFFICER. THE

INDIVIDUAL WILL BE PROVIDED WITH THE APPROPRIATE DOCUMENTS TO REPORT THE

POTENTIAL CONFLICT.

B. ANNUAL REPORTING

ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER, SENIOR MANAGER, DIRECTOR, MEMBER

OF THE MEDICAL STAFF EXECUTIVE COMMITTEE, OR MEDICAL DIRECTOR, SHALL

COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND REVIEW THE CONFLICTS OF

INTEREST POLICY. TRUSTEES SHOULD ALSO REVIEW THE CORPORATION BYLAWS. THE

CONFLICT OF INTEREST DISCLOSURE AND POLICY WILL BE ISSUED TO EACH

INTERESTED PERSON DURING THE MONTH OF NOVEMBER BY THE EXECUTIVE ASSISTANT

TO THE CEO. ALL FORMS ARE TO BE RETURNED TO THE EXECUTIVE ASSISTANT TO THE

CEO NO LATER THAN DECEMBER 31ST.

MANAGEMENT OF CONFLICTS:

IF AN INTERESTED PERSON HAS A POTENTIAL CONFLICT OF INTEREST, IT MUST BE

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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DISCLOSED. THE INTERESTED PERSON INVOLVED IN THE CONFLICT MAY NOT PARTICIPATE IN ANY PROCESS LEADING TO THE APPROVAL OR DISAPPROVAL OF THE TRANSACTION CREATING THE CONFLICT, INCLUDING ANY VOTE OR OTHER SUBMISSION OF OPINION. IN ADDITION, THE INTERESTED PERSON MUST NOT INDIRECTLY ATTEMPT TO INFLUENCE THE DECISION-MAKING PROCESS. INTERESTED PERSONS WHO FAIL TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND AVOID ANY DIRECT OR INDIRECT INFLUENCE IN ACCORDANCE WITH THIS POLICY SHALL BE APPROPRIATELY DISCIPLINED. VIOLATION OF THIS POLICY WILL SUBJECT THE INDIVIDUAL TO DISCIPLINARY ACTION INCLUDING POSSIBLE DISMISSAL AND MEMBERS OF THE BOARD OF TRUSTEES WILL BE SUBJECT TO REMOVAL. DISCIPLINE WILL BE COMMENSURATE WITH THE SERIOUSNESS OF THE ACTION. ALL REPORTS OF CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST WILL BE REVIEWED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES, PRESIDENT AND THE COMPLIANCE OFFICER. CONFLICT DISCLOSURES WILL ALSO BE REVIEWED BY LEGAL COUNSEL. THE CHAIRMAN, PRESIDENT, COMPLIANCE OFFICER, AND LEGAL COUNSEL WILL DETERMINE IF ANY ACTION MUST BE TAKEN TO PROTECT NEXUS HEALTH, INC. OR ITS AFFECTED AFFILIATES. A REPORT OF ALL CONFLICTS OF INTEREST SHALL BE SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY.

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

EXECUTIVE COMPENSATION:

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

PHILOSOPHY: THE INTENT OF THIS POLICY IS TO GUIDE THE EXECUTIVE COMPENSATION PRACTICES OF THE ORGANIZATION TO ASSURE A FAIR AND EQUITABLE,

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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WELL-DEFINED PROCESS FOR DETERMINING COMPENSATION, AND TO PROVIDE A

STANDARDIZED STRUCTURE FOR MANAGING THIS ISSUE.

1. COMPENSATION OF THE PRESIDENT AND CEO OF THE ORGANIZATION IS GOVERNED BY

CONTRACT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT STUDY AS PART OF

THEIR PROCESS IN DETERMINING THE COMPENSATION OF THE CEO.

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

THE HUMAN RESOURCES DEPARTMENT, OR AN EXTERNAL ORGANIZATION WILL DETERMINE

THE CURRENT MARKET SALARY RANGES FOR EXECUTIVE LEVEL POSITIONS BY

CONDUCTING PERIODIC SALARY SURVEYS. A RANGE SHALL BE ESTABLISHED FOR EACH

EXECUTIVE POSITION. THIS SHALL BE PRESENTED TO THE BOARD THROUGH THE

EXECUTIVE COMPENSATION COMMITTEE ON AN ANNUAL BASIS AT THE APRIL BOARD

MEETING.

3. THE CEO HAS THE AUTHORITY TO SET EXECUTIVE COMPENSATION AND SALARY

INCREASES WITHIN THE RANGES DETERMINED BY THE HR DEPARTMENT AND APPROVED BY

THE BOARD. SENIOR EXECUTIVE STAFF IS DEFINED AS AN INDIVIDUAL WITH THE

TITLE VICE PRESIDENT, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT, OR

CORPORATE DIRECTOR.

4. EXECUTIVES SHALL BE ENTITLED TO ALL BENEFITS BEYOND SALARY AS EXTENDED

TO OTHER EMPLOYEES OF THE CORPORATION. THESE INCLUDE HEALTH AND MEDICAL

BENEFITS, 403B MATCH FOR RETIREMENT SAVINGS, LIFE, SHORT AND LONG-TERM

DISABILITY INSURANCES OR ANY OTHER BENEFITS THAT MAY BE OFFERED AT SOME

FUTURE DATE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME

PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Name of the organization FORT WASHINGTON MEDICAL CENTER	Employer identification number 52-1682858
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FORM 990, PART VII

REGINALD JONES WAS NAMED INTERIM PRESIDENT AND CEO IN JULY 2015 AND
REMAINED IN THAT POSITION FOR THE ENTIRE YEAR OF 2017.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	9,505,179.
MANAGEMENT AND GENERAL EXPENSES	165,224.
FUNDRAISING EXPENSES	99.
TOTAL EXPENSES	9,670,502.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,670,502.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT RECOVERY	1,210,903.
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FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NEXUS CONSULTING SERVICES, INC. - 52-1602159 174 WATERFRONT STREET SUITE 225 NATIONAL HARBOR, MD 20745	CURRENTLY INACTIVE	DE	N/A	C CORP	N/A	N/A	N/A		X
NEXUS HEALTH, INC. - 52-0238460 174 WATERFRONT STREET SUITE 225 NATIONAL HARBOR, MD 20745	PARENT ORGANIZATION	MD	N/A	C CORP	N/A	N/A	N/A		X

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

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Electronic Filing PDF Attachment

Fort Washington Medical Center, Inc.

The Uniform Guidance
Financial and Compliance Report
December 31, 2017

Contents

Independent auditor's report	1-2
------------------------------	-----

Financial statements	
Balance sheets	3
Statements of operations	4
Statements of changes in net assets	5
Statements of cash flows	6
Notes to financial statements	7-18
Supplementary information	
Other statistical information (unaudited)	19
Schedule of expenditures of federal awards	20
Notes to schedule of expenditures of federal awards	21

Independent auditor's report on:	
Internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	22-23
Compliance for each major federal program and report on internal control over compliance	24-25

Schedule of findings and questioned costs	26-27
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Summary schedule of prior audit findings	28
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RSM US LLP

Independent Auditor's Report

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

Report on the Financial Statements

We have audited the accompanying financial statements of Fort Washington Medical Center, Inc. (the Hospital), which comprise the balance sheets as of December 31, 2017 and 2016, the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fort Washington Medical Center, Inc. as of December 31, 2017 and 2016, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Other Information*

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

The accompanying supplemental information on page 19 marked unaudited is also presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information on page 19 marked "unaudited" has not been subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our reports dated April 30, 2018, and April 24, 2017, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of those reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. Those reports are an integral part of the audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

RSM US LLP

Baltimore, Maryland
April 30, 2018

Fort Washington Medical Center, Inc.

Balance Sheets

December 31, 2017 and 2016

	2017	2016
Assets		
Current assets:		
Cash and cash equivalents	\$ 2,271,799	\$ 1,673,401
Patient accounts receivable, net of uncollectible accounts (2017 – \$2,307,214; 2016 – \$3,185,895)	5,529,952	5,442,555
Inventory, prepaid expenses, and other current assets	2,089,581	1,820,692
Due from affiliates, net	240,778	129,366
Total current assets	10,132,110	9,066,014
Property and equipment, net	7,775,652	8,271,555
Assets limited as to use	1,801,119	1,729,276
	\$ 19,708,881	\$ 19,066,845
Liabilities and Net Assets		
Current liabilities:		
Accounts payable, accrued expenses and other	\$ 7,416,882	\$ 6,472,399
Advances from third-party payors	612,227	790,285
Short-term financing	342,612	360,923
Current portion of capital lease obligations	327,307	291,010
Current portion of long-term debt	461,775	443,919
Total current liabilities	9,160,803	8,358,536
Obligations under capital leases, less current portion	182,824	425,479
Long-term debt, less current portion, net	5,973,037	6,320,187
Total liabilities	15,316,664	15,104,202
Commitments and contingencies		
Net assets:		
Unrestricted	4,285,217	3,855,643
Temporarily restricted	107,000	107,000
Total net assets	4,392,217	3,962,643
	\$ 19,708,881	\$ 19,066,845

See notes to financial statements.

Fort Washington Medical Center, Inc.

Statements of Operations

Years Ended December 31, 2017 and 2016

	2017	2016
Unrestricted revenue, gains and other support:		
Patient service revenue, net of contractual allowances and discounts	\$ 42,996,639	\$ 43,414,095
Provision for bad debt	(952,760)	(1,055,811)
Net patient service revenue less provision for bad debt	42,043,879	42,358,284
Other operating revenue, gains and support	677,819	348,001
Total unrestricted revenue, gains and other support	42,721,698	42,706,285
Expenses:		
Salaries and benefits	24,547,355	24,780,376
Supplies and services	16,728,928	17,122,312
Depreciation	961,119	980,745
Total expenses	42,237,402	42,883,433
Income (loss) from operations	484,296	(177,148)
Nonoperating income and losses:		
Interest income	11,268	5,805
Loss on disposal of assets	(65,990)	(858,000)
Total nonoperating income and losses	(54,722)	(852,195)
Excess (deficiency) of revenue over expenses	\$ 429,574	\$ (1,029,343)

See notes to financial statements.

Fort Washington Medical Center, Inc.

**Statements of Changes in Net Assets
Years Ended December 31, 2017 and 2016**

	2017	2016
Unrestricted net assets:		
Excess (deficiency) of revenue over expenses	\$ 429,574	\$ (1,029,343)
Increase (decrease) in unrestricted net assets	429,574	(1,029,343)
Increase (decrease) in net assets	429,574	(1,029,343)
Net assets:		
Beginning of year	3,962,643	4,991,986
End of year	\$ 4,392,217	\$ 3,962,643

See notes to financial statements.

Fort Washington Medical Center, Inc.

Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	2017	2016
Cash flows from operating activities:		
Excess (deficiency) of revenue over expenses	\$ 429,574	\$ (1,029,343)
Adjustments to reconcile excess (deficiency) of revenue over expenses to net cash and cash equivalents provided by operating activities:		
Depreciation	961,119	980,745
Loss on disposal of assets	65,990	858,000
Decrease in allowance for uncollectible accounts	(878,681)	1,006,740
Amortization of deferred financing costs	114,625	114,625
Changes in assets and liabilities:		
Decrease (increase) in:		
Patient accounts receivable	791,284	(377,569)
Inventory, prepaid expenses and other current assets	(268,889)	198,637
Incentive payments receivable	-	307,228
Net due from affiliates	(111,412)	107,879
Increase (decrease) in:		
Accounts payable, accrued expenses, and other	944,483	(527,579)
Advances from third-party payors	(178,058)	46,133
Net cash and cash equivalents provided by operating activities	1,870,035	1,685,496
Cash flows from investing activities:		
Acquisition of property and equipment	(438,451)	(1,083,912)
Decrease in assets limited as to use	(71,843)	(5,211)
Net cash and cash equivalents used in investing activities	(510,294)	(1,089,123)
Cash flows from financing activities:		
Principal payments on long-term debt	(443,919)	(426,754)
Proceeds from short-term financing	342,612	453,903
Principal payments on short-term financing	(360,923)	(446,779)
Principal payments on capital lease obligations	(299,113)	(383,182)
Net cash and cash equivalents used in financing activities	(761,343)	(802,812)
Net increase (decrease) in cash and cash equivalents	598,398	(206,439)
Cash and cash equivalents:		
Beginning	1,673,401	1,879,840
Ending	\$ 2,271,799	\$ 1,673,401
Supplemental disclosure of cash flow information:		
Cash paid for interest	\$ 572,728	\$ 504,061
Supplemental schedule of noncash investing and financing activities:		
Equipment purchased through capital lease	\$ 92,755	\$ 571,620

See notes to financial statements.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

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

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

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

Basis of presentation: The financial statement presentation follows the recommendations of the Not-for-Profit Entities Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (the Codification) and the *AICPA Audit and Accounting Guide for Health Care Entities*. Under this guidance, the Hospital is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted net assets:

Unrestricted net assets: Represent contributions, gifts and grants which have no donor-imposed restrictions or which arise as a result of operations.

Temporarily restricted net assets: Represent contributions, gifts and grants which have donor-imposed limitations on their use for a specified time period or purpose.

Permanently restricted net assets: Represent contributions, gifts and grants that have been restricted by donors to be maintained by the Hospital in perpetuity. The Hospital has no permanently restricted net assets at December 31, 2017 and 2016.

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

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

Fort Washington Medical Center, Inc.

Notes to Financial Statements

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

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

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

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

Income (loss) from operations: The statements of operations include income (loss) from operations. Changes in unrestricted net assets which are excluded from income (loss) from operations, consistent with industry practice, include interest income, gains and losses on disposals of property and equipment, unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, debt repayments and contributions of (and assets released from donor restrictions related to) long-lived assets.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

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

Charity care: The Hospital follows the disclosure guidance contained in FASB Accounting Standards Update (ASU) No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure – a consensus of the FASB Emerging Issues Task Force*. This ASU requires that the measurement of charity care by a health care entity for disclosure purposes be based on the direct and indirect costs of providing the charity care and that the Hospital provide disclosure regarding the method used to identify or determine such costs. The measurement and disclosure requirements in this were required to be applied to all periods presented in the financial statements (see Note 12 for further information).

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

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

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

	<u>Years</u>
Building and land improvements	10-40
Fixed equipment	10-15
Movable equipment	3-5

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

Mortgage discounts and issuance costs: Deferred financing costs relate to the 2004 mortgage note, which was refinanced during 2013, and are being amortized on a method approximating the interest method over the life of the related debt. Mortgage discounts and issuance costs are reflected as a reduction of the obligation on the balance sheets as of December 31, 2017 and 2016. The amortization for deferred financing costs was \$90,349 for each of the years ended December 31, 2017 and 2016. Amortization expense related to the mortgage discount was \$24,276 for each of the years ended December 31, 2017 and 2016. These amounts are recorded as interest expense included in supplies and services expense in the statements of operations.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

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

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

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

Income taxes: The Hospital is generally exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code (IRC). Income that is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. The Hospital had no net unrelated business income for the years ended December 31, 2017 and 2016.

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

Generally, the Hospital is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before December 31, 2014.

Reclassifications: Certain 2016 amounts have been reclassified to conform to the 2017 presentation. These reclassifications had no effect on the previously reported change in net assets.

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

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for Profit Entities*. The amendments in this ASU make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance and cash flows. The ASU will be effective for the Hospital for the fiscal year ending December 31, 2018. Earlier application is permitted. The changes in this ASU should generally be applied on a retrospective basis in the year that the ASU is first applied. Management is evaluating the impact of this standard on the Hospital's financial statements.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

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

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which requires lessees to recognize right-of-use assets and lease liabilities for all leases not considered short-term leases. The ASU is effective for the Hospital for the year ending December 31, 2019. The adoption of this standard is expected to result in the Hospital recognizing right-of-use assets and lease liabilities for some leases currently accounted for as operating leases under the legacy lease accounting guidance. Management is evaluating the impact of this standard on the Hospital's financial statements.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash (a consensus of the FASB Emerging Issues Task Force)*, which provides guidance on the presentation of restricted cash or restricted cash equivalents in the statement of cash flows. ASU 2016-18 will be effective for the fiscal year ending June 30, 2020. ASU 2016-18 must be applied using a retrospective transition method with early adoption permitted. The adoption of ASU 2016-18 is not expected to have a material impact on the financial statements.

Subsequent events: The Hospital evaluated subsequent events through April 30, 2018, which is the date the financial statements were available to be issued.

Note 2. Patient Revenue and Accounts Receivable

At December 31, 2017 and 2016, the Hospital had gross patient accounts receivable from third-party payors and others as follows:

	Percentage	
	2017	2016
CareFirst	11.6	12.0
Worker's Compensation	0.7	0.9
Medicaid	5.0	4.7
Managed Care and Commercial	34.6	36.2
Medicare	25.2	27.5
Self-pay	22.9	18.7
	<u>100.0</u>	<u>100.0</u>

Gross patient service revenue, by payor class, consisted of the following for the years ended December 31, 2017 and 2016:

	Percentage	
	2017	2016
CareFirst	15.1	16.3
Worker's Compensation	0.4	0.3
Medicaid	7.9	7.4
Managed Care and Commercial	32.2	31.3
Medicare	39.3	39.5
Self-pay	5.1	5.2
	<u>100.0</u>	<u>100.0</u>

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 2. Patient Revenue and Accounts Receivable (Continued)

Gross patient revenue consisted of the following split between inpatient, outpatient and physician services for the years ended December 31, 2017 and 2016:

	2017	2016
Gross patient revenue:		
Inpatient services	\$ 18,731,978	\$ 18,693,056
Outpatient services	30,315,401	30,037,296
Physician services	573,757	780,851
	<u>49,621,136</u>	<u>49,511,203</u>
Deductions:		
Discounts and allowances	(5,632,285)	(5,314,766)
Charity care	(992,212)	(782,342)
	<u>(6,624,497)</u>	<u>(6,097,108)</u>
	42,996,639	43,414,095
Less:		
Provision for bad debt	(952,760)	(1,055,811)
Net patient service revenue	<u>\$ 42,043,879</u>	<u>\$ 42,358,284</u>

Note 3. Related Party Transactions

As a controlled subsidiary of Nexus, the Hospital is affiliated with Nexus' other subsidiaries, which include Carolyn Boone Lewis Health Care Center (the Center), Nexus Consulting, Inc., and Fort Washington Ambulatory Services, LLC. (Ambulatory Services). The composition of net due from affiliates as of December 31, 2017 and 2016, is as follows:

	2017	2016
Carolyn Boone Lewis Health Care Center	\$ 11,166	\$ 8,879
Nexus Consulting, Inc.	(43,016)	4,065
Fort Washington Ambulatory Services, LLC	272,628	116,422
	<u>\$ 240,778</u>	<u>\$ 129,366</u>

The Hospital allocated \$272,628 to Ambulatory Services for legal fees and management service fees. The amounts allocated to Ambulatory Services were repaid to the Hospital in 2018.

Fort Washington Medical Center, Inc.**Notes to Financial Statements**

Note 4. Property and Equipment

Property and equipment consists of the following at December 31, 2017 and 2016:

	2017	2016
Land and land improvements	\$ 994,282	\$ 987,300
Building and building improvements	9,951,270	9,902,825
Equipment	12,387,221	12,352,893
Leased equipment	2,611,185	2,551,488
	<u>25,943,958</u>	<u>25,794,506</u>
Less accumulated depreciation:		
Building, land improvements and equipment	(18,277,946)	(17,797,776)
Leased equipment	(1,841,761)	(1,658,074)
	<u>(20,119,707)</u>	<u>(19,455,850)</u>
	5,824,251	6,338,656
Construction in progress	1,951,401	1,932,899
Property and equipment, net	<u>\$ 7,775,652</u>	<u>\$ 8,271,555</u>

Depreciation expense reported in the accompanying statements of operations includes \$183,687 and \$249,413 related to leased equipment for years ended December 31, 2017 and 2016, respectively.

During 2016, management determined construction in progress costs totaling \$858,000 no longer supported the Hospital's anticipated construction projects. As such, the Hospital wrote off these costs, which are reflected as a nonoperating loss on disposal of assets within the statements of operations.

On April 4, 2018, the Hospital entered into an AIA agreement with a construction company to commence work on designing and making improvements to the emergency department. The estimated cost of the design and construction services is approximately \$1.1 million, which will be financed through a state bond bill and a matched amount from the Hospital's restricted funds.

Note 5. Assets Limited as to Use

Assets limited as to use consisted of the following as of December 31, 2017 and 2016:

	2017	2016
Mortgage reserve fund	\$ 1,632,959	\$ 1,622,276
Donor restricted cash	105,160	61,000
Pledges receivable	63,000	46,000
	<u>\$ 1,801,119</u>	<u>\$ 1,729,276</u>

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 6. Short-Term Financing

The Hospital borrows funds to finance its annual insurance premium payments. Interest payable on these amounts is included in current liabilities as accrued expenses. Payments are made monthly and the total balance is due within one year. Interest expense was \$1,890 and \$5,078 in 2017 and 2016, respectively, and accrued at a rate of approximately 2.73% and 2.60% per annum in 2017 and 2016, respectively. The outstanding balance of this financing was \$342,612 and \$360,923 as of December 31, 2017 and 2016, respectively.

Note 7. Mortgage Loan

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

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

As of December 31, 2017 and 2016, the outstanding balance on the loan was \$7,688,642 and \$8,132,561, respectively. The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. As of December 31, 2017, the Hospital was not in compliance with certain financial covenants. As such, certain types of additional borrowings and disbursements, as defined in the underlying loan agreement, are currently not permitted. Under the terms of the HUD-insured mortgage loan, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included in assets limited as to use. The loan is secured by the Hospital premises and all the assets and cash flows contained therein.

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

Years ending December 31:	
2018	\$ 461,775
2019	480,349
2020	499,670
2021	519,768
2022	540,675
Thereafter	5,186,405
	<hr/>
	7,688,642
Less unamortized financing costs and discounts	(1,253,830)
	<hr/>
	\$ 6,434,812

Interest expense on all financing arrangements, including amortization of deferred financing costs, was \$513,688 and \$546,562 for the years ended December 31, 2017 and 2016, respectively.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 8. Leases

The Hospital leases medical and office equipment under fourteen leases requiring monthly payments ranging from approximately \$214 to \$21,581, and the term of these leases expire through 2018.

The Hospital also guarantees the rental payments for its corporate headquarters office lease, under the terms of which the Hospital and Center, are proportionally allocated all related rent expense through its management fee arrangement (see Note 3). Since the sale of the Center in December 2014, all rent is charged to the Hospital. The corporate headquarters office lease has been extended through July 2018 and is subject to annual escalations. Monthly rental payments charged to the Hospital during fiscal year 2017 ranged from \$13,063 to \$13,485. Such payments have been included in the aggregate future minimum rentals table below. In addition, the Hospital leases other facility space and equipment under cancelable and non-cancelable operating leases with terms of one year or less.

Rental expense associated with the Hospital's operating leases for the years ended December 31, 2017 and 2016, was \$557,641 and \$826,778, respectively.

The Hospital has capital lease arrangements for medical equipment for use in operations. The remaining lease terms range from two to four years, expiring through 2022. Monthly payments range from approximately \$720 to \$17,000. Interest expense related to these leases for the years ended December 31, 2017 and 2016 was 33,667 and \$60,564, respectively, and is reported as a component of supplies and services expense in the accompanying statements of operations.

The aggregate future minimum rentals, as of December 31, 2017, under the operating and capital leases are as follows:

	Operating	Capital
Years ending December 31:		
2018	\$ 207,543	\$ 351,223
2019	46,227	134,848
2020	-	25,555
2021	-	21,449
2022	-	10,723
Total	<u>\$ 253,770</u>	<u>\$ 543,798</u>
Less amount representing interest		(33,667)
Present value of future minimum lease payments		510,131
Less current portion of obligation under capital leases		<u>(327,307)</u>
Obligations under capital leases – excluding current portion		<u>\$ 182,824</u>

Note 9. Employee Benefit Plans

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

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 9. Employee Benefit Plans (Continued)

The Board of Directors of the Hospital voted to terminate the Defined Contribution Plan effective June 30, 2004, after which time no further contributions were made. Administrative expenses related to completion of plan termination incurred totaled \$89,565 and \$7,907 in 2017 and 2016 respectively.

Contributions to the Employee Thrift Plan are based on a match of up to 3% of compensation and participants are immediately vested in those amounts. The Employee Thrift Plan was amended to provide for a discretionary contribution at the option of management. Pension expense for the Employee Thrift Plan was \$255,460 and \$261,488 for the Hospital for the years ended December 31, 2017 and 2016, respectively. There were no discretionary contributions for the years ended December 31, 2017 and 2016.

Note 10. Commitments and Contingencies

Insurance: The Hospital currently maintains professional liability insurance coverage on a claims-made basis and general liability insurance coverage on an occurrence basis. The limits for professional liability insurance are \$1,000,000 for each covered person and a \$3,000,000 total limit. The limits for general liability are \$1,000,000 per each occurrence, \$3,000,000 general aggregate, \$3,000,000 products/completed operations, \$50,000 fire damage and \$1,000,000 personal/advertising injury. The Hospital's coverage is subject to a deductible of \$50,000 for each incident and \$150,000 in the aggregate. In addition, the Hospital maintains an excess liability insurance policy with a limit of \$10,000,000 for each incident and \$10,000,000 in the aggregate. The charge to operating expenses for insurance coverage for the years ended December 31, 2017 and 2016, was \$627,908 and \$658,218, respectively.

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

Claims alleging malpractice have been asserted against the Hospital and are currently in various stages of litigation. Management and the Hospital's legal counsel intend to vigorously defend against these claims. It is the opinion of management that the commercial insurance in force is adequate to provide for potential losses resulting from any pending or threatened litigation as of December 31, 2017.

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

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 11. Certain Risks and Uncertainties

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

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

Note 12. Charity Care

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

The Hospital maintains records to identify and monitor the level of charity care it provides. Charity care is measured based on the Hospital's estimated direct and indirect costs of providing charity care services. That estimate is made by calculating a ratio of cost to gross charges, applied to the uncompensated charges associated with providing charity care to patients. The ratio of cost to gross charges was 84.16% and 86.17% for the years ended December 31, 2017 and 2016, respectively.

Fort Washington Medical Center, Inc.

Notes to Financial Statements

Note 12. Charity Care (Continued)

The following information measures the level of charity care provided during the years ended December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Cost of charity care provided	<u>\$ 835,046</u>	<u>\$ 674,144</u>

Note 13. Functional Expenses

The Hospital provides health care services to the community, including general inpatient and outpatient medical, surgical and rehabilitation services. Expenses related to providing these services, including provision for bad debt, were as follows for the years ended December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Health care services (direct)	\$ 36,979,866	\$ 35,877,554
General and administrative (supportive)	6,192,515	7,689,554
Fundraising	17,781	372,136
	<u>\$ 43,190,162</u>	<u>\$ 43,939,244</u>

General and administrative expenses include the provision for bad debt expense of \$952,760 and \$1,055,811 for the years ended December 31, 2017 and 2016, respectively.

Fort Washington Medical Center, Inc.

**Other Statistical Information (Unaudited)
Years Ended December 31, 2017 and 2016**

	2017	2016
Inpatient:		
Patient days	7,544	8,226
Admissions	2,107	2,265
Average length of stay	3.58	3.63
Surgical procedures	451	485
Outpatient:		
Emergency service visits	39,754	41,474
Observation service visits	1,456	1,163
Surgical procedure visits	1,508	1,724
Inpatient radiology service visits	5,836	5,861
Outpatient radiology service visits	24,290	24,469
Laboratory service visits	691	829

Fort Washington Medical Center, Inc.

**Schedule of Expenditures of Federal Awards
Year Ended December 31, 2017**

Federal Grantor/Pass-Through Grantor Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
Major Program:			
U.S. Department of Housing and Urban Development:			
Mortgage Insurance Hospitals	14.128	N/A	<u>\$ 7,688,642</u>
Total balance			<u><u>\$ 7,688,642</u></u>

See notes to schedule of expenditures of federal awards.

Fort Washington Medical Center, Inc.

Notes to Schedule of Expenditures of Federal Awards

Note 1. Basis of Presentation

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

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

Note 2. Composition of Balance

Section 242 Mortgage Insured Loan amount represents the balance of the loan outstanding as of December 31, 2017. During the year ended December 31, 2013, the loan was refinanced through the same lender to lower the interest from 6.125% to 3.95% per annum, payable in monthly installments. The term of the loan was not changed and the last payment is due in 2030. The loan is subject to restrictive covenants, including restrictions on additional long-term borrowings and prepayment of the outstanding obligation. Under the terms of the HUD-insured mortgage loan, the Hospital is required to maintain certain deposits with a trustee. The loan is secured by the Hospital premises and all the assets and cash flows contained therein.

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

Years ending December 31:	
2018	\$ 461,775
2019	480,349
2020	499,670
2021	519,768
2022	540,675
Thereafter	5,186,405
	<u>\$ 7,688,642</u>



RSM US LLP

**Independent Auditor's Report on Internal Control Over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance With *Government Auditing Standards***

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Fort Washington Medical Center, Inc. (the Hospital), a nonprofit organization, which comprise the balance sheet as of December 31, 2017, and the related statements of operations, changes in net assets and cash flows for the year then ended and the related notes to the financial statements and have issued our report thereon dated April 30, 2018.

Internal Control Over Financial Reporting

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material misstatements may exist that we have not identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

RSM US LLP

Baltimore, Maryland
April 30, 2018



RSM US LLP

Independent Auditor's Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance

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

Report on Compliance for Each Major Federal Program

We have audited Fort Washington Medical Center, Inc.'s (the Hospital) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Hospital's major federal program for the year ended December 31, 2017. The Hospital's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal program.

Auditor's Responsibility

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

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

Opinion on Each Major Federal Program

In our opinion, the Hospital complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program for the year ended December 31, 2017.

Report on Internal Control Over Compliance

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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

RSM US LLP

Baltimore, Maryland
April 30, 2018

Fort Washington Medical Center, Inc.

Schedule of Findings and Questioned Costs
Year Ended December 31, 2017

Section I. Summary of Independent Auditor's Results

Financial Statements

Type of report the auditors issued on whether the financial statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

- | | | |
|---|-------------------|----------------------------|
| * Material weakness(es) identified? | <u> </u> Yes | <u> X </u> No |
| * Significant deficiency(ies) identified? | <u> </u> Yes | <u> X </u> None Reported |
| Noncompliance material to financial statements noted? | <u> </u> Yes | <u> X </u> No |

Federal Awards

Internal control over major programs:

- | | | |
|---|-------------------|----------------------------|
| * Material weakness(es) identified? | <u> </u> Yes | <u> X </u> No |
| * Significant deficiency(ies) identified? | <u> </u> Yes | <u> X </u> None Reported |

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516(a)?

 Yes X No

Identification of major programs:

CFDA Numbers
14.128

Name of Federal Program or Cluster
U.S. Department of Housing and Urban
Development: Section 242 Mortgage
Insured Loan

Dollar threshold to distinguish between Type A and Type B programs:

\$750,000

Auditee qualified as low-risk auditee?

 X Yes No

(Continued)

Fort Washington Medical Center, Inc.

**Schedule of Findings and Questioned Costs
Year Ended December 31, 2017**

Section II. Financial Statement Findings

No Findings Noted.

Section III. Federal Award Findings and Questioned Costs

No Findings Noted.